LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

Loyal American Life Insurance Company

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

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

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

Statutory Home Office	1300 East Ninth Street .. Cleveland .. OH .. US .. 44114 *(Street and Number) (City or Town, State, Country and Zip Code)*	
Main Administrative Office	11200 Lakeline Blvd., Suite 100 .. Austin .. TX .. US .. 78717 *(Street and Number) (City or Town, State, Country and Zip Code)*	(512) 451-2224 *(Area Code) (Telephone Number)*
Mail Address	11200 Lakeline Blvd., Suite 100 .. Austin .. TX .. US .. 78717 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*	
Primary Location of Books and Records	11200 Lakeline Blvd., Suite 100 .. Austin .. TX .. US .. 78717 *(Street and Number) (City or Town, State, Country and Zip Code)*	(512) 451-2224 *(Area Code) (Telephone Number)*
Internet Web Site Address	www.CignaSupplementalBenefits.com	
Statutory Statement Contact	Renee Wilkins Feldman *(Name)*	(512) 531-1465 *(Area Code) (Telephone Number) (Extension)*
	CSBFinRpt@cigna.com *(E-Mail Address)*	(512) 467-1399 *(Fax Number)*

OFFICERS

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

OTHER

Gregory John Czar	Executive Vice President and Chief Financial Officer	Timothy Andrew Bulat #	Vice President and Chief Actuary
David Lawrence Chambers	Vice President-Sales and Marketing	Mark Fleming	Vice President and Assistant Treasurer
Joanne Ruth Hart	Vice President and Assistant Treasurer	Scott Ronald Lambert	Vice President and Assistant Treasurer
Ryan Bruce McGroarty	Vice President	Kathleen Murphy O'Neil #	Vice President
Maureen Hardiman Ryan	Vice President and Assistant Treasurer		

DIRECTORS OR TRUSTEES

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

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

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

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

Subscribed and sworn to before me
This _____ day of February 2019

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

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	172,147				172,147
2.	Annuity considerations	15				15
3.	Deposit-type contract funds	79	XXX		XXX	79
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	172,241	0	0	0	172,241
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,669				1,669
6.2	Applied to pay renewal premiums	272				272
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,941	0	0	0	1,941
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,941	0	0	0	1,941
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,060,532				1,060,532
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	90,730				90,730
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,151,262	0	0	0	1,151,262
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	100,000							2	100,000
17.	Incurred during current year	4	1,070,276							4	1,070,276
	Settled during current year:										
18.1	By payment in full	3	1,050,276							3	1,050,276
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	1,050,276	0	0	0	0	0	0	3	1,050,276
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	1,050,276	0	0	0	0	0	0	3	1,050,276
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	120,000	0	0	0	0	0	0	3	120,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	237	30,202,270		(a)					237	30,202,270
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(20)	(8,209,566)							(20)	(8,209,566)
23.	In force December 31 of current year	217	21,992,704	0	(a) 0	0	0	0	0	217	21,992,704

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

ACCIDENT AND HEALTH INSURANCE

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

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DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,884				1,884
2.	Annuity considerations	25				25
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,909	0	0	0	1,909
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	283				283
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	37				37
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	320	0	0	0	320
	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)	320	0	0	0	320
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	32,271				32,271
12.	Surrender values and withdrawals for life contracts	4,625				4,625
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
15.	Totals	36,896	0	0	0	36,896
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	7	91,176		(a)					7	91,176
21.	Issued during year	1	15,000							1	15,000
22.	Other changes to in force (Net)	1	(5,508)							1	(5,508)
23.	In force December 31 of current year	9	100,668	0	(a) 0	0	0	0	0	9	100,668

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	163	163		(2)	(7)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	832,165	831,874		755,164	789,293
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	832,165	831,874	0	755,164	789,293
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	832,328	832,037	0	755,162	789,286

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

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	501,345		12,438		513,783
2.	Annuity considerations	3,242				3,242
3.	Deposit-type contract funds	627	XXX		XXX	627
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	505,214	0	12,438	0	517,652
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	12,109				12,109
6.2	Applied to pay renewal premiums	402				402
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	128				128
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	12,639	0	0	0	12,639
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	12,639	0	0	0	12,639
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	587,620		18,425		606,045
10.	Matured endowments	6,883				6,883
11.	Annuity benefits	83,680				83,680
12.	Surrender values and withdrawals for life contracts	417,604				417,604
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,095,787	0	18,425	0	1,114,212
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	51	236,306							51	236,306
17.	Incurred during current year	56	445,607			8	10,000			64	455,607
	Settled during current year:										
18.1	By payment in full	81	564,243			8	10,000			89	574,243
18.2	By payment on compromised claims									0	0
18.3	Totals paid	81	564,243	0	0	8	10,000	0	0	89	574,243
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	81	564,243	0	0	8	10,000	0	0	89	574,243
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	26	117,670	0	0	0	0	0	0	26	117,670
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,587	47,410,088		(a)	29	1,113,120			2,616	48,523,208
21.	Issued during year	63	599,000							63	599,000
22.	Other changes to in force (Net)	(205)	(4,753,496)			(8)	(89,660)			(213)	(4,843,156)
23.	In force December 31 of current year	2,445	43,255,592	0	(a) 0	21	1,023,460	0	0	2,466	44,279,052

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	23,192	23,026		2,363	1,600
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	52	52		331	1,008
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,800,103	3,785,535		2,084,119	2,032,317
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,800,103	3,785,535	0	2,084,119	2,032,317
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,823,347	3,808,613	0	2,086,813	2,034,925

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

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	214,750		636		215,386
2.	Annuity considerations	367				367
3.	Deposit-type contract funds	151	XXX		XXX	151
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	215,268	0	636	0	215,904
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,339				1,339
6.2	Applied to pay renewal premiums	54				54
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,393	0	0	0	1,393
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,393	0	0	0	1,393
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	210,253				210,253
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	273,216				273,216
13.	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	483,469	0	0	0	483,469
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	15	51,849							15	51,849
17.	Incurred during current year	19	171,708							19	171,708
	Settled during current year:										
18.1	By payment in full	28	197,521							28	197,521
18.2	By payment on compromised claims									0	0
18.3	Totals paid	28	197,521	0	0	0	0	0	0	28	197,521
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	28	197,521	0	0	0	0	0	0	28	197,521
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	26,036	0	0	0	0	0	0	6	26,036
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	832	12,246,164		(a)	5	140,000			837	12,386,164
21.	Issued during year	73	621,000							73	621,000
22.	Other changes to in force (Net)	(114)	(2,094,610)			(1)	(50,000)			(115)	(2,144,610)
23.	In force December 31 of current year	791	10,772,554	0	(a) 0	4	90,000	0	0	795	10,862,554

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	17,662	17,175		6,452	6,517
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,254,136	4,241,230		3,246,748	3,284,252
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,254,136	4,241,230	0	3,246,748	3,284,252
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,271,798	4,258,405	0	3,253,200	3,290,769

(b) For health 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 AMERICAN SAMOA DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	31,798				31,798
2.	Annuity considerations	61				61
3.	Deposit-type contract funds	1,713	XXX		XXX	1,713
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	33,572	0	0	0	33,572
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,823				2,823
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	137				137
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,960	0	0	0	2,960
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,960	0	0	0	2,960
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	45,288				45,288
10.	Matured endowments	35				35
11.	Annuity benefits	450,128				450,128
12.	Surrender values and withdrawals for life contracts	1,263,054				1,263,054
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,758,505	0	0	0	1,758,505
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	9	69,452							9	69,452
	Settled during current year:										
18.1	By payment in full	7	45,037							7	45,037
18.2	By payment on compromised claims									0	0
18.3	Totals paid	7	45,037	0	0	0	0	0	0	7	45,037
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	7	45,037	0	0	0	0	0	0	7	45,037
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	24,415	0	0	0	0	0	0	2	24,415
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	47	1,620,930		(a)					47	1,620,930
21.	Issued during year	12	86,500							12	86,500
22.	Other changes to in force (Net)	55	874,874							55	874,874
23.	In force December 31 of current year	114	2,582,304	0	(a) 0	0	0	0	0	114	2,582,304

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	2,705	2,665		394	419
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	70	70			(3)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,276,031	1,285,209		662,218	689,006
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,276,031	1,285,209	0	662,218	689,006
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,278,806	1,287,944	0	662,612	689,422

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

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DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	123,049		156		123,205
2.	Annuity considerations	895				895
3.	Deposit-type contract funds	1,802	XXX		XXX	1,802
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	125,746	0	156	0	125,902
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	5,117				5,117
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,117	0	0	0	5,117
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	5,117	0	0	0	5,117
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	69,591				69,591
10.	Matured endowments					0
11.	Annuity benefits	764,455				764,455
12.	Surrender values and withdrawals for life contracts	956,034				956,034
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,790,080	0	0	0	1,790,080
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	15,408							6	15,408
17.	Incurred during current year	12	68,562							12	68,562
	Settled during current year:										
18.1	By payment in full	13	68,546							13	68,546
18.2	By payment on compromised claims									0	0
18.3	Totals paid	13	68,546	0	0	0	0	0	0	13	68,546
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	13	68,546	0	0	0	0	0	0	13	68,546
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	15,424	0	0	0	0	0	0	5	15,424
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	375	10,292,891		(a)					375	10,292,891
21.	Issued during year	35	486,500							35	486,500
22.	Other changes to in force (Net)	1	359,340			1	50,000			2	409,340
23.	In force December 31 of current year	411	11,138,731	0	(a) 0	1	50,000	0	0	412	11,188,731

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,742	4,829		6,423	6,118
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	35,616,406	35,427,656		28,092,382	29,233,361
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	35,616,406	35,427,656	0	28,092,382	29,233,361
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,621,148	35,432,485	0	28,098,805	29,239,479

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

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DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	190				190
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	190	0	0	0	190
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	66				66
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	66	0	0	0	66
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	66	0	0	0	66
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	50,924				50,924
2.	Annuity considerations	39				39
3.	Deposit-type contract funds	532	XXX		XXX	532
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	51,495	0	0	0	51,495
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,128				1,128
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,128	0	0	0	1,128
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,128	0	0	0	1,128
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	3,063				3,063
10.	Matured endowments	99				99
11.	Annuity benefits	10,731				10,731
12.	Surrender values and withdrawals for life contracts	193,405				193,405
13.	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	207,298	0	0	0	207,298
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	3,099							1	3,099
	Settled during current year:										
18.1	By payment in full	1	3,099							1	3,099
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	3,099	0	0	0	0	0	0	1	3,099
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	3,099	0	0	0	0	0	0	1	3,099
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	78	3,536,160		(a)	1	3,000			79	3,539,160
21.	Issued during year	19	698,500							19	698,500
22.	Other changes to in force (Net)	19	(1,443,468)							19	(1,443,468)
23.	In force December 31 of current year	116	2,791,192	0	(a) 0	1	3,000	0	0	117	2,794,192

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	723	723		(8)	(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)	2,072,158	2,074,437		1,361,175	1,367,768
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,072,158	2,074,437	0	1,361,175	1,367,768
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,072,881	2,075,160	0	1,361,167	1,367,736

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

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	19,810				19,810
2.	Annuity considerations	30				30
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	19,840	0	0	0	19,840
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	153				153
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	71				71
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	224	0	0	0	224
	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)	224	0	0	0	224
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	11,883				11,883
10.	Matured endowments					0
11.	Annuity benefits	206,180				206,180
12.	Surrender values and withdrawals for life contracts	108,914				108,914
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	326,977	0	0	0	326,977
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED											
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	3	13,901							3	13,901
	Settled during current year:										
18.1	By payment in full	2	11,849							2	11,849
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	11,849	0	0	0	0	0	0	2	11,849
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	11,849	0	0	0	0	0	0	2	11,849
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	2,052	0	0	0	0	0	0	1	2,052
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	29	408,746		(a)					29	408,746
21.	Issued during year	12	158,000							12	158,000
22.	Other changes to in force (Net)	2	(32,694)							2	(32,694)
23.	In force December 31 of current year	43	534,052	0	(a) 0	0	0	0	0	43	534,052

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	553	553		(6)	(25)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,852,787	3,848,475		1,894,833	2,035,232
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,852,787	3,848,475	0	1,894,833	2,035,232
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,853,340	3,849,028	0	1,894,827	2,035,207

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

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

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	10,169				10,169
2. Annuity considerations	8				8
3. Deposit-type contract funds	21	XXX		XXX	21
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	10,198	0	0	0	10,198
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	553				553
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	101				101
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	654	0	0	0	654
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)	654	0	0	0	654
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	31,968				31,968
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	1,033				1,033
13. 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	33,001	0	0	0	33,001
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	13,156							2	13,156
17. Incurred during current year	3	21,323							3	21,323
Settled during current year:										
18.1 By payment in full	4	31,663							4	31,663
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	31,663	0	0	0	0	0	0	4	31,663
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	31,663	0	0	0	0	0	0	4	31,663
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	2,816	0	0	0	0	0	0	1	2,816
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	63	743,485		(a)					63	743,485
21. Issued during year	1	10,000							1	10,000
22. Other changes to in force (Net)	(26)	(334,204)							(26)	(334,204)
23. In force December 31 of current year	38	419,281	0	(a) 0	0	0	0	0	38	419,281

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	863	863		(9)	(39)
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	334,946	332,864		188,561	197,387
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	334,946	332,864	0	188,561	197,387
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	335,809	333,727	0	188,552	197,348

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

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DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	20,806				20,806
2.	Annuity considerations	38				38
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	20,844	0	0	0	20,844
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	109				109
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	89				89
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	198	0	0	0	198
	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)	198	0	0	0	198
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,013				5,013
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	2,730				2,730
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	7,743	0	0	0	7,743
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	10,000							2	10,000
	Settled during current year:										
18.1	By payment in full	1	5,000							1	5,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	11	118,456		(a)					11	118,456
21.	Issued during year	1	8,000							1	8,000
22.	Other changes to in force (Net)	14	565,774							14	565,774
23.	In force December 31 of current year	26	692,230	0	(a) 0	0	0	0	0	26	692,230

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	98,390	98,875		53,888	55,930
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	98,390	98,875	0	53,888	55,930
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	98,390	98,875	0	53,888	55,930

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

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DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	437,541		1,953		439,494
2.	Annuity considerations	37,393				37,393
3.	Deposit-type contract funds	1,269	XXX		XXX	1,269
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	476,203	0	1,953	0	478,156
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	16,564				16,564
6.2	Applied to pay renewal premiums	14				14
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,155				4,155
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	20,733	0	0	0	20,733
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	20,733	0	0	0	20,733
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	575,496				575,496
10.	Matured endowments	1,473				1,473
11.	Annuity benefits	529,734				529,734
12.	Surrender values and withdrawals for life contracts	2,505,476				2,505,476
13.	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	3,612,179	0	0	0	3,612,179
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	62	214,908							62	214,908
17.	Incurred during current year	106	470,373							106	470,373
	Settled during current year:										
18.1	By payment in full	128	549,396							128	549,396
18.2	By payment on compromised claims									0	0
18.3	Totals paid	128	549,396	0	0	0	0	0	0	128	549,396
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	128	549,396	0	0	0	0	0	0	128	549,396
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	40	135,885	0	0	0	0	0	0	40	135,885
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,992	32,273,861		(a)	1	18,900			2,993	32,292,761
21.	Issued during year	2	20,000							2	20,000
22.	Other changes to in force (Net)	(136)	3,475,938			2	49,050			(134)	3,524,988
23.	In force December 31 of current year	2,858	35,769,799	0	(a) 0	3	67,950	0	0	2,861	35,837,749

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,304	1,282		92	905
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	2,208	2,187		457	2,068
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,320,152	4,293,744		2,056,815	2,187,328
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,320,152	4,293,744	0	2,056,815	2,187,328
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,323,664	4,297,213	0	2,057,364	2,190,301

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

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	353,152		3,115		356,267
2.	Annuity considerations	151				151
3.	Deposit-type contract funds	4,751	XXX		XXX	4,751
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	358,054	0	3,115	0	361,169
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	58,777				58,777
6.2	Applied to pay renewal premiums	2,104				2,104
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,419				2,419
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	63,300	0	0	0	63,300
	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)	63,300	0	0	0	63,300
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	523,749				523,749
10.	Matured endowments	8,868				8,868
11.	Annuity benefits	39,058				39,058
12.	Surrender values and withdrawals for life contracts	339,834				339,834
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	911,509	0	0	0	911,509
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	26	152,767							26	152,767
17.	Incurred during current year	76	460,029							76	460,029
	Settled during current year:										
18.1	By payment in full	80	513,660							80	513,660
18.2	By payment on compromised claims									0	0
18.3	Totals paid	80	513,660	0	0	0	0	0	0	80	513,660
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	80	513,660	0	0	0	0	0	0	80	513,660
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	22	99,136	0	0	0	0	0	0	22	99,136
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,239	20,408,306		(a)	4	151,000			2,243	20,559,306
21.	Issued during year	65	591,000							65	591,000
22.	Other changes to in force (Net)	(40)	(615,002)			2	9,000			(38)	(606,002)
23.	In force December 31 of current year	2,264	20,384,304	0	(a) 0	6	160,000	0	0	2,270	20,544,304

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,762	6,614		892	1,791
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	2,325	2,401		1,082	931
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,361,018	3,357,646		2,318,379	2,422,083
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,361,018	3,357,646	0	2,318,379	2,422,083
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,370,105	3,366,661	0	2,320,353	2,424,805

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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	7,345,805		33,735		7,379,540
2.	Annuity considerations	129,351				129,351
3.	Deposit-type contract funds	49,243	XXX		XXX	49,243
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	7,524,399	0	33,735	0	7,558,134
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	209,900				209,900
6.2	Applied to pay renewal premiums	3,481				3,481
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	15,486				15,486
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	228,867	0	0	0	228,867
	Annuities:					
7.1	Paid in cash or left on deposit	215				215
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	215	0	0	0	215
8.	Grand Totals (Lines 6.5 + 7.4)	229,082	0	0	0	229,082
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	8,420,762		75,562		8,496,324
10.	Matured endowments	87,065				87,065
11.	Annuity benefits	6,375,234				6,375,234
12.	Surrender values and withdrawals for life contracts	18,723,720				18,723,720
13.	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	33,606,781	0	75,562	0	33,682,343
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	409	2,070,588							409	2,070,588
17.	Incurred during current year	950	8,161,169			21	51,108			971	8,212,277
	Settled during current year:										
18.1	By payment in full	1,104	8,262,768			21	51,108			1,125	8,313,876
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1,104	8,262,768	0	0	21	51,108	0	0	1,125	8,313,876
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1,104	8,262,768	0	0	21	51,108	0	0	1,125	8,313,876
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	255	1,968,989	0	0	0	0	0	0	255	1,968,989
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	29,426	448,504,681		(a)	1,916	3,423,000			31,342	451,927,681
21.	Issued during year	2,065	20,565,500							2,065	20,565,500
22.	Other changes to in force (Net)	(2,495)	(44,541,422)			(33)	(401,000)			(2,528)	(44,942,422)
23.	In force December 31 of current year	28,996	424,528,759	0	(a) 0	1,883	3,022,000	0	0	30,879	427,550,759

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,674,641	6,640,497		2,164,218	2,246,305
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	18,626	18,868		10,317	12,289
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	262,337,734	261,128,802		176,637,947	184,130,052
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	827	827			
25.6	Totals (Sum of Lines 25.1 to 25.5)	262,338,561	261,129,629	0	176,637,947	184,130,052
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	269,031,828	267,788,994	0	178,812,482	186,388,646

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

DIRECT BUSINESS IN GUAM DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	883				883
2.	Annuity considerations					0
3.	Deposit-type contract funds	201	XXX		XXX	201
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,084	0	0	0	1,084
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	69				69
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)	69	0	0	0	69
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	69	0	0	0	69
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2	35,000		(a)					2	35,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)	1	8,200							1	8,200
23.	In force December 31 of current year	3	43,200	0	(a) 0	0	0	0	0	3	43,200

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	449	449		27	27
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	449	449	0	27	27
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	449	449	0	27	27

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

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

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,073				9,073
2.	Annuity considerations	23				23
3.	Deposit-type contract funds	574	XXX		XXX	574
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	9,670	0	0	0	9,670
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,115				2,115
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,115	0	0	0	2,115
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,115	0	0	0	2,115
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	19,530				19,530
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	57,911				57,911
13.	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	77,441	0	0	0	77,441
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	6,883							1	6,883
17.	Incurred during current year	1	11,000							1	11,000
	Settled during current year:										
18.1	By payment in full	2	17,883							2	17,883
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	17,883	0	0	0	0	0	0	2	17,883
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	17,883	0	0	0	0	0	0	2	17,883
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	52	837,093		(a)					52	837,093
21.	Issued during year	1	4,000							1	4,000
22.	Other changes to in force (Net)	(14)	(82,294)							(14)	(82,294)
23.	In force December 31 of current year	39	758,799	0	(a) 0	0	0	0	0	39	758,799

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	511	511		(5)	(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)	658,243	651,201		475,245	495,061
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	658,243	651,201	0	475,245	495,061
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	658,754	651,712	0	475,240	495,038

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

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	48,417				48,417
2.	Annuity considerations	45				45
3.	Deposit-type contract funds	235	XXX		XXX	235
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	48,697	0	0	0	48,697
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	448				448
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	6				6
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	454	0	0	0	454
	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)	454	0	0	0	454
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	15,061				15,061
10.	Matured endowments					0
11.	Annuity benefits	350,913				350,913
12.	Surrender values and withdrawals for life contracts	160,907				160,907
13.	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	526,881	0	0	0	526,881
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	3	15,039							3	15,039
	Settled during current year:										
18.1	By payment in full	3	15,039							3	15,039
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	15,039	0	0	0	0	0	0	3	15,039
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	15,039	0	0	0	0	0	0	3	15,039
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	63	541,413		(a)	1	50,000			64	591,413
21.	Issued during year	27	301,000							27	301,000
22.	Other changes to in force (Net)	2	134,811			(1)	(50,000)			1	84,811
23.	In force December 31 of current year	92	977,224	0	(a) 0	0	0	0	0	92	977,224

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	6,738	6,362		899	993
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,959,046	2,958,809		1,958,901	2,002,001
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,959,046	2,958,809	0	1,958,901	2,002,001
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,965,784	2,965,171	0	1,959,800	2,002,994

(b) For health 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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	9,687				9,687
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	9,687	0	0	0	9,687
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	189				189
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)	189	0	0	0	189
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	189	0	0	0	189
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	6,064				6,064
10.	Matured endowments					0
11.	Annuity benefits	42,812				42,812
12.	Surrender values and withdrawals for life contracts	17,481				17,481
13.	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	66,357	0	0	0	66,357
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	6,000							1	6,000
	Settled during current year:										
18.1	By payment in full	1	6,000							1	6,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	6,000	0	0	0	0	0	0	1	6,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	6,000	0	0	0	0	0	0	1	6,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	19	934,812		(a)					19	934,812
21.	Issued during year	9	42,500							9	42,500
22.	Other changes to in force (Net)	3	2,416							3	2,416
23.	In force December 31 of current year	31	979,728	0	(a) 0	0	0	0	0	31	979,728

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,595,214	2,585,404		1,881,348	1,934,661
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,595,214	2,585,404	0	1,881,348	1,934,661
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,595,214	2,585,404	0	1,881,348	1,934,661

(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.

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

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	288,016		1,325		289,341
2.	Annuity considerations	376				376
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	288,392	0	1,325	0	289,717
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,666				1,666
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,666	0	0	0	1,666
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,666	0	0	0	1,666
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	89,453				89,453
10.	Matured endowments					0
11.	Annuity benefits	189,124				189,124
12.	Surrender values and withdrawals for life contracts	305,783				305,783
13.	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	584,360	0	0	0	584,360
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	22,131							4	22,131
17.	Incurred during current year	12	106,516							12	106,516
	Settled during current year:										
18.1	By payment in full	11	85,124							11	85,124
18.2	By payment on compromised claims									0	0
18.3	Totals paid	11	85,124	0	0	0	0	0	0	11	85,124
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	11	85,124	0	0	0	0	0	0	11	85,124
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	43,523	0	0	0	0	0	0	5	43,523
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	587	9,427,784		(a)	2	175,000			589	9,602,784
21.	Issued during year	130	1,286,500							130	1,286,500
22.	Other changes to in force (Net)	(49)	(1,704,803)				(97,000)			(49)	(1,801,803)
23.	In force December 31 of current year	668	9,009,481	0	(a) 0	2	78,000	0	0	670	9,087,481

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	41,094	39,644		37,903	38,199
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	11,313,686	11,373,997		7,492,721	7,663,539
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	11,313,686	11,373,997	0	7,492,721	7,663,539
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,354,780	11,413,641	0	7,530,624	7,701,738

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

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DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	270,371		2,300		272,671
2.	Annuity considerations	574				574
3.	Deposit-type contract funds	468	XXX		XXX	468
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	271,413	0	2,300	0	273,713
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	670				670
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)	670	0	0	0	670
	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)	670	0	0	0	670
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	320,035				320,035
10.	Matured endowments					0
11.	Annuity benefits	659,408				659,408
12.	Surrender values and withdrawals for life contracts	862,645				862,645
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,842,088	0	0	0	1,842,088
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	16,379							4	16,379
17.	Incurred during current year	37	370,925							37	370,925
	Settled during current year:										
18.1	By payment in full	35	317,422							35	317,422
18.2	By payment on compromised claims									0	0
18.3	Totals paid	35	317,422	0	0	0	0	0	0	35	317,422
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	35	317,422	0	0	0	0	0	0	35	317,422
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	69,882	0	0	0	0	0	0	6	69,882
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	982	14,543,767		(a)	3	175,000			985	14,718,767
21.	Issued during year	72	675,000							72	675,000
22.	Other changes to in force (Net)	(118)	(2,117,483)							(118)	(2,117,483)
23.	In force December 31 of current year	936	13,101,284	0	(a) 0	3	175,000	0	0	939	13,276,284

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,979	4,980		(53)	(331)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	10,837,102	10,932,822		8,064,030	8,217,587
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	10,837,102	10,932,822	0	8,064,030	8,217,587
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,842,081	10,937,802	0	8,063,977	8,217,256

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

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DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	95,884				95,884
2.	Annuity considerations	8				8
3.	Deposit-type contract funds	461	XXX		XXX	461
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	96,353	0	0	0	96,353
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	438				438
6.2	Applied to pay renewal premiums	186				186
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	61				61
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	685	0	0	0	685
	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)	685	0	0	0	685
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	72,902				72,902
10.	Matured endowments					0
11.	Annuity benefits	10,843				10,843
12.	Surrender values and withdrawals for life contracts	76,064				76,064
13.	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	159,809	0	0	0	159,809
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	10,736							2	10,736
17.	Incurred during current year	14	78,452							14	78,452
	Settled during current year:										
18.1	By payment in full	12	72,614							12	72,614
18.2	By payment on compromised claims									0	0
18.3	Totals paid	12	72,614	0	0	0	0	0	0	12	72,614
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	12	72,614	0	0	0	0	0	0	12	72,614
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	16,574	0	0	0	0	0	0	4	16,574
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	271	4,667,258		(a)					271	4,667,258
21.	Issued during year	47	526,000							47	526,000
22.	Other changes to in force (Net)	(36)	(427,510)							(36)	(427,510)
23.	In force December 31 of current year	282	4,765,748	0	(a) 0	0	0	0	0	282	4,765,748

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	679,156	691,381		121,504	166,002
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	70	70			(3)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	8,662,252	8,657,295		4,510,886	4,682,579
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	8,662,252	8,657,295	0	4,510,886	4,682,579
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,341,478	9,348,746	0	4,632,390	4,848,578

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

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DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	195,765				195,765
2.	Annuity considerations	113				113
3.	Deposit-type contract funds	198	XXX		XXX	198
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	196,076	0	0	0	196,076
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,022				2,022
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,022	0	0	0	2,022
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,022	0	0	0	2,022
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	75,053				75,053
10.	Matured endowments					0
11.	Annuity benefits	62,811				62,811
12.	Surrender values and withdrawals for life contracts	45,805				45,805
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	183,669	0	0	0	183,669
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	9,000							2	9,000
17.	Incurred during current year	7	98,484							7	98,484
	Settled during current year:										
18.1	By payment in full	5	73,984							5	73,984
18.2	By payment on compromised claims									0	0
18.3	Totals paid	5	73,984	0	0	0	0	0	0	5	73,984
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	5	73,984	0	0	0	0	0	0	5	73,984
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	33,500	0	0	0	0	0	0	4	33,500
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	250	4,140,654		(a)					250	4,140,654
21.	Issued during year	118	1,038,500							118	1,038,500
22.	Other changes to in force (Net)	(1)	(612,248)							(1)	(612,248)
23.	In force December 31 of current year	367	4,566,906	0	(a) 0	0	0	0	0	367	4,566,906

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	506	587			233
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,441,707	5,448,103		3,554,079	3,625,478
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,441,707	5,448,103	0	3,554,079	3,625,478
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,442,213	5,448,690	0	3,554,079	3,625,711

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

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	238,616		28		238,644
2.	Annuity considerations	216				216
3.	Deposit-type contract funds	255	XXX		XXX	255
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	239,087	0	28	0	239,115
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	5,760				5,760
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	5,760	0	0	0	5,760
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	5,760	0	0	0	5,760
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	249,048		2,491		251,539
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	214,442				214,442
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	463,490	0	2,491	0	465,981
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	8	82,279							8	82,279
17.	Incurred during current year	24	180,737			1	1,500			25	182,237
	Settled during current year:										
18.1	By payment in full	28	246,108			1	1,500			29	247,608
18.2	By payment on compromised claims									0	0
18.3	Totals paid	28	246,108	0	0	1	1,500	0	0	29	247,608
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	28	246,108	0	0	1	1,500	0	0	29	247,608
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	16,908	0	0	0	0	0	0	4	16,908
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	970	23,693,213		(a)					970	23,693,213
21.	Issued during year	67	766,500							67	766,500
22.	Other changes to in force (Net)	(137)	(3,528,488)			1	1,500			(136)	(3,526,988)
23.	In force December 31 of current year	900	20,931,225	0	(a) 0	1	1,500	0	0	901	20,932,725

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	532,763	530,018		139,007	143,624
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	337	337			471
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,666,599	4,656,767		2,233,528	2,282,751
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,666,599	4,656,767	0	2,233,528	2,282,751
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,199,699	5,187,122	0	2,372,535	2,426,846

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

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DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	66,578		256		66,834
2.	Annuity considerations	297				297
3.	Deposit-type contract funds	385	XXX		XXX	385
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	67,260	0	256	0	67,516
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	500				500
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)	500	0	0	0	500
	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)	500	0	0	0	500
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	92,142				92,142
10.	Matured endowments					0
11.	Annuity benefits	52,475				52,475
12.	Surrender values and withdrawals for life contracts	184,189				184,189
13.	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	328,806	0	0	0	328,806
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	31,224							6	31,224
17.	Incurred during current year	12	165,800							12	165,800
	Settled during current year:										
18.1	By payment in full	12	88,168							12	88,168
18.2	By payment on compromised claims									0	0
18.3	Totals paid	12	88,168	0	0	0	0	0	0	12	88,168
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	12	88,168	0	0	0	0	0	0	12	88,168
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	108,856	0	0	0	0	0	0	6	108,856
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	318	4,635,005		(a)	1	56,700			319	4,691,705
21.	Issued during year	1	5,000							1	5,000
22.	Other changes to in force (Net)	18	905,024				(5,600)			18	899,424
23.	In force December 31 of current year	337	5,545,029	0	(a) 0	1	51,100	0	0	338	5,596,129

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	902	902		(9)	(40)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	101,778	102,769		40,289	45,075
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	101,778	102,769	0	40,289	45,075
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	102,680	103,671	0	40,280	45,035

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

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	87,517				87,517
2.	Annuity considerations	551				551
3.	Deposit-type contract funds	2,215	XXX		XXX	2,215
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	90,283	0	0	0	90,283
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,061				3,061
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	41				41
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,102	0	0	0	3,102
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	3,102	0	0	0	3,102
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	35,722				35,722
10.	Matured endowments	1,549				1,549
11.	Annuity benefits	93,673				93,673
12.	Surrender values and withdrawals for life contracts	49,535				49,535
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	180,479	0	0	0	180,479
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	7	37,053							7	37,053
	Settled during current year:										
18.1	By payment in full	7	37,053							7	37,053
18.2	By payment on compromised claims									0	0
18.3	Totals paid	7	37,053	0	0	0	0	0	0	7	37,053
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	7	37,053	0	0	0	0	0	0	7	37,053
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	224	3,460,883		(a)	1	6,000			225	3,466,883
21.	Issued during year	12	133,500							12	133,500
22.	Other changes to in force (Net)	35	(135,540)			(1)	(6,000)			34	(141,540)
23.	In force December 31 of current year	271	3,458,843	0	(a) 0	0	0	0	0	271	3,458,843

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,620	5,605		445	167
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	380,559	381,305		130,722	133,739
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	380,559	381,305	0	130,722	133,739
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	386,179	386,910	0	131,167	133,906

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

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	60,187				60,187
2.	Annuity considerations	401				401
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	60,588	0	0	0	60,588
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	419				419
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	49				49
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	468	0	0	0	468
	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)	468	0	0	0	468
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	41,929				41,929
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	81,224				81,224
13.	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	123,153	0	0	0	123,153
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	12,172							2	12,172
17.	Incurred during current year	6	31,195							6	31,195
	Settled during current year:										
18.1	By payment in full	7	40,367							7	40,367
18.2	By payment on compromised claims									0	0
18.3	Totals paid	7	40,367	0	0	0	0	0	0	7	40,367
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	7	40,367	0	0	0	0	0	0	7	40,367
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	3,000	0	0	0	0	0	0	1	3,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	289	4,350,113		(a)					289	4,350,113
21.	Issued during year	9	54,000							9	54,000
22.	Other changes to in force (Net)	(13)	(242,908)							(13)	(242,908)
23.	In force December 31 of current year	285	4,161,205	0	(a) 0	0	0	0	0	285	4,161,205

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,342,863	2,321,318		1,463,764	1,575,652
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,342,863	2,321,318	0	1,463,764	1,575,652
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,342,863	2,321,318	0	1,463,764	1,575,652

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

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DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	138,262				138,262
2.	Annuity considerations	947				947
3.	Deposit-type contract funds	96	XXX		XXX	96
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	139,305	0	0	0	139,305
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,468				1,468
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	148				148
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,616	0	0	0	1,616
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,616	0	0	0	1,616
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	107,429				107,429
10.	Matured endowments					0
11.	Annuity benefits	524,490				524,490
12.	Surrender values and withdrawals for life contracts	1,254,717				1,254,717
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,886,636	0	0	0	1,886,636
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	14,000							1	14,000
17.	Incurred during current year	2	93,090							2	93,090
	Settled during current year:										
18.1	By payment in full	3	107,090							3	107,090
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	107,090	0	0	0	0	0	0	3	107,090
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	107,090	0	0	0	0	0	0	3	107,090
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	168	6,315,254		(a)					168	6,315,254
21.	Issued during year	89	1,002,500							89	1,002,500
22.	Other changes to in force (Net)	(19)	(1,209,685)							(19)	(1,209,685)
23.	In force December 31 of current year	238	6,108,069	0	(a) 0	0	0	0	0	238	6,108,069

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,161	3,084		18,334	17,910
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	7,958,981	7,949,014		5,655,342	5,865,625
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	7,958,981	7,949,014	0	5,655,342	5,865,625
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,962,142	7,952,098	0	5,673,676	5,883,535

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

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DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	25,081				25,081
2.	Annuity considerations	50,815				50,815
3.	Deposit-type contract funds	48	XXX		XXX	48
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	75,944	0	0	0	75,944
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	669				669
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	159				159
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	828	0	0	0	828
	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)	828	0	0	0	828
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	83,431				83,431
10.	Matured endowments					0
11.	Annuity benefits	95,144				95,144
12.	Surrender values and withdrawals for life contracts	1,252,829				1,252,829
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,431,404	0	0	0	1,431,404
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	56,898							6	56,898
17.	Incurred during current year	16	55,087							16	55,087
	Settled during current year:										
18.1	By payment in full	17	80,085							17	80,085
18.2	By payment on compromised claims									0	0
18.3	Totals paid	17	80,085	0	0	0	0	0	0	17	80,085
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	17	80,085	0	0	0	0	0	0	17	80,085
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	31,900	0	0	0	0	0	0	5	31,900
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	314	4,032,317		(a)					314	4,032,317
21.	Issued during year	11	97,000							11	97,000
22.	Other changes to in force (Net)	(30)	(1,369,477)							(30)	(1,369,477)
23.	In force December 31 of current year	295	2,759,840	0	(a) 0	0	0	0	0	295	2,759,840

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,163,256	3,068,671		1,967,975	2,118,036
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,163,256	3,068,671	0	1,967,975	2,118,036
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,163,256	3,068,671	0	1,967,975	2,118,036

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

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	183,370		284		183,654
2.	Annuity considerations	350				350
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	183,720	0	284	0	184,004
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,867				1,867
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	27				27
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,894	0	0	0	1,894
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,894	0	0	0	1,894
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	212,014				212,014
10.	Matured endowments	145				145
11.	Annuity benefits	51,621				51,621
12.	Surrender values and withdrawals for life contracts	192,550				192,550
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	456,330	0	0	0	456,330
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	10	56,730							10	56,730
17.	Incurred during current year	28	283,029							28	283,029
	Settled during current year:										
18.1	By payment in full	30	206,887							30	206,887
18.2	By payment on compromised claims									0	0
18.3	Totals paid	30	206,887	0	0	0	0	0	0	30	206,887
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	30	206,887	0	0	0	0	0	0	30	206,887
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	132,872	0	0	0	0	0	0	8	132,872
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	811	10,624,650		(a)					811	10,624,650
21.	Issued during year	52	682,500							52	682,500
22.	Other changes to in force (Net)	(110)	(1,178,412)			1	100,000			(109)	(1,078,412)
23.	In force December 31 of current year	753	10,128,738	0	(a) 0	1	100,000	0	0	754	10,228,738

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	251,168	243,671		169,394	168,268
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,280,005	4,249,964		2,315,259	2,363,865
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,280,005	4,249,964	0	2,315,259	2,363,865
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,531,173	4,493,635	0	2,484,653	2,532,133

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

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DIRECT BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	827	827			
25.6 Totals (Sum of Lines 25.1 to 25.5)	827	827	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	827	827	0	0	0

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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	249,102		3,731		252,833
2.	Annuity considerations	3,171				3,171
3.	Deposit-type contract funds	206	XXX		XXX	206
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	252,479	0	3,731	0	256,210
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,826				3,826
6.2	Applied to pay renewal premiums	164				164
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	3,990	0	0	0	3,990
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	3,990	0	0	0	3,990
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	339,839				339,839
10.	Matured endowments	59,228				59,228
11.	Annuity benefits	29,848				29,848
12.	Surrender values and withdrawals for life contracts	269,570				269,570
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
15.	Totals	698,485	0	0	0	698,485
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	24	97,087							24	97,087
17.	Incurred during current year	40	388,654							40	388,654
	Settled during current year:										
18.1	By payment in full	52	388,449							52	388,449
18.2	By payment on compromised claims									0	0
18.3	Totals paid	52	388,449	0	0	0	0	0	0	52	388,449
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	52	388,449	0	0	0	0	0	0	52	388,449
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	12	97,292	0	0	0	0	0	0	12	97,292
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,139	16,583,049		(a)	1,801	646,300			2,940	17,229,349
21.	Issued during year	40	412,500							40	412,500
22.	Other changes to in force (Net)	(101)	(822,033)			(11)	(80,420)			(112)	(902,453)
23.	In force December 31 of current year	1,078	16,173,516	0	(a) 0	1,790	565,880	0	0	2,868	16,739,396

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	461,368	459,460		122,277	132,427
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	52	52			(2)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,683,870	6,688,606		4,691,892	4,744,294
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	6,683,870	6,688,606	0	4,691,892	4,744,294
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,145,290	7,148,118	0	4,814,169	4,876,719

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

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DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	802				802
2.	Annuity considerations	8				8
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	810	0	0	0	810
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	293				293
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)	293	0	0	0	293
	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)	293	0	0	0	293
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	3,305				3,305
12.	Surrender values and withdrawals for life contracts	13,783				13,783
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	17,088	0	0	0	17,088
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	3	14,389		(a)					3	14,389
21.	Issued during year	-	-							0	0
22.	Other changes to in force (Net)	10	56,481							10	56,481
23.	In force December 31 of current year	13	70,870	0	(a) 0	0	0	0	0	13	70,870

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,238,436	1,238,965		873,838	876,655
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,238,436	1,238,965	0	873,838	876,655
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,238,436	1,238,965	0	873,838	876,655

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

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DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	458,980				458,980
2.	Annuity considerations	584				584
3.	Deposit-type contract funds	14,152	XXX		XXX	14,152
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	473,716	0	0	0	473,716
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	14,820				14,820
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,707				4,707
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	19,527	0	0	0	19,527
	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)	19,527	0	0	0	19,527
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	617,416				617,416
10.	Matured endowments	2,154				2,154
11.	Annuity benefits	47,016				47,016
12.	Surrender values and withdrawals for life contracts	551,454				551,454
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,218,040	0	0	0	1,218,040
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	18	112,171							18	112,171
17.	Incurred during current year	91	610,126							91	610,126
	Settled during current year:										
18.1	By payment in full	94	612,421							94	612,421
18.2	By payment on compromised claims									0	0
18.3	Totals paid	94	612,421	0	0	0	0	0	0	94	612,421
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	94	612,421	0	0	0	0	0	0	94	612,421
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	109,876	0	0	0	0	0	0	15	109,876
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,192	30,831,624		(a)					2,192	30,831,624
21.	Issued during year	93	859,500							93	859,500
22.	Other changes to in force (Net)	(146)	(5,049,018)							(146)	(5,049,018)
23.	In force December 31 of current year	2,139	26,642,106	0	(a) 0	0	0	0	0	2,139	26,642,106

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	28,372	27,279		4,298	2,203
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	8,376	8,540		3,917	3,292
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,927,322	5,933,782		3,987,768	4,076,007
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,927,322	5,933,782	0	3,987,768	4,076,007
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,964,070	5,969,601	0	3,995,983	4,081,502

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

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	918		286		1,204
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	918	0	286	0	1,204
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	175				175
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)	175	0	0	0	175
	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)	175	0	0	0	175
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	2,137				2,137
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	7,648				7,648
13.	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	9,785	0	0	0	9,785
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	1,812							1	1,812
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full	1	1,812							1	1,812
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	1,812	0	0	0	0	0	0	1	1,812
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	1,812	0	0	0	0	0	0	1	1,812
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	13	108,428		(a)	1	125,000			14	233,428
21.	Issued during year	5	25,000							5	25,000
22.	Other changes to in force (Net)	(4)	(32,194)							(4)	(32,194)
23.	In force December 31 of current year	14	101,234	0	(a) 0	1	125,000	0	0	15	226,234

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	17,645	17,151		2,190	2,462
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	150,236	148,542		59,951	63,991
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	150,236	148,542	0	59,951	63,991
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	167,881	165,693	0	62,141	66,453

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

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	23,729				23,729
2.	Annuity considerations					0
3.	Deposit-type contract funds	3,910	XXX		XXX	3,910
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	27,639	0	0	0	27,639
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	389				389
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	4				4
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	393	0	0	0	393
	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)	393	0	0	0	393
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	236,304				236,304
10.	Matured endowments	131				131
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	132,712				132,712
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	369,147	0	0	0	369,147
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	6	235,149							6	235,149
	Settled during current year:										
18.1	By payment in full	6	235,149							6	235,149
18.2	By payment on compromised claims									0	0
18.3	Totals paid	6	235,149	0	0	0	0	0	0	6	235,149
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	6	235,149	0	0	0	0	0	0	6	235,149
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	57	753,003		(a)					57	753,003
21.	Issued during year	10	68,500							10	68,500
22.	Other changes to in force (Net)	(7)	(219,322)							(7)	(219,322)
23.	In force December 31 of current year	60	602,181	0	(a) 0	0	0	0	0	60	602,181

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,508	5,425		394	635
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,022,771	3,027,073		1,906,061	1,931,549
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,022,771	3,027,073	0	1,906,061	1,931,549
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,028,279	3,032,498	0	1,906,455	1,932,184

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

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	12,231				12,231
2.	Annuity considerations	10				10
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	12,241	0	0	0	12,241
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	199				199
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)	199	0	0	0	199
	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)	199	0	0	0	199
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	10,127				10,127
10.	Matured endowments					0
11.	Annuity benefits	24,331				24,331
12.	Surrender values and withdrawals for life contracts	214,540				214,540
13.	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	248,998	0	0	0	248,998
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	2,963							1	2,963
17.	Incurred during current year	2	9,338							2	9,338
	Settled during current year:										
18.1	By payment in full	2	8,660							2	8,660
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	8,660	0	0	0	0	0	0	2	8,660
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	8,660	0	0	0	0	0	0	2	8,660
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	3,641	0	0	0	0	0	0	1	3,641
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	54	1,124,682		(a)					54	1,124,682
21.	Issued during year	2	6,500							2	6,500
22.	Other changes to in force (Net)	1	(126,855)							1	(126,855)
23.	In force December 31 of current year	57	1,004,327	0	(a) 0	0	0	0	0	57	1,004,327

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	409	409		(4)	(18)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	102,256	102,307		33,290	31,580
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	102,256	102,307	0	33,290	31,580
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	102,665	102,716	0	33,286	31,562

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

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	134,331				134,331
2.	Annuity considerations	3,685				3,685
3.	Deposit-type contract funds	323	XXX		XXX	323
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	138,339	0	0	0	138,339
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,014				1,014
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	35				35
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,049	0	0	0	1,049
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,049	0	0	0	1,049
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	163,441				163,441
10.	Matured endowments					0
11.	Annuity benefits	184,829				184,829
12.	Surrender values and withdrawals for life contracts	276,992				276,992
13.	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	625,262	0	0	0	625,262
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	12	69,124							12	69,124
17.	Incurred during current year	19	107,000							19	107,000
	Settled during current year:										
18.1	By payment in full	27	152,124							27	152,124
18.2	By payment on compromised claims									0	0
18.3	Totals paid	27	152,124	0	0	0	0	0	0	27	152,124
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	27	152,124	0	0	0	0	0	0	27	152,124
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	24,000	0	0	0	0	0	0	4	24,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,080	11,174,924		(a)					2,080	11,174,924
21.	Issued during year	48	569,500							48	569,500
22.	Other changes to in force (Net)	(884)	(4,638,733)							(884)	(4,638,733)
23.	In force December 31 of current year	1,244	7,105,691	0	(a) 0	0	0	0	0	1,244	7,105,691

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,588	1,588		(11)	(37)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	18,521,969	18,459,620		14,522,578	15,154,797
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	18,521,969	18,459,620	0	14,522,578	15,154,797
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,523,557	18,461,208	0	14,522,567	15,154,760

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

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	42,343				42,343
2.	Annuity considerations	125				125
3.	Deposit-type contract funds	178	XXX		XXX	178
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	42,646	0	0	0	42,646
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,054				1,054
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,054	0	0	0	1,054
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,054	0	0	0	1,054
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	33,211				33,211
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	28,488				28,488
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	61,699	0	0	0	61,699
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	5,000							1	5,000
17.	Incurred during current year	2	27,500							2	27,500
	Settled during current year:										
18.1	By payment in full	3	32,500							3	32,500
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	32,500	0	0	0	0	0	0	3	32,500
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	32,500	0	0	0	0	0	0	3	32,500
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	66	1,328,236		(a)					66	1,328,236
21.	Issued during year	17	134,500							17	134,500
22.	Other changes to in force (Net)	(7)	2,199							(7)	2,199
23.	In force December 31 of current year	76	1,464,935	0	(a) 0	0	0	0	0	76	1,464,935

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	929	902		200	177
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,816,897	1,811,508		472,019	506,998
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,816,897	1,811,508	0	472,019	506,998
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,817,826	1,812,410	0	472,219	507,175

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

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	39,184				39,184
2.	Annuity considerations	4				4
3.	Deposit-type contract funds	4,399	XXX		XXX	4,399
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	43,587	0	0	0	43,587
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,809				1,809
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,809	0	0	0	1,809
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,809	0	0	0	1,809
	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	242,395				242,395
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	242,395	0	0	0	242,395
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	25,000							1	25,000
	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	25,000	0	0	0	0	0	0	1	25,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	59	2,429,272		(a)					59	2,429,272
21.	Issued during year	10	155,000							10	155,000
22.	Other changes to in force (Net)	18	77,296							18	77,296
23.	In force December 31 of current year	87	2,661,568	0	(a) 0	0	0	0	0	87	2,661,568

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	172	172		(2)	(8)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	442,683	440,617		199,650	208,794
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	442,683	440,617	0	199,650	208,794
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	442,855	440,789	0	199,648	208,786

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

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	14,556				14,556
2.	Annuity considerations	269				269
3.	Deposit-type contract funds	347	XXX		XXX	347
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	15,172	0	0	0	15,172
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,639				1,639
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	119				119
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,758	0	0	0	1,758
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,758	0	0	0	1,758
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	11,455				11,455
10.	Matured endowments					0
11.	Annuity benefits	397,662				397,662
12.	Surrender values and withdrawals for life contracts	227,672				227,672
13.	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	636,789	0	0	0	636,789
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	10,266							2	10,266
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full	2	10,266							2	10,266
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	10,266	0	0	0	0	0	0	2	10,266
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	10,266	0	0	0	0	0	0	2	10,266
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	67	1,286,513		(a)					67	1,286,513
21.	Issued during year	1	8,000							1	8,000
22.	Other changes to in force (Net)	60	(118,897)							60	(118,897)
23.	In force December 31 of current year	128	1,175,616	0	(a) 0	0	0	0	0	128	1,175,616

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	117,896	115,550		110,591	113,932
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	117,896	115,550	0	110,591	113,932
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	117,896	115,550	0	110,591	113,932

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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	197,339				197,339
2.	Annuity considerations	737				737
3.	Deposit-type contract funds	77	XXX		XXX	77
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	198,153	0	0	0	198,153
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,547				1,547
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,547	0	0	0	1,547
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,547	0	0	0	1,547
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	141,526				141,526
10.	Matured endowments	(1,250)				(1,250)
11.	Annuity benefits	206,156				206,156
12.	Surrender values and withdrawals for life contracts	277,801				277,801
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	624,233	0	0	0	624,233
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	13	389,709							13	389,709
	Settled during current year:										
18.1	By payment in full	12	139,709							12	139,709
18.2	By payment on compromised claims									0	0
18.3	Totals paid	12	139,709	0	0	0	0	0	0	12	139,709
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	12	139,709	0	0	0	0	0	0	12	139,709
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	250,000	0	0	0	0	0	0	1	250,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	419	15,041,679		(a)					419	15,041,679
21.	Issued during year	60	604,000							60	604,000
22.	Other changes to in force (Net)	(12)	(1,993,849)							(12)	(1,993,849)
23.	In force December 31 of current year	467	13,651,830	0	(a) 0	0	0	0	0	467	13,651,830

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	9,104	8,777		1,388	6,688
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,395,471	5,412,596		2,894,255	2,940,706
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,395,471	5,412,596	0	2,894,255	2,940,706
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,404,575	5,421,373	0	2,895,643	2,947,394

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

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	107,745		613		108,358
2.	Annuity considerations	137				137
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	107,882	0	613	0	108,495
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,816				1,816
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	177				177
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,993	0	0	0	1,993
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,993	0	0	0	1,993
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	35,019				35,019
10.	Matured endowments					0
11.	Annuity benefits	25,255				25,255
12.	Surrender values and withdrawals for life contracts	420,107				420,107
13.	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	480,381	0	0	0	480,381
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	4	15,684							4	15,684
17.	Incurred during current year	8	29,199							8	29,199
	Settled during current year:										
18.1	By payment in full	9	34,012							9	34,012
18.2	By payment on compromised claims									0	0
18.3	Totals paid	9	34,012	0	0	0	0	0	0	9	34,012
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	9	34,012	0	0	0	0	0	0	9	34,012
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	10,871	0	0	0	0	0	0	3	10,871
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	292	3,906,125		(a)	9	87,000			301	3,993,125
21.	Issued during year	38	301,500							38	301,500
22.	Other changes to in force (Net)	(30)	(606,327)			(2)	(54,000)			(32)	(660,327)
23.	In force December 31 of current year	300	3,601,298	0	(a) 0	7	33,000	0	0	307	3,634,298

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	11,950	11,567		1,392	1,448
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,309,487	3,305,873		1,902,463	2,090,242
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,309,487	3,305,873	0	1,902,463	2,090,242
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,321,437	3,317,440	0	1,903,855	2,091,690

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

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	31,611				31,611
2.	Annuity considerations	54				54
3.	Deposit-type contract funds	23	XXX		XXX	23
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	31,688	0	0	0	31,688
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	690				690
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)	690	0	0	0	690
	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)	690	0	0	0	690
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	165,559				165,559
12.	Surrender values and withdrawals for life contracts	45,382				45,382
13.	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	210,941	0	0	0	210,941
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	41	2,346,388		(a)					41	2,346,388
21.	Issued during year	15	181,500							15	181,500
22.	Other changes to in force (Net)	18	61,634							18	61,634
23.	In force December 31 of current year	74	2,589,522	0	(a) 0	0	0	0	0	74	2,589,522

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	12,317,742	12,036,563		9,111,216	10,004,225
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	12,317,742	12,036,563	0	9,111,216	10,004,225
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,317,742	12,036,563	0	9,111,216	10,004,225

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

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	172,147				172,147
2.	Annuity considerations	15				15
3.	Deposit-type contract funds	79	XXX		XXX	79
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	172,241	0	0	0	172,241
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,669				1,669
6.2	Applied to pay renewal premiums	272				272
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,941	0	0	0	1,941
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,941	0	0	0	1,941
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	1,060,532				1,060,532
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	90,730				90,730
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,151,262	0	0	0	1,151,262
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	2	100,000							2	100,000
17.	Incurred during current year	4	1,070,276							4	1,070,276
	Settled during current year:										
18.1	By payment in full	3	1,050,276							3	1,050,276
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	1,050,276	0	0	0	0	0	0	3	1,050,276
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	1,050,276	0	0	0	0	0	0	3	1,050,276
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	120,000	0	0	0	0	0	0	3	120,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	237	30,202,270		(a)					237	30,202,270
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(20)	(8,209,566)							(20)	(8,209,566)
23.	In force December 31 of current year	217	21,992,704	0	(a) 0	0	0	0	0	217	21,992,704

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

ACCIDENT AND HEALTH INSURANCE

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

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

* 6 5 7 2 2 2 0 1 8 4 3 0 3 9 1 0 0 *

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	188,030				188,030
2.	Annuity considerations	6,484				6,484
3.	Deposit-type contract funds	69	XXX		XXX	69
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	194,583	0	0	0	194,583
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,586				1,586
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	1,586	0	0	0	1,586
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	1,586	0	0	0	1,586
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	88,884				88,884
10.	Matured endowments	1,616				1,616
11.	Annuity benefits	189,602				189,602
12.	Surrender values and withdrawals for life contracts	584,366				584,366
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	864,468	0	0	0	864,468
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	7	27,586							7	27,586
17.	Incurred during current year	10	84,176							10	84,176
	Settled during current year:										
18.1	By payment in full	14	89,262							14	89,262
18.2	By payment on compromised claims									0	0
18.3	Totals paid	14	89,262	0	0	0	0	0	0	14	89,262
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	14	89,262	0	0	0	0	0	0	14	89,262
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	22,500	0	0	0	0	0	0	3	22,500
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	349	3,984,196		(a)					349	3,984,196
21.	Issued during year	73	720,500							73	720,500
22.	Other changes to in force (Net)	49	174,095							49	174,095
23.	In force December 31 of current year	471	4,878,791	0	(a) 0	0	0	0	0	471	4,878,791

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,858	1,872		174	130
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,730,869	3,720,393		2,003,192	2,039,754
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)	3,730,869	3,720,393	0	2,003,192	2,039,754
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,732,727	3,722,265	0	2,003,366	2,039,884

(b) For health 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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	7,078				7,078
2.	Annuity considerations					0
3.	Deposit-type contract funds	357	XXX		XXX	357
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	7,435	0	0	0	7,435
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	646				646
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	41				41
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	687	0	0	0	687
	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)	687	0	0	0	687
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	20,385				20,385
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	14,177				14,177
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	34,562	0	0	0	34,562
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	20,000							1	20,000
	Settled during current year:										
18.1	By payment in full	1	20,000							1	20,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	20,000	0	0	0	0	0	0	1	20,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	20,000	0	0	0	0	0	0	1	20,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	17	759,200		(a)					17	759,200
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(98,637)							(2)	(98,637)
23.	In force December 31 of current year	15	660,563	0	(a) 0	0	0	0	0	15	660,563

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,603	2,603		436	498
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,603	2,603	0	436	498
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,603	2,603	0	436	498

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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	17,042				17,042
2.	Annuity considerations	38				38
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	17,080	0	0	0	17,080
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	47,929				47,929
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	54,473				54,473
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	102,402	0	0	0	102,402
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	10	53,307							10	53,307
	Settled during current year:										
18.1	By payment in full	8	46,279							8	46,279
18.2	By payment on compromised claims									0	0
18.3	Totals paid	8	46,279	0	0	0	0	0	0	8	46,279
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	8	46,279	0	0	0	0	0	0	8	46,279
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	7,028	0	0	0	0	0	0	2	7,028
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	209	3,708,232		(a)					209	3,708,232
21.	Issued during year	2	10,000							2	10,000
22.	Other changes to in force (Net)	(42)	(850,257)							(42)	(850,257)
23.	In force December 31 of current year	169	2,867,975	0	(a) 0	0	0	0	0	169	2,867,975

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	33,384	33,476		36,933	35,847
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	33,384	33,476	0	36,933	35,847
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	33,384	33,476	0	36,933	35,847

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

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

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	334,949		74		335,023
2.	Annuity considerations	1,434				1,434
3.	Deposit-type contract funds	1,900	XXX		XXX	1,900
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	338,283	0	74	0	338,357
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	12,769				12,769
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	829				829
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	13,598	0	0	0	13,598
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	13,598	0	0	0	13,598
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	485,366				485,366
10.	Matured endowments	200				200
11.	Annuity benefits	13,139				13,139
12.	Surrender values and withdrawals for life contracts	168,561				168,561
13.	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	667,266	0	0	0	667,266
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	14	68,992							14	68,992
17.	Incurred during current year	71	496,685							71	496,685
	Settled during current year:										
18.1	By payment in full	72	479,070							72	479,070
18.2	By payment on compromised claims									0	0
18.3	Totals paid	72	479,070	0	0	0	0	0	0	72	479,070
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	72	479,070	0	0	0	0	0	0	72	479,070
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	13	86,607	0	0	0	0	0	0	13	86,607
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,561	22,883,031		(a)					1,561	22,883,031
21.	Issued during year	67	671,500							67	671,500
22.	Other changes to in force (Net)	(94)	(456,027)			1	3,000			(93)	(453,027)
23.	In force December 31 of current year	1,534	23,098,504	0	(a) 0	1	3,000	0	0	1,535	23,101,504

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,154	2,954		599	687
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	4,603	4,636		4,530	4,562
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,254,551	6,293,674		4,446,758	4,465,934
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	6,254,551	6,293,674	0	4,446,758	4,465,934
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,262,308	6,301,264	0	4,451,887	4,471,183

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

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	14,620				14,620
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	14,620	0	0	0	14,620
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	21				21
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	84				84
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	105	0	0	0	105
	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)	105	0	0	0	105
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	20,326				20,326
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	10,272				10,272
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	30,598	0	0	0	30,598
	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 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	20,250							1	20,250
	Settled during current year:										
18.1	By payment in full	1	20,250							1	20,250
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	20,250	0	0	0	0	0	0	1	20,250
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	20,250	0	0	0	0	0	0	1	20,250
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	46	477,937		(a)					46	477,937
21.	Issued during year	4	24,000							4	24,000
22.	Other changes to in force (Net)	(4)	(114,800)							(4)	(114,800)
23.	In force December 31 of current year	46	387,137	0	(a) 0	0	0	0	0	46	387,137

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	3,651	3,598		559	546
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	884,467	893,695		631,700	631,824
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	884,467	893,695	0	631,700	631,824
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	888,118	897,293	0	632,259	632,370

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

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DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	430,913		5,303		436,216
2.	Annuity considerations	1,039				1,039
3.	Deposit-type contract funds	366	XXX		XXX	366
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	432,318	0	5,303	0	437,621
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	4,356				4,356
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	85				85
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	4,441	0	0	0	4,441
	Annuities:					
7.1	Paid in cash or left on deposit	112				112
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	112	0	0	0	112
8.	Grand Totals (Lines 6.5 + 7.4)	4,553	0	0	0	4,553
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	700,897		54,646		755,543
10.	Matured endowments	(1,159)				(1,159)
11.	Annuity benefits	37,095				37,095
12.	Surrender values and withdrawals for life contracts	504,600				504,600
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,241,433	0	54,646	0	1,296,079
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	68	300,009							68	300,009
17.	Incurred during current year	93	439,722			12	39,608			105	479,330
	Settled during current year:										
18.1	By payment in full	136	648,214			12	39,608			148	687,822
18.2	By payment on compromised claims									0	0
18.3	Totals paid	136	648,214	0	0	12	39,608	0	0	148	687,822
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	136	648,214	0	0	12	39,608	0	0	148	687,822
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	25	91,517	0	0	0	0	0	0	25	91,517
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,057	24,027,137		(a)	50	612,308			2,107	24,639,445
21.	Issued during year	87	942,500							87	942,500
22.	Other changes to in force (Net)	(168)	(1,459,290)			(16)	(225,118)			(184)	(1,684,408)
23.	In force December 31 of current year	1,976	23,510,347	0	(a) 0	34	387,190	0	0	2,010	23,897,537

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	11,218	11,056		2,969	2,535
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	139	139			(6)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	9,986,360	10,020,368		6,109,789	6,133,992
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	9,986,360	10,020,368	0	6,109,789	6,133,992
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,997,717	10,031,563	0	6,112,758	6,136,521

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

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	781,142		694		781,836
2.	Annuity considerations	374				374
3.	Deposit-type contract funds	4,131	XXX		XXX	4,131
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	785,647	0	694	0	786,341
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	9,918				9,918
6.2	Applied to pay renewal premiums	146				146
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	456				456
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	10,520	0	0	0	10,520
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	10,520	0	0	0	10,520
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	322,371				322,371
10.	Matured endowments	4,082				4,082
11.	Annuity benefits	441,798				441,798
12.	Surrender values and withdrawals for life contracts	1,774,641				1,774,641
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	2,542,892	0	0	0	2,542,892
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	14	157,048							14	157,048
17.	Incurred during current year	37	269,601							37	269,601
	Settled during current year:										
18.1	By payment in full	44	322,769							44	322,769
18.2	By payment on compromised claims									0	0
18.3	Totals paid	44	322,769	0	0	0	0	0	0	44	322,769
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	44	322,769	0	0	0	0	0	0	44	322,769
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	103,880	0	0	0	0	0	0	7	103,880
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,190	13,644,649		(a)					1,190	13,644,649
21.	Issued during year	427	3,667,000							427	3,667,000
22.	Other changes to in force (Net)	(21)	(52,800)			3	103,000			(18)	50,200
23.	In force December 31 of current year	1,596	17,258,849	0	(a) 0	3	103,000	0	0	1,599	17,361,849

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,524,594	4,495,840		1,523,765	1,544,478
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	108	108			(5)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	25,917,325	25,933,686		15,046,009	15,428,959
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	25,917,325	25,933,686	0	15,046,009	15,428,959
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	30,442,027	30,429,634	0	16,569,774	16,973,432

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

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DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	22,267				22,267
2.	Annuity considerations	11,986				11,986
3.	Deposit-type contract funds	826	XXX		XXX	826
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	35,079	0	0	0	35,079
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	693				693
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)	693	0	0	0	693
	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)	693	0	0	0	693
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	15,028				15,028
10.	Matured endowments					0
11.	Annuity benefits	100,250				100,250
12.	Surrender values and withdrawals for life contracts	198,807				198,807
13.	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	314,085	0	0	0	314,085
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	15,000							1	15,000
	Settled during current year:										
18.1	By payment in full	1	15,000							1	15,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	15,000	0	0	0	0	0	0	1	15,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	15,000	0	0	0	0	0	0	1	15,000
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	25	491,157		(a)					25	491,157
21.	Issued during year	8	69,500							8	69,500
22.	Other changes to in force (Net)	9	(171,587)							9	(171,587)
23.	In force December 31 of current year	42	389,070	0	(a) 0	0	0	0	0	42	389,070

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	823,291	826,233		445,315	454,107
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	823,291	826,233	0	445,315	454,107
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	823,291	826,233	0	445,315	454,107

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

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	201,079		93		201,172
2.	Annuity considerations	528				528
3.	Deposit-type contract funds	795	XXX		XXX	795
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	202,402	0	93	0	202,495
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	23,055				23,055
6.2	Applied to pay renewal premiums	47				47
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,090				1,090
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	24,192	0	0	0	24,192
	Annuities:					
7.1	Paid in cash or left on deposit	103				103
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	103	0	0	0	103
8.	Grand Totals (Lines 6.5 + 7.4)	24,295	0	0	0	24,295
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	236,532				236,532
10.	Matured endowments	3,011				3,011
11.	Annuity benefits	92,398				92,398
12.	Surrender values and withdrawals for life contracts	149,955				149,955
13.	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	481,896	0	0	0	481,896
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	18	22,860							18	22,860
17.	Incurred during current year	36	220,698							36	220,698
	Settled during current year:										
18.1	By payment in full	46	236,030							46	236,030
18.2	By payment on compromised claims									0	0
18.3	Totals paid	46	236,030	0	0	0	0	0	0	46	236,030
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	46	236,030	0	0	0	0	0	0	46	236,030
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	8	7,528	0	0	0	0	0	0	8	7,528
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,143	14,433,215		(a)	1	3,000			1,144	14,436,215
21.	Issued during year	56	595,000							56	595,000
22.	Other changes to in force (Net)	(61)	(808,934)			(1)	(3,000)			(62)	(811,934)
23.	In force December 31 of current year	1,138	14,219,281	0	(a) 0	0	0	0	0	1,138	14,219,281

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,813	1,766		(19)	(82)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)	164	172			(19)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,126,410	1,129,563		874,883	877,797
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,126,410	1,129,563	0	874,883	877,797
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,128,387	1,131,501	0	874,864	877,696

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

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

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	7,596				7,596
2. Annuity considerations	510				510
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,106	0	0	0	8,106
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	30				30
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	74				74
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	104	0	0	0	104
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)	104	0	0	0	104
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,454				5,454
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,454	0	0	0	5,454
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	1,416							1	1,416
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full	1	1,416							1	1,416
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	1,416	0	0	0	0	0	0	1	1,416
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	1,416	0	0	0	0	0	0	1	1,416
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	48	432,321		(a)					48	432,321
21. Issued during year									0	0
22. Other changes to in force (Net)	(16)	(138,054)							(16)	(138,054)
23. In force December 31 of current year	32	294,267	0	(a) 0	0	0	0	0	32	294,267

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)	122	104			(5)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	560	560		3	(22)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	560	560	0	3	(22)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	682	664	0	3	(27)

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

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	112,389		243		112,632
2.	Annuity considerations	445				445
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	112,834	0	243	0	113,077
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	249				249
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)	249	0	0	0	249
	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)	249	0	0	0	249
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	38,531				38,531
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	81,667				81,667
13.	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	120,198	0	0	0	120,198
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	5,714							1	5,714
17.	Incurred during current year	6	118,366							6	118,366
	Settled during current year:										
18.1	By payment in full	4	37,831							4	37,831
18.2	By payment on compromised claims									0	0
18.3	Totals paid	4	37,831	0	0	0	0	0	0	4	37,831
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	4	37,831	0	0	0	0	0	0	4	37,831
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	86,249	0	0	0	0	0	0	3	86,249
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	388	11,267,923		(a)	2	50,172			390	11,318,095
21.	Issued during year	1	7,500							1	7,500
22.	Other changes to in force (Net)	(58)	(2,148,053)			(1)	(46,752)			(59)	(2,194,805)
23.	In force December 31 of current year	331	9,127,370	0	(a) 0	1	3,420	0	0	332	9,130,790

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,824,869	1,781,996		1,189,174	1,293,294
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,824,869	1,781,996	0	1,189,174	1,293,294
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,824,869	1,781,996	0	1,189,174	1,293,294

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

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	95,712				95,712
2.	Annuity considerations	(5)				(5)
3.	Deposit-type contract funds	107	XXX		XXX	107
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	95,814	0	0	0	95,814
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,111				2,111
6.2	Applied to pay renewal premiums	92				92
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	37				37
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,240	0	0	0	2,240
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,240	0	0	0	2,240
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,203				5,203
10.	Matured endowments					0
11.	Annuity benefits	109,048				109,048
12.	Surrender values and withdrawals for life contracts	1,078,800				1,078,800
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	1,193,051	0	0	0	1,193,051
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	5,000							1	5,000
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full	1	5,000							1	5,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	5,000	0	0	0	0	0	0	1	5,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	5,000	0	0	0	0	0	0	1	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	153	1,538,905		(a)					153	1,538,905
21.	Issued during year	42	345,000							42	345,000
22.	Other changes to in force (Net)	5	(74,381)							5	(74,381)
23.	In force December 31 of current year	200	1,809,524	0	(a) 0	0	0	0	0	200	1,809,524

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	248	248		(3)	(11)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	25,071,845	24,415,250		19,347,042	21,408,182
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	25,071,845	24,415,250	0	19,347,042	21,408,182
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,072,093	24,415,498	0	19,347,039	21,408,171

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

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

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	25,559				25,559
2.	Annuity considerations	23				23
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	25,582	0	0	0	25,582
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	373				373
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	120				120
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	493	0	0	0	493
	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)	493	0	0	0	493
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	9,968				9,968
10.	Matured endowments					0
11.	Annuity benefits	25,881				25,881
12.	Surrender values and withdrawals for life contracts	100,574				100,574
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	136,423	0	0	0	136,423
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	7,808							1	7,808
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full	1	7,808							1	7,808
18.2	By payment on compromised claims									0	0
18.3	Totals paid	1	7,808	0	0	0	0	0	0	1	7,808
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	1	7,808	0	0	0	0	0	0	1	7,808
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	45	1,357,216		(a)					45	1,357,216
21.	Issued during year	10	107,000							10	107,000
22.	Other changes to in force (Net)	7	22,019							7	22,019
23.	In force December 31 of current year	62	1,486,235	0	(a) 0	0	0	0	0	62	1,486,235

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	917,785	909,401		379,367	411,182
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	917,785	909,401	0	379,367	411,182
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	917,785	909,401	0	379,367	411,182

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

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DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	133,603		207		133,810
2.	Annuity considerations	716				716
3.	Deposit-type contract funds	48	XXX		XXX	48
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	134,367	0	207	0	134,574
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	2,578				2,578
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	2,578	0	0	0	2,578
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	2,578	0	0	0	2,578
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	289,144				289,144
10.	Matured endowments					0
11.	Annuity benefits	240				240
12.	Surrender values and withdrawals for life contracts	380,152				380,152
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	669,536	0	0	0	669,536
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	11	57,222							11	57,222
17.	Incurred during current year	41	264,952							41	264,952
	Settled during current year:										
18.1	By payment in full	45	284,623							45	284,623
18.2	By payment on compromised claims									0	0
18.3	Totals paid	45	284,623	0	0	0	0	0	0	45	284,623
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	45	284,623	0	0	0	0	0	0	45	284,623
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	37,551	0	0	0	0	0	0	7	37,551
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	886	10,879,359		(a)	4	10,500			890	10,889,859
21.	Issued during year	19	167,000							19	167,000
22.	Other changes to in force (Net)	(107)	(1,207,933)			(2)	(9,000)			(109)	(1,216,933)
23.	In force December 31 of current year	798	9,838,426	0	(a) 0	2	1,500	0	0	800	9,839,926

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	4,832	4,834		52	(161)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,128,323	1,127,103		684,660	683,590
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	1,128,323	1,127,103	0	684,660	683,590
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,133,155	1,131,937	0	684,712	683,429

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

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

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	5,683				5,683
2.	Annuity considerations	15				15
3.	Deposit-type contract funds	948	XXX		XXX	948
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	6,646	0	0	0	6,646
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	193				193
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)	193	0	0	0	193
	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)	193	0	0	0	193
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	32,271				32,271
12.	Surrender values and withdrawals for life contracts	1,394				1,394
13.	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	33,665	0	0	0	33,665
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	10	100,142		(a)					10	100,142
21.	Issued during year	1	5,000							1	5,000
22.	Other changes to in force (Net)	9	23,854							9	23,854
23.	In force December 31 of current year	20	128,996	0	(a) 0	0	0	0	0	20	128,996

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	961	961		(10)	(43)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	407,893	403,635		218,716	221,711
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	407,893	403,635	0	218,716	221,711
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	408,854	404,596	0	218,706	221,668

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	1,845,542
2. Current year's realized pre-tax capital gains/(losses) of $.....(233,475) transferred into the reserve net of taxes of $.....(49,031)	(184,444)
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	1,661,098
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	901,190
6. Reserve as of December 31, current year (Line 4 minus Line 5)	759,908

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	925,433	(24,243)		901,190
2. 2019	638,467	(37,847)		600,620
3. 2020	394,087	(25,145)		368,942
4. 2021	208,376	(22,306)		186,070
5. 2022	25,306	(19,483)		5,823
6. 2023	(65,422)	(16,629)		(82,051)
7. 2024	(58,665)	(13,571)		(72,236)
8. 2025	(48,325)	(10,857)		(59,182)
9. 2026	(41,905)	(7,917)		(49,822)
10. 2027	(36,145)	(4,863)		(41,008)
11. 2028	(32,061)	(1,583)		(33,644)
12. 2029	(30,769)			(30,769)
13. 2030	(27,650)			(27,650)
14. 2031	(20,310)			(20,310)
15. 2032	(11,023)			(11,023)
16. 2033	(1,899)			(1,899)
17. 2034	4,232			4,232
18. 2035	6,575			6,575
19. 2036	7,074			7,074
20. 2037	4,958			4,958
21. 2038	2,717			2,717
22. 2039	1,695			1,695
23. 2040	763			763
24. 2041	74			74
25. 2042	(42)			(42)
26. 2043				0
27. 2044				0
28. 2045				0
29. 2046				0
30. 2047				0
31. 2048 and Later				0
32. Total (Lines 1 to 31)	1,845,541	(184,444)	0	1,661,097

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	1,542,662		1,542,662	0		0	1,542,662
2. Realized capital gains/(losses) net of taxes - General Account			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	357,045		357,045			0	357,045
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	1,899,707	0	1,899,707	0	0	0	1,899,707
9. Maximum reserve	1,748,462		1,748,462			0	1,748,462
10. Reserve objective	1,159,260		1,159,260			0	1,159,260
11. 20% of (Line 10 minus Line 8)	(148,089)	0	(148,089)	(0)	0	(0)	(148,089)
12. Balance before transfers (Lines 8 + 11)	1,751,618	0	1,751,618	0	0	0	1,751,618
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(3,156)		(3,156)			0	(3,156)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,748,462	0	1,748,462	0	0	0	1,748,462

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	4,131,308	XXX	XXX	4,131,308	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	79,502,791	XXX	XXX	79,502,791	0.0004	31,801	0.0023	182,856	0.0030	238,508
3	2	High quality	156,243,329	XXX	XXX	156,243,329	0.0019	296,862	0.0058	906,211	0.0090	1,406,190
4	3	Medium quality	3,051,871	XXX	XXX	3,051,871	0.0093	28,382	0.0230	70,193	0.0340	103,764
5	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total long-term bonds (sum of Lines 1 through 8)	242,929,299	XXX	XXX	242,929,299	XXX	357,046	XXX	1,159,261	XXX	1,748,462
		PREFERRED STOCKS										
10	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations	15,605,944	XXX	XXX	15,605,944	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 through 24)	15,605,944	XXX	XXX	15,605,944	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26		Exchange traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33)	258,535,243	XXX	XXX	258,535,243	XXX	357,046	XXX	1,159,261	XXX	1,748,462

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

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

NONE

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public		XXX	XXX	0	0.0000	0	(a)	0	(a)	0
2		Unaffiliated private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated life with AVR	63,074,932	XXX	XXX	63,074,932	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations				0	XXX		XXX		XXX	
6		Fixed income highest quality				0	XXX		XXX		XXX	
7		Fixed income high quality				0	XXX		XXX		XXX	
8		Fixed income medium quality				0	XXX		XXX		XXX	
9		Fixed income low quality				0	XXX		XXX		XXX	
10		Fixed income lower quality				0	XXX		XXX		XXX	
11		Fixed income in or near default				0	XXX		XXX		XXX	
12		Unaffiliated common stock public				0	0.0000	0	(a)	0	(a)	0
13		Unaffiliated common stock private				0	0.0000	0	0.1600	0	0.1600	0
14		Real estate				0	(b)	0	(b)	0	(b)	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - all other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17		Total common stock (sum of Lines 1 through 16)	63,074,932	0	0	63,074,932	XXX	0	XXX	0	XXX	0
		REAL ESTATE										
18		Home office property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
19		Investment properties				0	0.0000	0	0.0750	0	0.0750	0
20		Properties acquired in satisfaction of debt				0	0.0000	0	0.1100	0	0.1100	0
21		Total real estate (sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29		Total with bond characteristics (sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	342,165,498	XXX	2,169,191	XXX		XXX	380,720	XXX	627,040	XXX	338,704,193	XXX	274,277	XXX		XXX	10,077	XXX
2.	Premiums earned	342,694,658	XXX	2,184,671	XXX		XXX	385,913	XXX	642,124	XXX	339,188,443	XXX	282,016	XXX		XXX	11,491	XXX
3.	Incurred claims	240,114,491	70.1	2,308,081	105.6	0	0.0	231,040	59.9	1,403,149	218.5	236,146,395	69.6	43,840	15.5	0	0.0	(18,014)	(156.8)
4.	Cost containment expenses	530,826	0.2	2,877	0.1		0.0	1,155	0.3	1,389	0.2	523,699	0.2	1,579	0.6		0.0	127	1.1
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	240,645,317	70.2	2,310,958	105.8	0	0.0	232,195	60.2	1,404,538	218.7	236,670,094	69.8	45,419	16.1	0	0.0	(17,887)	(155.7)
6	Increase in contract reserves	9,847,547	2.9	638,343	29.2	0	0.0	(21,185)	(5.5)	(358,935)	(55.9)	9,596,189	2.8	(977)	(0.3)	0	0.0	(5,888)	(51.2)
7	Commissions (a)	45,672,004	13.3	194,075	8.9		0.0	(17,550)	(4.5)	37,854	5.9	45,456,437	13.4	(99)	(0.0)		0.0	1,287	11.2
8	Other general insurance expenses	35,432,110	10.3	189,159	8.7		0.0	77,081	20.0	92,701	14.4	34,959,293	10.3	105,396	37.4		0.0	8,480	73.8
9	Taxes, licenses and fees	8,429,645	2.5	191,646	8.8		0.0	8,902	2.3	13,133	2.0	8,209,760	2.4	5,587	2.0		0.0	617	5.4
10	Total other expenses incurred	89,533,759	26.1	574,880	26.3	0	0.0	68,433	17.7	143,688	22.4	88,625,490	26.1	110,884	39.3	0	0.0	10,384	90.4
11.	Aggregate write-ins for deductions	(52,746)	(0.0)	(2,275)	(0.1)	0	0.0	(173)	(0.0)	54	0.0	(50,435)	(0.0)	79	0.0	0	0.0	4	0.0
12.	Gain from underwriting before dividends or refunds	2,720,781	0.8	(1,337,235)	(61.2)	0	0.0	106,643	27.6	(547,221)	(85.2)	4,347,105	1.3	126,611	44.9	0	0.0	24,878	216.5
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	2,720,781	0.8	(1,337,235)	(61.2)	0	0.0	106,643	27.6	(547,221)	(85.2)	4,347,105	1.3	126,611	44.9	0	0.0	24,878	216.5
DETAILS OF WRITE-INS																			
1101.	Increase in Loading	(60,371)	(0.0)	(2,342)	(0.1)		0.0	(202)	(0.1)		0.0	(57,860)	(0.0)	33	0.0		0.0		0.0
1102.	Penalties	15,346	0.0	82	0.0		0.0	33	0.0	40	0.0	15,141	0.0	46	0.0		0.0	4	0.0
1103.	Express Script Rebates	(7,742)	(0.0)	(15)	(0.0)		0.0	(4)	(0.0)		0.0	(7,723)	(0.0)		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	21	0.0	0	0.0	0	0.0	0	0.0	14	0.0	7	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above)	(52,746)	(0.0)	(2,275)	(0.1)	0	0.0	(173)	(0.0)	54	0.0	(50,435)	(0.0)	79	0.0	0	0.0	4	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					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	11,912,176	68,999		20,046	73,397	11,683,367	61,617		4,750
2. Advance premiums	3,993,809	18,654		7,184	3,654	3,962,387	1,722		208
3. Reserve for rate credits	0								
4. Total premium reserves, current year	15,905,985	87,653	0	27,230	77,051	15,645,754	63,339	0	4,958
5. Total premium reserves, prior year	15,824,675	104,870		32,549	93,411	15,514,789	72,398		6,658
6. Increase in total premium reserves	81,310	(17,217)	0	(5,319)	(16,360)	130,965	(9,059)	0	(1,700)
B. Contract Reserves:									
1. Additional reserves (a)	119,511,780	7,094,043		171,157	1,257,085	110,960,860	5,161		23,474
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	119,511,780	7,094,043	0	171,157	1,257,085	110,960,860	5,161	0	23,474
4. Total contract reserves, prior year	109,664,233	6,455,700		192,342	1,616,020	101,364,671	6,138		29,362
5. Increase in contract reserves	9,847,547	638,343	0	(21,185)	(358,935)	9,596,189	(977)	0	(5,888)
C. Claim Reserves and Liabilities:									
1. Total current year	56,174,990	727,277	0	50,936	6,716,658	48,475,471	42,507	0	162,141
2. Total prior year	49,463,908	636,904		55,814	7,060,321	41,425,931	55,770		229,168
3. Increase	6,711,082	90,373	0	(4,878)	(343,663)	7,049,540	(13,263)	0	(67,027)

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	32,630,749	489,757		33,453	1,625,983	30,414,524	18,019		49,013
1.2 On claims incurred during current year	200,772,660	1,727,951	-	202,465	120,829	198,682,331	39,084	-	-
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	13,641,133	99,281		464	6,044,465	7,335,489	5,560		155,874
2.2 On claims incurred during current year	42,533,857	627,996		50,472	672,193	41,139,982	36,947		6,267
3. Test:									
3.1 Lines 1.1 and 2.1	46,271,882	589,038	0	33,917	7,670,448	37,750,013	23,579	0	204,887
3.2 Claim reserves and liabilities, December 31, prior year	49,463,908	636,904		55,814	7,060,321	41,425,931	55,770		229,168
3.3 Line 3.1 minus Line 3.2	(3,192,026)	(47,866)	0	(21,897)	610,127	(3,675,918)	(32,191)	0	(24,281)

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	89,876,481	2,112,600		361,908	627,040	86,470,439	274,277		30,217
2. Premiums earned	90,711,410	2,128,021		366,714	642,124	87,260,904	282,016		31,631
3. Incurred claims	61,544,934	2,294,114		218,780	1,403,170	57,602,993	43,891		(18,014)
4. Commissions	6,504,916	192,687		(19,111)	37,854	6,292,298	(99)		1,287
B. Reinsurance Ceded:									
1. Premiums written	15,782,420	6,583,424				9,198,996			
2. Premiums earned	15,786,563	6,584,456				9,202,107			
3. Incurred claims	7,819,088	2,231,623		(198)		5,587,663			
4. Commissions	3,857,201	2,043,449				1,813,752			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims	(5)		186,388,650	186,388,645
2.	Beginning claim reserves and liabilities	38		27,249,033	27,249,071
3.	Ending claim reserves and liabilities	33		34,825,202	34,825,235
4.	Claims paid	0	0	178,812,481	178,812,481
B.	Assumed Reinsurance:				
5.	Incurred claims	129,050	165,721	61,250,163	61,544,934
6.	Beginning claim reserves and liabilities	71,706	17,709	23,581,402	23,670,817
7.	Ending claim reserves and liabilities	60,385	15,687	23,008,390	23,084,462
8.	Claims paid	140,371	167,743	61,823,175	62,131,289
C.	Ceded Reinsurance:				
9.	Incurred claims			7,819,089	7,819,089
10.	Beginning claim reserves and liabilities			4,116,630	4,116,630
11.	Ending claim reserves and liabilities			4,100,357	4,100,357
12.	Claims paid	0	0	7,835,362	7,835,362
D.	Net:				
13.	Incurred claims	129,045	165,721	239,819,724	240,114,490
14.	Beginning claim reserves and liabilities	71,744	17,709	46,713,805	46,803,258
15.	Ending claim reserves and liabilities	60,418	15,687	53,733,235	53,809,340
16.	Claims paid	140,371	167,743	232,800,294	233,108,408
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	129,045	165,721	240,350,549	240,645,315
18.	Beginning reserves and liabilities	71,744	17,709	46,832,814	46,922,267
19.	Ending reserves and liabilities	60,418	15,687	53,865,602	53,941,707
20.	Paid claims and cost containment expenses	140,371	167,743	233,317,761	233,625,875

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates												
86231	39-0989781	10/20/1978	Transamerica Life Insurance Company	IA	CO/I	OL	1,666,899	740,737	20,013			
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates						1,666,899	740,737	20,013	0	0	0
1099999.	Total - General Account - Non-Affiliates						1,666,899	740,737	20,013	0	0	0
1199999.	Total - General Account						1,666,899	740,737	20,013	0	0	0
2399999.	Total U.S.						1,666,899	740,737	20,013	0	0	0
9999999.	Total						1,666,899	740,737	20,013	0	0	0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
66044	46-0164570	01/01/1994	Midland National Life	IA	OTH/I	LTDI	210		1,851	57		
66044	46-0164570	01/01/1994	Midland National Life	IA	OTH/I	SD	8,078	510	15,338	724		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	A	1,207	332	5,975	2,286		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	LTDI	4,588	1,890	48,407	30,668		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	MS	3,807,915	141,175	907,207	283,588		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	OM	2,012	569	21,935	14,722		
66583	39-0493780	11/15/2017	National Guardian Life Insurance Company	WI	OTH/I	MS	79,762	3,732		11,900		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	A	698,523	58,683	258,112	169,678		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	CMM	159,232	19,490	161,091	60,386		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	D	193,615	13,274		14,368		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	LTDI	1,661,352	206,033	14,263,466	771,377		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	MS	48,842,602	4,274,442	7,081,831	3,991,430		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	OM	280,799	26,513	403,695	64,857		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	SD	31,982,930	1,469,638	80,192,897	8,721,537		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	STM	41,101	4,278	233,844	6,255		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	D	73,396	284		1,318		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	MS	621,385	12,488	20,008	50,082		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	OM	90,242	1,771	49,311	28,272		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	SD	1,327,576	51,890	6,918,151	594,307		
0899999	Total - Non-Affiliates - U.S. Non-Affiliates						89,876,525	6,286,992	110,583,119	14,817,813	0	0
1099999	Total - Non-Affiliates						89,876,525	6,286,992	110,583,119	14,817,813	0	0
1199999	Total - U.S.						89,876,525	6,286,992	110,583,119	14,817,813	0	0
9999999	Total						89,876,525	6,286,992	110,583,119	14,817,813	0	0

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
88099	75-1608507	03/01/2002	Optimum Re Insurance Company	TX		60,000
93572	43-1235868	03/01/2002	RGA Reinsurance Company	MO		40,000
88340	59-2859797	03/01/2002	Hannover Life Reassurance Company of America	FL		80,000
68713	84-0499703	03/01/2002	Security Life of Denver Insurance Company	CO		20,000
86231	39-0989781	04/24/1975	Transamerica Life Insurance Company	IA	6,000	10,000
91472	63-0782739	05/17/1972	Globe Life & Accident Company	NE	20,880	17,500
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	50,000	10,000
63312	13-1935920	08/31/2012	Great American Life Insurance	OH		4,214,857
63312	13-1935920	01/01/2007	Great American Life Insurance	OH		172,236
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				76,880	4,624,593
1099999.	Total - Life and Annuity Non-Affiliates				76,880	4,624,593
1199999.	Total - Life and Annuity				76,880	4,624,593
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	2,365,649	35,380
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK		3,388,662
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				2,365,649	3,424,042
2199999.	Total - Accident and Health Non-Affiliates				2,365,649	3,424,042
2299999.	Total - Accident and Health				2,365,649	3,424,042
2399999.	Total U.S.				2,442,529	8,048,635
9999999.	Total				2,442,529	8,048,635

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
86231	39-0989781	04/24/1975	Transamerica LIfe Insurance Company	IA	YRT/I	OL	1,758,693	59,199	69,857	99,675				
93572	43-1235868	06/01/1989	RGA Insurance Company	MO	YRT/I	OL	89,573	19	39	592				
93572	43-1235868	12/15/1989	RGA Insurance Company	MO	YRT/I	OL	64,500	571	520	1,225				
93572	43-1235868	09/01/1986	RGA Insurance Company	MO	YRT/I	OL	233,334	267	245	757				
60895	35-0145825	05/01/1980	American United Life Insurance Company	IN	CO/I	OL	360,000	9,434	8,685	14,978				
60895	35-0145825	03/01/1965	American United Life Insurance Company	IN	YRT/I	OL	4,823	315	323	713				
60895	35-0145825	02/14/1962	American United Life Insurance Company	IN	YRT/I	OL	11,362	4,087	4,257	812				
88099	75-1608507	01/01/1975	Optimum Re Insurance Company	TX	YRT/I	OL	42,395	180	171	487				
86258	13-2572994	02/01/1990	General Re Life Corporation	CT	YRT/I	OL	11,838	7	7	183				
86258	13-2572994	12/15/1989	General Re Life Corporation	CT	YRT/I	OL	64,500	571	520	1,225				
86258	13-2572994	11/22/1966	General Re Life Corporation	CT	YRT/I	OL	8,000	145	132	219				
86258	13-2572994	02/12/1965	General Re Life Corporation	CT	YRT/I	OL	599,347	20,418	25,492	20,437				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	102,099	2,651	40	802				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL			413	4,297				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	1,166,996	74,422	68,828	224,803				
68276	48-1024691	10/01/1986	Employers Reassurance Corporation	KS	CO/I	OL	33,333	267	245	802				
91472	63-0782739	05/17/1972	Globe Life & Accident Insurance Company	NE	CO/I	OL	2,226,139	1,434,818	1,537,341	48,203				
86258	13-2572994	05/01/1984	General Re Life Corporation	CT	CO/I	OL	2,678,570	1,939,311	1,834,137	268,258				
82627	06-0839705	04/01/1984	Swiss Re Life & Health America Inc	MO	CO/I	OL	250,000	110,220	103,166	17,611				
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	YRT/I	OL	422,105	15,282	13,822	18,137				
82627	06-0839705	11/01/2000	Swiss Re Life & Health America Inc	MO	OTH/I	OL		152		9,608				
88099	75-1608507	09/01/1980	Optimum Re Insurance Company	TX	CO/I	OL	200,000			5,644				
88099	75-1608507	12/31/1985	Optimum Re Insurance Company	TX	CO/I	OL	1,000,000	21,914	25,046	12,640				
88099	75-1608507	12/31/1966	Optimum Re Insurance Company	TX	YRT/I	OL		5,384	5,046					
88099	75-1608507	10/15/1980	Optimum Re Insurance Company	TX	YRT/I	OL	463,581	2,805	2,717	7,063				
87572	23-2038295	03/01/1980	Scottish Re (US) Inc	DE	CO/I	OL	10,000	387	359	1,049				
87572	23-2038295	10/01/1981	Scottish Re (US) Inc	DE	YRT/I	OL	33,493	41	447	8,955				
87572	23-2038295	01/01/1969	Scottish Re (US) Inc	DE	YRT/I	OL	112,154	3,015	2,777	(16,846)				
88340	59-2859797	11/01/1991	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	4,020,086	2,677	3,183	75,097				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	2,163,030	1,212	1,264	26,619				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	498,578	400	365	12,480				
88340	59-2859797	04/01/1996	Hannover Life Reassurance Company Of America	FL	CO/I	OL	209,504	558	537	1,116				
64688	75-6020048	06/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	77,735	12	32	409				
64688	75-6020048	09/01/1986	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	33,334	267	245	839				
64688	75-6020048	08/01/1987	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	47,351			239				
64688	75-6020048	06/01/1991	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	2,433,597	1,512	1,921	44,354				
64688	75-6020048	11/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL			337	4,878				

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
88099	75-1608507	03/01/1976	Optimum Re Insurance Company	TX	YRT/I	OL	35,347	167	168	569				
88099	75-1608507	04/19/1976	Optimum Re Insurance Company	TX	CO/I	OL	25,000	362	892	776				
82627	06-0839705	07/01/1981	Swiss Re Life & Health America Inc	MO	YRT/I	OL	208,831	437	403	2,885				
88099	75-1608507	03/01/2002	Optimum Re Insurance Company	TX	CO/I	XXXL	13,438,308	376,223	414,368	6,501				
88340	59-2859797	03/01/2002	Hannover Life Reassurance Company Of America	FL	CO/I	XXXL	17,917,745	501,630	552,491	8,667				
93572	43-1235868	03/01/2002	RGA Reinsurance Company	MO	CO/I	XXXL	4,479,437	125,408	138,123	4,334				
68713	84-0499703	03/01/2002	Security Life of Denver Insurance Company	CO	CO/I	XXXL	8,958,872	250,815	276,245	2,167				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	317,186,410	113,305,433	117,654,497	3,394,413				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	FA		106,147,302	120,558,549	23,312				
63312	13-1935920	01/01/2007	Great American Life Insurance Company	OH	CO/I	IA		24,469,015	27,644,161	106,039				
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						383,680,000	248,889,312	270,952,413	4,468,023	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates						383,680,000	248,889,312	270,952,413	4,468,023	0	0	0	0
1199999	Total - General Account - Authorized						383,680,000	248,889,312	270,952,413	4,468,023	0	0	0	0
3499999	Total - General Account - Authorized, Unauthorized and Certified						383,680,000	248,889,312	270,952,413	4,468,023	0	0	0	0
6999999	Total U.S.						383,680,000	248,889,312	270,952,413	4,468,023	0	0	0	0
9999999	Total						383,680,000	248,889,312	270,952,413	4,468,023	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/G	LTDI	9,501	27					
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/G	OM	1,285,930	3,738	554,878				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/G	SD	5,287,995	17,242	744,905				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/I	A	1,568,406	40,756	605,830				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/I	LTDI	141,171	4,284	61,477				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/I	OM	1,998,066	34,666	3,826,693				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/I	SD	5,401,601	103,574	8,036,677				
71404	47-0463747	.01/01/2009	Continental General Insurance Company	TX	OTH/I	LTDI	98,335	26,204	1,759,752				
62308	06-0303370	.01/01/1984	Connecticut General Life Insurance Co	CT	OTH/I	A	(590)						
0899999	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						15,790,415	230,491	15,590,212	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-3190987	.07/01/2014	Cigna Global Reinsurance Company	BMU	CAT/G	A	20,140						
0999999	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						20,140	0	0	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates						15,810,555	230,491	15,590,212	0	0	0	0
1199999	Total - General Account - Authorized						15,810,555	230,491	15,590,212	0	0	0	0
3499999	Total - General Account - Authorized, Unauthorized and Certified						15,810,555	230,491	15,590,212	0	0	0	0
6999999	Total - U.S.						15,790,415	230,491	15,590,212	0	0	0	0
7099999	Total - Non-U.S.						20,140	0	0	0	0	0	0
9999999	Total						15,810,555	230,491	15,590,212	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2018	2 2017	3 2016	4 2015	5 2014
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	20,279	22,089	22,800	23,738	23,616
2.	Commissions and reinsurance expense allowances	3,962	4,002	5,101	5,310	5,383
3.	Contract claims	21,849	21,513	19,778	24,697	26,598
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts					
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	1,314	1,490	1,505	1,567	1,815
9.	Aggregate reserves for life and accident and health contracts	265,366	285,759	289,587	305,447	322,978
10.	Liability for deposit-type contracts	10,139	10,139	10,320	10,684	11,373
11.	Contract claims unpaid	8,049	8,495	9,236	9,726	9,290
12.	Amounts recoverable on reinsurance	2,443	2,937	3,012	3,712	5,004
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with certified reinsurers					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
22.	Multiple beneficiary trust					
23.	Funds deposited by and withheld from (F)					
24.	Letters of credit (L)					
25.	Trust agreements (T)					
26.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	311,054,010		311,054,010
2.	Reinsurance (Line 16)	3,474,380		3,474,380
3.	Premiums and considerations (Line 15)	(1,956,898)	1,313,686	(643,212)
4.	Net credit for ceded reinsurance	XXX	271,444,965	271,444,965
5.	All other admitted assets (balance)	26,168,681		26,168,681
6.	Total assets excluding Separate Accounts (Line 26)	338,740,173	272,758,651	611,498,824
7.	Separate Account assets (Line 27)			0
8.	Total assets (Line 28)	338,740,173	272,758,651	611,498,824
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	144,091,316	255,227,265	399,318,581
10.	Liability for deposit-type contracts (Line 3)	1,589	9,482,751	9,484,340
11.	Claim reserves (Line 4)	44,833,040	8,048,635	52,881,675
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	3,998,071		3,998,071
14.	Other contract liabilities (Line 9)	3,064,123		3,064,123
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)	25,910,735		25,910,735
20.	Total liabilities excluding Separate Accounts (Line 26)	221,898,874	272,758,651	494,657,525
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	221,898,874	272,758,651	494,657,525
23.	Capital & surplus (Line 38)	116,841,299	XXX	116,841,299
24.	Total liabilities, capital & surplus (Line 39)	338,740,173	272,758,651	611,498,824
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	255,227,265		
26.	Claim reserves	8,048,635		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	9,482,751		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	272,758,651		
34.	Premiums and considerations	1,313,686		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payables/offsets	1,313,686		
41.	Total net credit for ceded reinsurance	271,444,965		

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	513,781	3,242	13,725		627	531,375
2. Alaska AK	1,884	25				1,909
3. Arizona AZ	31,798	61	4,709		1,713	38,281
4. Arkansas AR	215,386	367	3,347		151	219,251
5. California CA	123,205	895	51,574	1,830	1,802	179,306
6. Colorado CO	50,924	39	309	9,294	532	61,098
7. Connecticut CT	19,811	30	10,599			30,440
8. Delaware DE	20,807	38				20,845
9. District of Columbia DC	10,169	8			21	10,198
10. Florida FL	439,494	37,393	7,387	3,423	1,269	488,966
11. Georgia GA	356,267	152	1,735	15,334	4,751	378,239
12. Hawaii HI	9,074	23			574	9,671
13. Idaho ID	9,687	-				9,687
14. Illinois IL	289,341	376	1,712	1,289		292,718
15. Indiana IN	272,672	574	267		468	273,981
16. Iowa IA	48,417	45	3,205		235	51,902
17. Kansas KS	95,884	8	2,376	4,002	461	102,731
18. Kentucky KY	195,765	113	1,771		198	197,847
19. Louisiana LA	238,643	216	9,461		255	248,575
20. Maine ME	60,187	401	191			60,779
21. Maryland MD	87,517	551	152		2,215	90,435
22. Massachusetts MA	66,834	297	80		385	67,596
23. Michigan MI	138,262	947			96	139,305
24. Minnesota MN	25,081	50,814			48	75,943
25. Mississippi MS	252,834	3,171	160		206	256,371
26. Missouri MO	183,654	350	2,020	10,230		196,254
27. Montana MT	802	8				810
28. Nebraska NE	23,728	-		1,899	3,910	29,537
29. Nevada NV	39,184	4	373		4,399	43,960
30. New Hampshire NH	12,231	10				12,241
31. New Jersey NJ	134,331	3,685			323	138,339
32. New Mexico NM	42,344	125			178	42,647
33. New York NY	14,556	269			347	15,172
34. North Carolina NC	458,979	584	9,172	17,645	14,152	500,532
35. North Dakota ND	1,204	-				1,204
36. Ohio OH	197,339	737	5,895	1,100	77	205,148
37. Oklahoma OK	108,358	137				108,495
38. Oregon OR	31,610	54			23	31,687
39. Pennsylvania PA	188,030	6,484	6,455		69	201,038
40. Rhode Island RI	17,042	38	135			17,215
41. South Carolina SC	335,023	1,434	3,828		1,900	342,185
42. South Dakota SD	14,621	-				14,621
43. Tennessee TN	436,217	1,039	2,755	3,327	366	443,704
44. Texas TX	781,835	374	15,716		4,131	802,056
45. Utah UT	22,266	11,986	394		826	35,472
46. Vermont VT	112,632	445				113,077
47. Virginia VA	201,172	528	309		795	202,804
48. Washington WA	95,712	(5)	177	2,040	107	98,031
49. West Virginia WV	133,810	716			48	134,574
50. Wisconsin WI	25,559	23		14,412		39,994
51. Wyoming WY	5,683	15	613		948	7,259
52. American Samoa AS	-	-				0
53. Guam GU	883	-			201	1,084
54. Puerto Rico PR	7,078	-			357	7,435
55. US Virgin Islands VI	7,596	510				8,106
56. Northern Mariana Islands MP	-	-				0
57. Canada CAN	190	-				190
58. Aggregate Other Alien OT	172,147	15			79	172,241
59. Totals	7,379,540	129,351	160,602	85,825	49,243	7,804,561

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
Members															
0901	Cigna Group		00-0000000				222 Main Street CARING GP LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				222 Main Street Investors LP	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				3601 North Fairfax Drive Associates, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				680 Investors LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				685 New Hampshire LLC	CA	NIA	SB-SNH LLC	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		82-4794800				9171 Wilshire CPI-CII LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		11-3358535				Accredo Health Group, Inc.	DE	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		55-0894449				Accredo Health, Incorporated	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		30-0939067				Affiliated Hotel Subsidiary	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		13-3888838				AHG of New York, Inc	NY	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-3040465				Airport Holdings, LLC	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		35-2562415				Alegis Care Services, LLC	DE	NIA	Home Physicians Management, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-0400550				Allegiance Benefit Plan Management, Inc.	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Allegiance Care Management, LLC	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		71-0916514				Allegiance COBRA Services, Inc.	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	12814	20-4433475				Allegiance Life & Health Insurance Company	MT	IA	Benefit Management Corp	Ownership	95.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Allegiance Provider Direct, LLC	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3851464				Allegiance Re, Inc	MT	IA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	88366	59-2760189				American Retirement Life Insurance Company	OH	DS	Loyal American Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		82-3315524				Arbor Heights Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				ARE/ND/CR Longwood LLC	DE	NIA	ND / CR Longwood LLC	Ownership	35.000	ARE-MA Region No. 41, LLC (non-affiliate)	N	
0901	Cigna Group		86-3581583				Arizona Health Plan, Inc.	AZ	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-1543748				AS Acquisition Corp	SC	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-0585518				Benefit Management Corp	MT	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-2650133				Berewick Apartments LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		43-1815573				Biopartners in Care, Inc.	MO	NIA	Accredo Health, Incorporated	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1522976				Blodget & Hazard Limited	GBR	NIA	Cigna Re Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	10095	52-2259087				Bravo Health Mid-Atlantic, Inc	MD	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11254	52-2363406				Bravo Health Pennsylvania, Inc	PA	IA	NewQuest Management Northeast, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1713977				Brighter, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				BWG Holdings I Corp	DE	NIA	Connecticut General Life Insurance Company	Ownership	18.100	AEA Investors Small Business Fund II LP (non-affiliate)	N	
0901	Cigna Group		61-1162797				Care Continuum, Inc	DE	NIA	SpectraCare Health Care Ventures, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-2760646				CareAllies, Inc	DE	NIA	Cigna Holdings, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-0180898				CareAllies, LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		47-2500642				CareCore National Group, LLC	DE	NIA	Oz Parent, Inc.;eviCore 5, LLC;eviCore 6, LLC;eviCore 8, LLC (exact ownership % currently NA)	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y

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0901	Cigna Group		46-4861112				CareCore National Intermediate Holdings, LLC.	DE	NIA	CareCore National Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		14-1831391				CareCore National, LLC	NY	NIA	CareCore National Intermediate Holdings, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	10144	20-1089572				CareCore NJ, LLC	NJ	IA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-3845847				CareNext Managed Care, LLC	NY	NIA	CareNext Post-Acute, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		47-2873703				CareNext Post-Acute, LLC	DE	NIA	CareCore National, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2562994				CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2318410				CARING 9171 Wilshire Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2563284				CARING Alta Woodson Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		37-1903297				CARING Capitol Hill GP LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		32-0570889				CARING Capitol Hill LP LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2318370				CARING Dulles Town Center Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2318233				CARING Heights at Bear Creek Investors LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2339522				CARING Mallory Square Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2563138				CARING Soma Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2604992				CCN NMO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		33-1039759				CCN-WNY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332403				CG Individual Tax Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-3481107				CG Mystic Center LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-3481241				CG Mystic Land LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CG Seventh Street LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	87.500	Cigna Corporation	N	
0901	Cigna Group		20-3870049				CG Skyline, LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		82-1280312				CG/Wood ALTA 601, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-3281922				CGGL Chapman LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CGO PARTICIPATOS LTDA	BRA	NIA	Cigna Global Holdings, Inc	Ownership	99.780	Cigna Corporation	N	
0901	Cigna Group		59-3466707				Chiro Alliance Corporation	FL	NIA	Palladian Health of Florida, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		47-4235739				CI Perris 151, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	75.000	Cigna Corporation	N	
0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Life Insurance Company of North America	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-5402196				Cigna Affiliates Realty Investment Group LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Apac Holdings, Ltd	BMU	NIA	Cigna Palmetto Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1181787				Cigna Beechwood Holdings	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	N	
0901	Cigna Group		94-3107309				Cigna Behavioral Health of California, Inc	CA	NIA	Cigna Behavioral Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-2751090				Cigna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		41-1648670				Cigna Behavioral Health, Inc	MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0515554				Cigna Benefit Technology Solutions, Inc	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		01-0947889		1489070		Cigna Benefits Financing, Inc	DE	NIA	Cigna Investments, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Brokerage & Marketing (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	75.000	Cigna Corporation	N	
0901	Cigna Group						Cigna Cedar Holdings, Ltd	MLT	NIA	Cigna Apac Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd	GBR	NIA	Cigna Walnut Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-3396038				Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		82-4991898		1739940	US	Cigna Corporation	DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded	N	
0901	Cigna Group		00-0000000				Cigna Data Services (Shanghai) Company Limited	CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		59-2600475				Cigna Dental Health Of California, Inc	CA	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc	CO	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc	DE	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc	FL	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1351097				Cigna Dental Health of Illinois, Inc	IL	NIA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc	KS	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc	KY	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	48119	59-2740468				Cigna Dental Health Of Maryland, Inc	MD	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc	MO	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc	NJ	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc	NC	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc	OH	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc	PA	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group	95037	59-2676977				Cigna Dental Health Of Texas, Inc.	TX	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52617	52-2188914				Cigna Dental Health Of Virginia, Inc.	VA	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	47013	86-0807222				Cigna Dental Health Plan Of Arizona, Inc.	AZ	IA	Cigna Dental Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		59-2308055				Cigna Dental Health, Inc.	FL	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		58-1136865				Cigna Direct Marketing Company, Inc.	DE	NIA	Life Insurance Company of North America	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1155943				Cigna Elmwood Holdings, SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Europe Insurance Company S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.999	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna European Services (UK) Limited	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1724116				Cigna Federal Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Finans Emeklilik Ve Hayat A.S.	TUR	NIA	Cigna Nederland Gamma, B.V.	Ownership	51.000	Cigna Corporation	N	
0901	Cigna Group		51-0389196				Cigna Global Holdings, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Global Insurance Company Limited	GBR	IA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		AA-3190987				Cigna Global Reinsurance Company, Ltd.	BMU	IA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Global Wellbeing Solutions Limited	GBR	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	67369	59-1031071				Cigna Health and Life Insurance Company	CT	UDP	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1312478				Cigna Health Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-1728483				Cigna Health Management, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Health Solution India Pvt. Ltd.	IND	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		23-2741293				Cigna Healthcare Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		84-0985843				Cigna Healthcare Holdings, Inc.	CO	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-1404350				Cigna HealthCare Mid-Atlantic, Inc.	MD	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95125	86-0334392				Cigna HealthCare of Arizona, Inc.	AZ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		95-3310115				Cigna HealthCare of California, Inc.	CA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95604	84-1004500				Cigna HealthCare of Colorado, Inc.	CO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95660	06-1141174				Cigna HealthCare of Connecticut, Inc.	CT	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95136	59-2089259				Cigna HealthCare of Florida, Inc.	FL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	96229	58-1641057				Cigna HealthCare of Georgia, Inc.	GA	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95602	36-3385638				Cigna HealthCare of Illinois, Inc.	IL	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95525	35-1679172				Cigna HealthCare of Indiana, Inc.	IN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		01-0418220				Cigna HealthCare of Maine, Inc.	ME	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0402111				Cigna HealthCare of Massachusetts, Inc.	MA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95493	02-0387749				Cigna HealthCare of New Hampshire, Inc.	NH	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95500	22-2720890				Cigna HealthCare of New Jersey, Inc.	NJ	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95132	56-1479515				Cigna HealthCare of North Carolina, Inc.	NC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2301807				Cigna HealthCare of Pennsylvania, Inc.	PA	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group	95708	06-1185590				Cigna HealthCare of South Carolina, Inc.	SC	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95635	36-3359925				Cigna HealthCare of St. Louis, Inc.	MO	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95606	62-1218053				Cigna HealthCare of Tennesee, Inc.	TN	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95383	74-2767437				Cigna HealthCare of Texas, Inc.	TX	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1230908				Cigna HealthCare of Utah, Inc.	UT	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0495422				Cigna Healthcare, Inc.	VT	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna HLA Technology Services Limited	HKG	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1059331				Cigna Holding Company	DE	UIP	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3009279				Cigna Holdings Overseas, Inc.	DE	NIA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1072796				Cigna Holdings, Inc.	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Hong Kong Holdings Company Limited	HKG	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1903785				Cigna Insurance Agency, LLC	CT	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Insurance Management Services (DIFC), Ltd.	ARE	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Insurance Middle East S.A.L.	LBN	IA	Cigna Cedar Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Insurance Public Company Limited	THA	IA	KDM Thailand Limited	Ownership	75.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Insurance Services (Europe) Limited	GBR	NIA	Cigna Willow Holdings, LTD	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2924152				Cigna Integratedcare, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0402128				Cigna Intellectual Property, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0111677				Cigna International Corporation, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		52-0291385				Cigna International Finance, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna International Health Services Kenya Limited	KEN	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna International Health Services Sdn. Bhd.	MYS	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna International Health Services, BVBA	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna International Health Services, LLC	FL	NIA	Cigna International Health Services, BVBA	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		30-3087621				Cigna International Marketing (Thailand) Limited	THA	NIA	Cigna Global Holdings, Inc.	Ownership	99.900	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna International Services Australia Pty Ltd.	AUS	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2610178				Cigna International Services, Inc.	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1095823				Cigna Investment Group, Inc.	DE	NIA	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-0861092				Cigna Investments, Inc.	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited)	KOR	NIA	Cigna Chestnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1146864				Cigna Laurel Holdings, Ltd.	BMU	NIA	Cigna Linden Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Legal Protection U.K. Ltd.	GBR	NIA	Cigna Willow Holdings, LTD	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group		AA-1560515.				Cigna Life Insurance Company of Canada	CAN	IA	Cigna Chestnut Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		AA-1240009.				Cigna Life Insurance Company of Europe S.A.-N.V.	BEL	IA	Cigna Beechwood Holdings	Ownership	99.993	Cigna Corporation	N	
0901	Cigna Group	64548	13-2556568	3281743			Cigna Life Insurance Company of New York	NY	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Life Insurance New Zealand Limited	NZL	IA	Cigna International Health Services Sdn. Bhd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-4110289				Cigna Linden Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Magnolia Holdings, Ltd.	BMU	NIA	Cigna Palmetto Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-2741294				Cigna Managed Care Benefits Company	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1154657				Cigna Myrtle Holdings, Ltd.	MLT	NIA	Cigna Apac Holdings, Ltd.	Ownership	50.540	Cigna Corporation	N	
0901	Cigna Group	61727	34-0970995				Cigna National Health Insurance Company	OH	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Nederland Alpha Cooperatief U.A.	NLD	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Nederland Beta B.V.	NLD	NIA	Cigna Nederland Alpha Cooperatief U.A.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Nederland Gamma B.V.	NLD	NIA	Cigna Walnut Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna New Zealand Finance Limited	NZL	NIA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna New Zealand Holdings Limited	NZL	NIA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Oak Holdings, Ltd.	GBR	NIA	Cigna Elmwood Holdings, SPRL	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		32-0222252				Cigna Onsite Health, LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Palmetto Holdings, Ltd.	BMU	NIA	Cigna Laurel Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-4099800				Cigna Poplar Holdings, Inc.	DE	NIA	Cigna Holdings Overseas, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1071502				Cigna RE Corporation	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1567902				Cigna Resource Manager, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Sequoia Holdings SPRL	BEL	NIA	Cigna Myrtle Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Taiwan Life Assurance Company Limited	TWN	IA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Teak Holdings, LLC	DE	NIA	Cigna Global Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.)	TUR	NIA	Cigna Magnolia Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-1069280				Cigna Ventures, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Walnut Holdings, Ltd.	GBR	NIA	Cigna Apac Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Willow Holdings, Ltd.	GBR	NIA	Cigna Oak Holdings, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Worldwide General Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	90859	23-2088429				Cigna Worldwide Insurance Company	DE	IA	Cigna Global Reinsurance Company, Ltd.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Worldwide Life Insurance Company Limited	HKG	IA	Cigna Hong Kong Holdings Company Limited.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CignaTTK Health Insurance Company Limited	IND	IA	Cigna Holdings Overseas, Inc.	Ownership	49.000	TTK (non-affiliate)	N	

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0901	Cigna Group		00-0000000				Community Health Network, LLC	MT	NIA	Benefit Management Corp	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		06-1252419				Connecticut General Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-0840391				Connecticut General Corporation	CT	UIP	Cigna Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	62308	06-0303370		23419		Connecticut General Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-0268530				CORAC, LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		82-4936006				CPI-CII 9171 Wilshire JV LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CR Longwood Investors L.P.	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	27.030	Charles River Realty Longwood, LLC (non-affiliate)	N	
0901	Cigna Group		00-0000000				CR Washington Street Investors LP	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	N	
0901	Cigna Group		47-2746692				Cricket Health, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	9.000	Cigna Corporation	N	
0901	Cigna Group		36-4369972				CuraScript, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Diamondview Tower CM-CG LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		16-1526641				Diversified NY IPA, Inc.	NY	NIA	Diversified Pharmaceutical Services, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		41-1627938				Diversified Pharmaceutical Services, Inc.	MN	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		71-0958489				DNA Direct, Inc.	DE	NIA	AS Acquisition Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Dulles Town Center Mall, LLC	VA	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		27-3542089				Econdisc Contracting Solutions, LLC	DE	NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		CN 98-035879				ESI Canada	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		CN 98-035879				ESI GP Canada ULC	CAN	NIA	Express Scripts Canada Co	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1925556				ESI GP Holdings, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						ESI GP2 Canada ULC	CAN	NIA	Express Scripts Canada Co	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		74-2974964				ESI Mail Order Processing, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1867735				ESI Mail Pharmacy Service, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1925562				ESI Partnership	DE	NIA	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		41-2006555				ESI Resources, Inc.	MN	NIA	ESI Partnership	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-4676347				eviCore 1, LLC	DE	NIA	Oz Parent, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		47-2396957				eviCore 2, Inc.	DE	NIA	Oz Parent, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		47-2477846				eviCore 3, LLC	DE	NIA	Oz Parent, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		36-4799616				eviCore 4, Inc.	DE	NIA	Oz Parent, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-5364336				eviCore 5, LLC	DE	NIA	Oz Parent, Inc.;eviCore 1, LLC (exact ownership % currently NA)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-1416563				eviCore 6, LLC	DE	NIA	Oz Parent, Inc.;eviCore 1, LLC (exact ownership % currently NA)	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group		30-0847201				eviCore 8, LLC	DE	NIA	Oz Parent, Inc.;eviCore 2, LLC;eviCore 3,LLC;eviCore 9,LP (exact ownership % currently NA)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		35-2522292				eviCore 9, LP	DE	NIA	Oz Parent, Inc.;eviCore 4, Inc. (exact ownership % is currently NA)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1615395				eviCore healthcare MSI, LLC	TN	NIA	MedSolutions Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	13918	27-3175443				Express Reinsurance Company	MO	IA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		41-2063830				Express Scripts Administrators LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-0650775/ C				Express Scripts Canada Co	CAN	NIA	Express Scripts Canada Holding Co	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1942542				Express Scripts Canada Holding Co	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1490640				Express Scripts Canada Holding, LLC	DE	NIA	Express Scripts Canada Holding Co	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Canada Services	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		CN25-001286				Express Scripts Canada Wholesale	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2884094				Express Scripts Holding Company	DE	NIA	Cigna Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-5826948				Express Scripts Pharmaceutical Procurement, LLC	DE	NIA	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Pharmacy Atlantic, Ltd	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Pharmacy Central, Ltd	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Pharmacy Ontario, Ltd	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Express Scripts Pharmacy West, Ltd	CAN	NIA	Express Scripts Canada Services	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		30-0789911				Express Scripts Pharmacy, Inc	DE	NIA	Medco Health Services, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		22-3114423				Express Scripts Sales Operations, Inc	NJ	NIA	ESI Mail Pharmacy Service, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3126104				Express Scripts Senior Care Holdings, Inc	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3126075				Express Scripts Senior Care, Inc	DE	NIA	Express Scripts Senior Care Holdings, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1832983				Express Scripts Services Co.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1869712				Express Scripts Specialty Distribution Services, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		22-2230703				Express Scripts Strategic Development, Inc.	NJ	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1869714				Express Scripts Utilization Management Company	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1420563				Express Scripts, Inc.	DE	NIA	Express Scripts Holding Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				FirstAssist Administration Limited	GBR	NIA	Cigna Willow Holdings, LTD	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-1914061				Former Cigna Investments, Inc	DE	NIA	Cigna Investment Group, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0523249				Freco, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group		20-3229217				Freedom Service Company, LLC	FL	NIA	Lynnfield Drug, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Gillette Ridge Community Council, Inc.	CT	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-3700105				Gillette Ridge Golf, LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		93-1174749				Great-West Healthcare of Illinois, Inc.	IL	NIA	Cigna Healthcare Holdings, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				GRG Acquisitions LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		119-599-164				Grown Ups New Zealand Limited	NZL	NIA	Cigna Life Insurance New Zealand Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		76-0657035				GulfQuest, LP	TX	NIA	HouQuest, LLC	Ownership	99.000	Cigna Corporation	N	
0901	Cigna Group		52-2149519				Hazard Center Investment Company LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		04-2992335				Healthbridge Reimbursement & Product Support, Inc.	MA	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2159005				Healthbridge, Inc.	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-3611739				HealthFortis, Inc.	DE	NIA	AS Acquisition Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-2086778				Health-Lynx, LLC	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1533555				Healthsource Benefits, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0467679				Healthsource Properties, Inc.	NH	NIA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0387748		855587		Healthsource, Inc.	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	12902	20-8534298				HealthSpring Life & Health Insurance Company, Inc.	TX	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-8647386				HealthSpring Management of America, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11532	65-1129599				HealthSpring of Florida, Inc.	FL	IA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2353772				HealthSpring Pharmacy of Tennessee, LLC	DE	NIA	HealthSpring Pharmacy Services, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-2353476				HealthSpring Pharmacy Services, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		72-1559530				HealthSpring USA, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-1821898		1339553		HealthSpring, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-4139432				Heights at Bear Creek Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		27-3582688				Henry on the Park Associates, LLC	DE	NIA	Corac, LLC	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		20-4266628				Home Physicians Management, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-3108521				HouQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Houston Briar Forest Apartments Limited Partnership	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Ideal Properties II LLC	CA	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		35-2041388				IHN, Inc.	IN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		82-1655179				Innovative Product Alignment, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		82-0658250				Inside RX, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-0425785				Intermountain Underwriters, Inc.	MT	NIA	Benefit Management Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				KDM (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	99.900	Cigna Corporation	N	

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0901	Cigna Group		20-8064696				Kronos Optimal Health Company	AZ	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		47-5292506				L&C Investments, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		47-4375626				Lakehills CM-CG LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		86-0805962				Landmark Healthcare Colorado, Inc.	CO	NIA	Landmark Healthcare, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		68-0393103				Landmark Healthcare Services, Inc.	CA	NIA	Landmark Healthcare, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		95-4034089				Landmark Healthcare, Inc.	CA	NIA	AS Acquisition Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65498	23-1503749		59361		Life Insurance Company of North America	PA	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1252418				LINA Benefit Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				LINA Financial Service	KOR	NIA	Cigna Korea Chusik Heosa	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				LINA Life Insurance Company of Korea	KOR	IA	Cigna Chestnut Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65722	63-0343428				Loyal American Life Insurance Company	OH	RE	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		58-2593075				Lynnfield Compounding Center, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		04-3546044				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-1506930				MAH Pharmacy, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		80-0908244				Mallory Square Partners I, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Managed Care Consultants, Inc.	NV	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		51-0500147				Matrix GPO, LLC	IN	NIA	Priority Healthcare Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		59-3720653				Matrix Healthcare Services, Inc.	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1346406				MCC Independent Practice Association of New York, Inc.	NY	NIA	Cigna Behavioral Health, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	63762	13-3506395				Medco Containment Insurance Company of NY	NY	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	34720	42-1425239				Medco Containment Life Insurance Company	PA	IA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-3709630				Medco Europe II, LLC	DE	NIA	Medco Europe, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-2166374				Medco Europe, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		81-0616525				Medco Health Puerto Rico, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-3544786				Medco Health Services, Inc.	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		22-3461740				Medco Health Solutions, Inc.	DE	NIA	Express Scripts Holding Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		99-0362031				Medco International Holdings, BV	NLD	NIA	MHS Holdings, CV	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0334401				Mediversal, Inc.	NV	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-3801345				MedSolutions Holdings, Inc.	DE	NIA	CareCore National, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		62-1872797				MedSolutions of Texas, Inc.	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-3741831				MHS Holdings, CV	NLD	NIA	Medco Europe II, LLC (0.01%); Medco Europe, LLC (99.99%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		32-0071543				MSI Health Organization of Texas, Inc.	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-5492993				MSI HT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-5493148				MSI LT, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	

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0901	Cigna Group		27-5493321				MSI SAR-GW, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		86-1090522				MSIAZ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-1749733				MSICA I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-1222347				MSICO I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		55-0840800				MSIFL, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-0181185				MSIMD I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		74-3122235				MSINC I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		11-3715243				MSINH II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		03-0524694				MSINH, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-1749446				MSINJ I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-1761914				MSINV I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		55-0840806				MSISC II, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-0336736				MSIVT I, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-2536458				MSIWA, LLC	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		36-4833284				MyM Technology Services, LLC	FL	NIA	MyMatrixx Holdings, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		82-1350878				myMatrixx Holdings, LLC	DE	NIA	Express Scripts, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-2589799				myMatrixx-B, LLC	FL	NIA	Matrix Healthcare Services, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						Naryx Pharma Inc.	CAN	NIA	Priority Healthcare Corp.	Ownership	21.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				ND/CR Longwood LLC	DE	NIA	CR Longwood Investors L.P.	Ownership	95.000	Cigna Corporation	N	
0901	Cigna Group		52-1929677				NewQuest Management Northeast, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		33-1033586				NewQuest Management of Alabama, LLC	AL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-4954206				NewQuest Management of Florida, LLC	GA	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		77-0632665				NewQuest Management of Illinois, LLC	IL	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-0633893				NewQuest Management of West Virginia, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		76-0628370				NewQuest, LLC	TX	NIA	HealthSpring, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Notch 8 Residential, L.L.C.	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2355015		1611115		Omada Health, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	7.693	Cigna Corporation	N	
0901	Cigna Group		00-0000000				OnePath Life (NZ) Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		82-3430587				Oz Parent, Inc.	DE	NIA	Express Scripts Holding Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		26-1937849				Palladian Health of Florida, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		16-1513067				Palladian Independent Practice Association, LLC	DE	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		80-0818758				Patient Provider Alliance, Inc.	DE	NIA	Brighter, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2368310				Piso Delmatico, LLC	DE	NIA	Express Scripts, Inc. (55%); Petco Animal Supplies Stores, Inc. (non-affiliated) (45%)	Ownership	55.000	Cigna Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0901	Cigna Group		26-1737661				Premerus, Inc.	TN	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		35-1927379				Priority Healthcare Corporation	IN	NIA	CuraScript, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		59-3761140				Priority Healthcare Distribution, Inc.	FL	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	67903	23-1335885				Provident American Life & Health Insurance Company	OH	IA	Cigna National Health Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	N	
0901	Cigna Group		00-0000000				PT PGU Indonesia	IDN	NIA	PT GAR Indonesia	Ownership	99.990	Cigna Corporation	N	
0901	Cigna Group		AA-5360003				PT. Asuransi Cigna	IDN	IA	Cigna Worldwide Insurance Company	Ownership	80.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				PUR Arbors Apartments Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	87.500	Cigna Corporation	N	
0901	Cigna Group		45-5569416				QPID Health, LLC	DE	NIA	MedSolutions Holdings, Inc. (3%);eviCore Healthcare MSI, LLC (97%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3744987				QualCare Alliance Networks, Inc.	NJ	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	Y	
0901	Cigna Group		46-1634843				QualCare Captive Insurance Company Inc., PCC	NJ	IA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-1801639				QualCare Management Resources Limited Liability Company	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		22-3129563				QualCare, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				RHP (Thailand) Limited	THA	NIA	Cigna Apac Holdings, Ltd	Ownership	49.000	Cigna Corporation	N	
0901	Cigna Group		83-1460134				Rise-CG Capitol Hill, LP	DE	NIA	CARING Capitol Hill GP LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		35-1641636				Sagamore Health Network, Inc.	IN	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				SB-SNH LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		22-2483867				Scibal Associates, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Secon Properties, LP	CA	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N	
0901	Cigna Group		82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		82-4405071				Specialty Products Acquisitions, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		61-1317695				SpectraCare Health Care Ventures, Inc.	FL	NIA	SpectraCare, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		61-1147068				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	77399	13-1867829		1259055		Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		47-2658932				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group						SureScripts, LLC	VA	NIA	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership	33.400	Cigna Corporation	N	
0901	Cigna Group		22-3474888				Systemed, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		23-3074013				TEL-DRUG of Pennsylvania, L.L.C.	PA	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-0427127				Tel-Drug, Inc.	SD	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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0901	Cigna Group		00-0000000				Temple Insurance Company Limited	BMU	IA	Healthsource, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		20-5524622				Tennessee Quest, LLC	TN	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-3108527				TexQuest, LLC	DE	NIA	NewQuest, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Transwestern Federal , L.L.C.	DE	NIA	Transwestern Federal Holdings, L.L.C.	Ownership	7.616	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Transwestern Federal Holdings, L.L.C.	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	7.616	Cigna Corporation	N	
0901	Cigna Group		39-1886617				Triad Healthcare, Inc.	CT	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0344624				Universal Claims Administration	MT	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				UVL, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	71.400	Cigna Corporation	N	
0901	Cigna Group		82-4410128				ValoremRx Sourcing Solutions, LLC	DE	NIA	Specialty Products Acquisitions, LLC (50%)	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0455414		1462078		WorldDoc, Inc.	NV	NIA	Cigna Health and Life Insurance Company	Ownership	20.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				YCFM Servicos LTDA	BRA	NIA	Cigna Global Holdings, Inc.	Ownership	56.020	Cigna Corporation	N	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	06-1059331	Cigna Corporation	2,518,300,000	-	-	170,500	(48,286)	-		-	2,518,422,214	-
	06-1072796	Cigna Holdings, Inc.	-	(370,962,716)	-	-	(1,270,342)	-		-	(372,233,058)	-
	82-4991898	HalfMoon Parent, Inc.	-	-	-	-	-	-		-	0	-
	82-5339235	HalfMoon I, Inc.	-	-	-	-	-	-		-	0	-
	00-0000000	HalfMoon II, Inc.	-	-	-	-	-	-		-	0	-
	51-0402128	Cigna Intellectual Property, Inc.	-	-	-	-	-	-		-	0	-
	06-1095823	Cigna Investment Group, Inc.	-	-	-	-	436,738	-		-	436,738	-
	52-0291385	Cigna International Finance, Inc.	-	-	-	-	-	-		-	0	-
	23-1914061	Former Cigna Investments, Inc	-	-	-	-	2,737,196	-		-	2,737,196	-
	06-0861092	Cigna Investments, Inc.	-	-	-	-	43,426,409	-		-	43,426,409	-
	01-0947889	Cigna Benefits Financing, Inc.	-	-	-	-	1,078,560	-		-	1,078,560	-
	81-2760646	CareAllies, Inc.	-	11,000,000	-	-	(1,017)	-		-	10,998,983	-
	06-0840391	Connecticut General Corporation	64,000,000	-	-	-	(7,588)	-		-	63,992,412	-
	81-0585518	Benefit Management Corp.	(6,000,000)	-	-	-	-	-		-	(6,000,000)	-
12814	20-4433475	Allegiance Life & Health Insurance Company	-	-	-	-	(2,042,987)	(1,255,549)		-	(3,298,536)	-
	20-3851464	Allegiance Re, Inc.	-	-	-	-	-	-		-	0	-
	81-0400550	Allegiance Benefit Plan Management, Inc.	-	-	-	-	559,747	-		-	559,747	-
	71-0916514	Allegiance COBRA Services, Inc.	-	-	-	-	661	-		-	661	-
	00-0000000	Allegiance Provider Direct, LLC	-	-	-	-	-	-		-	0	-
	00-0000000	Community Health Network, LLC	-	-	-	-	-	-		-	0	-
	81-0425785	Intermountain Underwriters, Inc.	-	-	-	-	31,581	-		-	31,581	-
	03-0507057	Allegiance Care Management, LLC	-	-	-	-	100,794	-		-	100,794	-
	20-1821898	HealthSpring, Inc.	-	-	-	-	2,101,929	-		-	2,101,929	-
	76-0628370	NewQuest, LLC	(12,450,000)	-	-	-	(124,750)	-		-	(12,574,750)	-
	52-1929677	NewQuest Management Northeast, LLC	-	(3,000,000)	-	-	102,331,559	-		-	99,331,559	-
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.	-	3,000,000	-	-	(23,696,681)	-		-	(20,696,681)	-
11254	52-2363406	Bravo Health Pennsylvania, Inc.	(65,000,000)	-	-	-	(78,218,262)	-		-	(143,218,262)	-
12902	20-8534298	HealthSpring Life & Health Insurance Company, Inc.	(79,900,000)	-	-	-	(575,069,375)	-		-	(654,969,375)	-
11532	65-1129599	HealthSpring of Florida, Inc.	(36,400,000)	-	-	-	(90,242,219)	-		-	(126,642,219)	-
	77-0632665	NewQuest Management of Illinois, LLC	-	-	-	-	14,200,057	-		-	14,200,057	-
	20-4954206	NewQuest Management of Florida, LLC	(10,400,000)	-	-	-	83,161,448	-		-	72,761,448	-
	20-8647386	HealthSpring Management of America, LLC	-	-	-	-	144,469,291	-		-	144,469,291	-
	45-0633893	NewQuest Management of West Virginia, LLC	-	-	-	-	-	-		-	0	-
	75-3108527	TexQuest, LLC	-	-	-	-	-	-		-	0	-
	75-3108521	HouQuest, LLC	-	-	-	-	-	-		-	0	-
	76-0657035	GulfQuest, LP	(32,400,000)	-	-	-	258,986,349	-		-	226,586,349	-
	33-1033586	NewQuest Management of Alabama, LLC	(7,000,000)	-	-	-	156,255,084	-		-	149,255,084	-
	72-1559530	HealthSpring USA, LLC	(2,200,000)	-	-	-	162,469,448	-		-	160,269,448	-
	20-5524622	Tennessee Quest, LLC	(4,250,000)	-	-	-	(12,723,469)	-		-	(16,973,469)	-
	26-2353476	HealthSpring Pharmacy Services, LLC	-	-	-	-	-	-		-	0	-
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC	-	-	-	-	-	-		-	0	-

SCHEDULE Y

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

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	20-4266628	Home Physicians Management, LLC	-	-	-	-	-	-		-	0	-
	35-2562415	Alegis Care Services, LLC	-	-	-	-	-	-		-	0	-
13733	03-0452349	Cigna Arbor Life Insurance Company	-	-	-	-	-	-		-	0	-
	41-1648670	Cigna Behavioral Health, Inc	(80,000,000)	-	-	-	(231,234,689)	-		-	(311,234,689)	-
	94-3107309	Cigna Behavioral Health of California, Inc	-	-	-	-	(27,813)	-		-	(27,813)	-
	75-2751090	Cigna Behavioral Health of Texas, Inc.	-	-	-	-	(162,165)	-		-	(162,165)	-
	06-1346406	MCC Independent Practice Association of New York, Inc.	-	-	-	-	-	-		-	0	-
	59-2308055	Cigna Dental Health, Inc	(71,305,000)	-	-	-	28,112,441	-		-	(43,192,559)	-
	59-2600475	Cigna Dental Health Of California, Inc	(14,450,000)	-	-	-	(185,119)	-		-	(14,635,119)	-
11175	59-2675861	Cigna Dental Health Of Colorado, Inc	(2,300,000)	-	-	-	(841,646)	-		-	(3,141,646)	-
95380	59-2676987	Cigna Dental Health Of Delaware, Inc	-	-	-	-	(12,323)	-		-	(12,323)	-
52021	59-1611217	Cigna Dental Health Of Florida, Inc	(9,600,000)	-	-	-	(3,837,194)	-		-	(13,437,194)	-
	06-1351097	Cigna Dental Health of Illinois, Inc	-	-	-	-	-	-		-	0	-
52024	59-2625350	Cigna Dental Health Of Kansas, Inc	(500,000)	-	-	-	(153,713)	-		-	(653,713)	-
52108	59-2619589	Cigna Dental Health Of Kentucky, Inc	(3,500,000)	-	-	-	(1,122,227)	-		-	(4,622,227)	-
11160	06-1582068	Cigna Dental Health Of Missouri, Inc	(650,000)	-	-	-	(458,449)	-		-	(1,108,449)	-
11167	59-2308062	Cigna Dental Health Of New Jersey, Inc	(1,200,000)	-	-	-	(1,504,208)	-		-	(2,704,208)	-
95179	56-1803464	Cigna Dental Health Of North Carolina, Inc	-	-	-	-	(506,653)	-		-	(506,653)	-
47805	59-2579774	Cigna Dental Health Of Ohio, Inc	(2,700,000)	-	-	-	(837,007)	-		-	(3,537,007)	-
47041	52-1220578	Cigna Dental Health Of Pennsylvania, Inc	(1,495,000)	-	-	-	(574,109)	-		-	(2,069,109)	-
95037	59-2676977	Cigna Dental Health Of Texas, Inc	(11,000,000)	-	-	-	(4,067,760)	-		-	(15,067,760)	-
52617	52-2188914	Cigna Dental Health Of Virginia, Inc	(1,300,000)	-	-	-	(562,220)	-		-	(1,862,220)	-
47013	86-0807222	Cigna Dental Health Plan Of Arizona, Inc	(4,650,000)	-	-	-	(960,392)	-		-	(5,610,392)	-
48119	59-2740468	Cigna Dental Health Of Maryland, Inc	(3,350,000)	-	-	-	(990,748)	-		-	(4,340,748)	-
	62-1312478	Cigna Health Corporation	-	-	-	-	4,620,547	-		-	4,620,547	-
	02-0387748	Healthsource, Inc	-	(17,500,000)	-	-	-	-		-	(17,500,000)	-
95125	86-0334392	Cigna HealthCare of Arizona, Inc	-	-	-	-	(4,005,831)	605,314		-	(3,400,517)	118,839
	95-3310115	Cigna HealthCare of California, Inc	-	20,000,000	-	(147,500)	(77,567)	-		-	19,774,933	2,687,235
95604	84-1004500	Cigna HealthCare of Colorado, Inc	-	-	-	-	(78,602)	(40,413)		-	(119,015)	10,932
95660	06-1141174	Cigna HealthCare of Connecticut, Inc	-	-	-	-	(654,099)	(1,148)		-	(655,247)	281
95136	59-2089259	Cigna HealthCare of Florida, Inc	-	-	-	-	(30,791)	(20,354)		-	(51,145)	4,985
95602	36-3385638	Cigna HealthCare of Illinois, Inc	-	12,000,000	-	(23,000)	(2,744,049)	735,010		-	9,967,961	555,902
	01-0418220	Cigna HealthCare of Maine, Inc	-	-	-	-	-	-		-	0	-
	02-0402111	Cigna HealthCare of Massachusetts, Inc	-	-	-	-	-	-		-	0	-
	52-1404350	Cigna HealthCare Mid-Atlantic, Inc	-	-	-	-	-	-		-	0	-
95493	02-0387749	Cigna HealthCare of New Hampshire, Inc	-	-	-	-	(8,619)	-		-	(8,619)	-
95500	22-2720890	Cigna HealthCare of New Jersey, Inc	-	10,000,000	-	-	(25,466)	3,140,151		-	13,114,685	3,022
	23-2301807	Cigna HealthCare of Pennsylvania, Inc	-	-	-	-	-	-		-	0	-
95635	36-3359925	Cigna HealthCare of St. Louis, Inc	-	-	-	-	(2,200,214)	(77,394)		-	(2,277,608)	18,955
	62-1230908	Cigna HealthCare of Utah, Inc	-	-	-	-	-	-		-	0	-
96229	58-1641057	Cigna HealthCare of Georgia, Inc	-	-	-	-	(38,529,368)	(14,535)		-	(38,543,903)	11,256
95383	74-2767437	Cigna HealthCare of Texas, Inc	-	-	-	-	(1,056,893)	3,309,358		-	2,252,465	206,449

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95525	35-1679172	Cigna HealthCare of Indiana, Inc.	-	-	-	-	(5,869)	(523)	... -	-	(6,392)	128
95606	62-1218053	Cigna HealthCare of Tennesee, Inc.	-	4,000,000	-	-	(518,680)	-	... -	-	3,481,320	98,286
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.	-	-	-	-	(11,637,801)	(1,078,227)	... -	-	(12,716,028)	390,936
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.	-	-	-	-	(8,592,828)	(1,521)	... -	-	(8,594,349)	372
	00-0000000	Temple Insurance Company Limited	-	-	-	-	(20,698)	-	... -	-	(20,698)	-
	86-3581583	Arizona Health Plan, Inc.	-	-	-	-	-	-	... -	-	0	-
	02-0467679	Healthsource Properties, Inc.	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Managed Care Consultants, Inc.	-	-	-	-	-	-	... -	-	0	-
	02-0515554	Cigna Benefit Technology Solutions, Inc.	-	-	-	-	-	-	... -	-	0	-
	35-1641636	Sagamore Health Network, Inc.	-	-	-	-	1,126,676	-	... -	-	1,126,676	-
	84-0985843	Cigna Healthcare Holdings, Inc.	-	-	-	-	-	-	... -	-	0	-
	93-1174749	Great-West Healthcare of Illinois, Inc.	-	-	-	-	-	-	... -	-	0	-
	02-0495422	Cigna Healthcare, Inc.	-	-	-	-	-	-	... -	-	0	-
64548	13-2556568	Cigna Life Insurance Company of New York	(20,000,000)	-	-	-	(916,349)	8,828,337	... -	-	(12,088,012)	121,767,208
62308	06-0303370	Connecticut General Life Insurance Company	(182,000,000)	50,303,189	-	-	(11,517,637)	(119,283,911)	... -	-	(262,498,359)	(819,168,268)
	45-3481107	CG Mystic Center LLC	-	-	-	-	-	-	... -	-	0	108,500
	45-3481241	CG Mystic Land LLC	-	-	-	-	-	-	... -	-	0	-
	20-3870049	CG Skyline, LLC	-	-	-	-	-	-	... -	-	0	-
	26-0180898	CareAllies, LLC	-	-	-	-	-	-	... -	-	0	-
	32-0222252	Cigna Onsite Health, LLC	-	-	-	-	(8,147)	-	... -	-	(8,147)	-
	00-0000000	Gillette Ridge Community Council, Inc.	-	-	-	-	-	-	... -	-	0	-
	20-3700105	Gillette Ridge Golf, LLC	-	-	-	-	-	-	... -	-	0	-
	52-2149519	Hazard Center Investment Company LLC	-	-	-	-	-	-	... -	-	0	-
	23-3074013	TEL-DRUG of Pennsylvania, L.L.C.	(86,000,000)	-	-	-	(26,701)	-	... -	-	(86,026,701)	-
	00-0000000	GRG Acquisitions LLC	-	413,111	-	-	-	-	... -	-	413,111	-
	27-5402196	Cigna Affiliates Realty Investment Group LLC	-	(14,886,689)	-	-	-	-	... -	-	(14,886,689)	-
	00-0000000	CR Longwood Investors L.P.	-	-	-	-	-	-	... -	-	0	-
	00-0000000	ND/CR Longwood LLC	-	-	-	-	-	-	... -	-	0	-
	00-0000000	ARE/ND/CR Longwood LLC	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Secon Properties, LP	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Transwestern Federal Holdings, L.L.C.	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Transwestern Federal , L.L.C.	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Market Street Residential Holdings LLC	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Arborpoint at Market Street LLC	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Diamondview Tower CM-CG LLC	-	-	-	-	-	-	... -	-	0	-
	00-0000000	CR Washington Street Investors LP	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Dulles Town Center Mall, LLC	-	-	-	-	-	-	... -	-	0	-
	00-0000000	ND/CR Unicorn LLC	-	-	-	-	-	-	... -	-	0	-
	00-0000000	AMD Apartments Limited Partership	-	-	-	-	-	-	... -	-	0	-
	00-0000000	PUR Arbors Apartments Venture LLC	-	-	-	-	-	-	... -	-	0	-
	00-0000000	CG Seventh Street LLC	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Ideal Properties II LLC	-	-	-	-	-	-	... -	-	0	-

SCHEDULE Y

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

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	80-0908244	Mallory Square Partners I, LLC	-	-	-	-	-	-	...	-	0	-
	00-0000000	Houston Briar Forest Apartments Limited Partnership	-	-	-	-	-	-	...	-	0	-
	00-0000000	Newtown Partners II, LP	-	-	-	-	-	-	...	-	0	-
	00-0000000	Newtown Square GP LLC	-	-	-	-	-	-	...	-	0	-
	00-0000000	SB-SNH LLC	-	-	-	-	-	-	...	-	0	-
	00-0000000	680 Investors LLC	-	-	-	-	-	-	...	-	0	-
	00-0000000	685 New Hampshire LLC	-	-	-	-	-	-	...	-	0	-
	00-0000000	222 Main Street CARING GP LLC	-	-	-	-	-	-	...	-	0	-
	00-0000000	222 Main Street Investors LP	-	-	-	-	-	-	...	-	0	-
	00-0000000	Notch 8 Residential, L.L.C	-	-	-	-	-	-	...	-	0	-
	00-0000000	UVL, LLC	-	-	-	-	-	-	...	-	0	-
	00-0000000	3601 North Fairfax Drive Associates, LLC	-	-	-	-	-	-	...	-	0	-
	47-4235739	CI Perris 151, LLC	-	-	-	-	-	-	...	-	0	-
	47-4375626	Lakehills CM-CG LLC	-	-	-	-	-	-	...	-	0	-
	30-0939067	Affiliated Hotel Subsidiary	-	-	-	-	-	-	...	-	0	-
	81-2650133	Berewick Apartments LLC	-	-	-	-	-	-	...	-	0	-
	81-3389374	CIG-LEI Ygnacio Associates LLC	-	-	-	-	-	-	...	-	0	-
	61-1797835	CGGL Orange Collection LLC	-	-	-	-	-	-	...	-	0	-
	81-3281922	CGGL Chapman LLC	-	-	-	-	-	-	...	-	0	-
	81-3313562	CGGL City Parkway LLC	-	-	-	-	-	-	...	-	0	-
	81-4139432	Heights at Bear Creek Venture LLC	-	-	-	-	-	-	...	-	0	-
	82-1732483	SOMA Apartments Venture LLC	-	-	-	-	-	-	...	-	0	-
	82-3315524	Arbor Heights Venture LLC	-	-	-	-	-	-	...	-	0	-
	82-1280312	CG/Wood ALTA 601, LLC	-	-	-	-	-	-	...	-	0	-
	82-4936006	CPI-CII 9171 Wilshire JV LLC	-	-	-	-	-	-	...	-	0	-
	82-4794800	9171 Wilshire CPI-CII LLC	-	-	-	-	-	-	...	-	0	-
	37-1903297	CARING Capitol Hill GP LLC	-	-	-	-	-	-	...	-	0	-
	32-0570889	CARING Capitol Hill LP LLC	-	-	-	-	-	-	...	-	0	-
	83-1460134	Rise-CG Capitol Hill, LP	-	-	-	-	-	-	...	-	0	-
	27-0268530	CORAC, LLC	-	(37,353)	-	-	-	-	...	-	(37,353)	-
	27-3582688	Henry on the Park Associates, LLC	-	-	-	-	-	-	...	-	0	-
67369	59-1031071	Cigna Health and Life Insurance Company	(1,022,000,000)	(87,937,985)	-	-	84,898,977	99,237,037	...	-	(925,801,971)	88,003,339
	45-2681649	CarePlexus, LLC	-	-	-	-	-	-	...	-	0	-
	27-3396038	Cigna Corporate Services, LLC	-	-	-	-	-	-	...	-	0	-
	27-1903785	Cigna Insurance Agency, LLC	-	-	-	-	-	-	...	-	0	-
	34-1970892	Ceres Sales of Ohio, LLC	-	-	-	-	-	-	...	-	0	-
61727	34-0970995	Cigna National Health Insurance Company	-	-	-	-	(214,519)	-	...	-	(214,519)	-
67903	23-1335885	Provident American Life & Health Insurance Company	-	-	-	-	(362,719)	-	...	-	(362,719)	-
65269	75-2305400	United Benefit Life Insurance Company	-	-	-	-	(28,154)	-	...	-	(28,154)	-
65722	63-0343428	Loyal American Life Insurance Company	-	6,000,000	-	-	(72,243,582)	-	...	-	(66,243,582)	-
88366	59-2760189	American Retirement Life Insurance Company	-	42,000,000	-	-	(29,583,356)	-	...	-	12,416,644	-
	23-3744987	QualCare Alliance Networks, Inc	-	-	-	-	-	-	...	-	0	-

SCHEDULE Y

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	22-3129563	QualCare, Inc.	-	-	-	-	(2,990)	-		-	(2,990)	-
	22-2483867	Scibal Associates, Inc.	-	-	-	-	(1,495)	-		-	(1,495)	-
	46-1634843	QualCare Captive Insurance Company Inc., PCC	-	-	-	-	-	-		-	0	-
	46-1801639	QualCare Management Resources Limited Liability Company	-	-	-	-	-	-		-	0	-
	46-2086778	Health-Lynx, LLC	-	-	-	-	-	-		-	0	-
77399	13-1867829	Sterling Life Insurance Company	(8,000,000)	-	-	-	(3,398,904)	-		-	(11,398,904)	-
	91-1500758	Olympic Health Management Systems, Inc.	-	-	-	-	-	-		-	0	-
	91-1599329	Olympic Health Management Services, Inc.	-	-	-	-	-	-		-	0	-
	88-0455414	WorldDoc, Inc.	-	-	-	-	-	-		-	0	-
	45-2355015	Omada Health, Inc.	-	-	-	-	-	-		-	0	-
	83-1069280	Cigna Ventures, LLC	-	-	-	-	-	-		-	0	-
	47-2746692	Cricket Health, Inc.	-	-	-	-	-	-		-	0	-
	23-1728483	Cigna Health Management, Inc.	-	-	-	-	147,585,191	-		-	147,585,191	-
	20-8064696	Kronos Optimal Health Company	-	-	-	-	779,279	-		-	779,279	-
65498	23-1503749	Life Insurance Company of North America	(400,000,000)	4,145,727	-	(10,644)	(26,092,612)	112,228,256		-	(309,729,273)	693,308,306
	00-0000000	Cigna & CMB Life Insurance Company Limited	-	-	-	-	-	-		-	0	-
	00-0000000	Cigna & CMB Health Services Company, Ltd.	-	-	-	-	-	-		-	0	-
	58-1136865	Cigna Direct Marketing Company, Inc.	-	-	-	-	-	-		-	0	-
	46-0427127	Tel-Drug, Inc.	(232,000,000)	-	-	-	(243,374)	-		-	(232,243,374)	-
	00-0000000	Cigna Global Wellbeing Holdings Limited	-	-	-	-	-	-		-	0	-
	00-0000000	Cigna Global Wellbeing Solutions Limited	-	-	-	-	-	-		-	0	-
	98-0463704	Vielife Services, Inc.	-	-	-	-	-	-		-	0	-
	06-1332403	CG Individual Tax Benefits Payments, Inc.	-	-	-	-	-	-		-	0	-
	06-1332405	CG Life Pension Benefits Payments, Inc.	-	-	-	-	-	-		-	0	-
	06-1332401	CG LINA Pension Benefits Payments, Inc.	-	-	-	-	-	-		-	0	-
	62-1724116	Cigna Federal Benefits, Inc.	-	-	-	-	-	-		-	0	-
	23-2741293	Cigna Healthcare Benefits, Inc.	-	-	-	-	-	-		-	0	-
	23-2924152	Cigna Integratedcare, Inc.	-	-	-	-	-	-		-	0	-
	23-2741294	Cigna Managed Care Benefits Company	-	-	-	-	18,034,330	-		-	18,034,330	-
	06-1071502	Cigna RE Corporation	-	-	-	-	-	-		-	0	-
	06-1522976	Blodget & Hazard Limited	-	-	-	-	-	-		-	0	-
	06-1567902	Cigna Resource Manager, Inc.	-	-	-	-	-	-		-	0	-
	06-1252419	Connecticut General Benefit Payments, Inc.	-	-	-	-	-	-		-	0	-
	06-1533555	Healthsource Benefits, Inc.	-	-	-	-	-	-		-	0	-
	35-2041388	IHN, Inc.	-	-	-	-	(5,157)	-		-	(5,157)	-
	06-1252418	LINA Benefit Payments, Inc.	-	-	-	-	-	-		-	0	-
	88-0334401	Mediversal, Inc.	-	-	-	-	-	-		-	0	-
	88-0344624	Universal Claims Administration	-	-	-	-	-	-		-	0	-
	27-1713977	Brighter, Inc.	-	-	-	-	(9,815)	-		-	(9,815)	-
	80-0818758	Patient Provider Alliance, Inc.	-	-	-	-	-	-		-	0	-
	51-0389196	Cigna Global Holdings, Inc.	(68,300,000)	331,462,716	-	-	-	-		-	263,162,716	-
	51-0111677	Cigna International Corporation, Inc.	-	-	-	-	(8,469,600)	-		-	(8,469,600)	-

SCHEDULE Y

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

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	23-2610178	Cigna International Services, Inc.	-	-	-	-	-	-	...	-	0	-
	30-3087621	Cigna International Marketing (Thailand) Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	CGO PARTICIPATOS LTDA.	-	-	-	-	-	-	...	-	0	-
	00-0000000	YCFM Servicos LTDA.	-	-	-	-	-	-	...	-	0	-
	AA-3190987	Cigna Global Reinsurance Company, Ltd.	(100,000,000)	-	-	10,644	(58,855)	(102,529,607)	...	-	(202,577,818)	(90,918,467)
	23-3009279	Cigna Holdings Overseas, Inc.	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Bellevue Alpha LLC	-	-	-	-	-	-	...	-	0	-
	46-4110289	Cigna Linden Holdings, Inc.	-	-	-	-	-	-	...	-	0	-
	98-1146864	Cigna Laurel Holdings, Ltd.	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Palmetto Holdings, Ltd.	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Apac Holdings, Ltd.	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Alder Holdings, LLC	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Walnut Holdings, Ltd.	-	-	-	-	-	-	...	-	0	-
	98-1137759	Cigna Chestnut Holdings, Ltd.	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Nederland Gamma B.V.	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.	-	-	-	-	-	-	...	-	0	-
	00-0000000	LINA Life Insurance Company of Korea	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna International Services Australia Pty Ltd	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Hong Kong Holdings Company Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Data Services (Shanghai) Company Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna HLA Technology Services Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Worldwide General Insurance Company Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Worldwide Life Insurance Company Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna International Health Services Sdn. Bhd.	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Life Insurance New Zealand Limited	-	-	-	-	-	-	...	-	0	-
	119-599164	Grown Ups New Zealand Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna New Zealand Holdings Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna New Zealand Finance Limited	-	-	-	-	-	-	...	-	0	-
	AA-1560515	Cigna Life Insurance Company of Canada	-	-	-	-	(5,160,925)	(559,403)	...	-	(5,720,328)	693,775
	00-0000000	Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company	-	-	-	-	-	-	...	-	0	-
	00-0000000	LINA Financial Service	-	-	-	-	-	-	...	-	0	-
	00-0000000	RHP (Thailand) Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	KDM (Thailand) Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Insurance Public Company Limited	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna Taiwan Life Assurance Company Limited	-	-	-	-	-	-	...	-	0	-
	98-1154657	Cigna Myrtle Holdings, Ltd.	-	-	-	-	-	-	...	-	0	-
	98-1155943	Cigna Elmwood Holdings, SPRL	-	-	-	-	-	-	...	-	0	-
	98-1181787	Cigna Beechwood Holdings	-	-	-	-	-	-	...	-	0	-
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.	-	-	-	-	(9,558)	(242,391)	...	-	(251,949)	184,218
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.	-	-	-	-	-	-	...	-	0	-
	00-0000000	Cigna European Services (UK) Limited	-	-	-	-	-	-	...	-	0	-

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	00-0000000	CIGNA 2000 UK Pension LTD	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Oak Holdings, Ltd	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Willow Holdings, Ltd	-	-	-	-	-	-	... -	-	0	-
	00-0000000	FirstAssist Administration Limited	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Legal Protection U.K. Ltd	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Insurance Services (Europe) Limited	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna International Health Services, BVBA	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna International Health Services, LLC	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna International Health Services Kenya Limited	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Sequoia Holdings SPRL	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Cedar Holdings, Ltd	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Insurance Middle East S.A.L	-	-	-	-	6,007,174	-	... -	-	6,007,174	-
	00-0000000	Cigna Insurance Management Services (DIFC), Ltd	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Magnolia Holdings, Ltd	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna T	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Nederland Alpha Cooperatief U.A	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Nederland Beta B.V	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Health Solution India Pvt. Ltd	-	-	-	-	-	-	... -	-	0	-
	46-4099800	Cigna Poplar Holdings, Inc	-	-	-	-	-	-	... -	-	0	-
	00-0000000	PT GAR Indonesia	-	-	-	-	-	-	... -	-	0	-
	00-0000000	PT PGU Indonesia	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Global Insurance Company Limited	-	-	-	-	(3,452,368)	(3,521,352)	... -	-	(6,973,720)	(1,231,728)
	00-0000000	CignaTTK Health Insurance Company Limited	-	-	-	-	-	-	... -	-	0	-
90859	23-2088429	Cigna Worldwide Insurance Company	-	-	-	-	(33,863)	542,865	... -	-	509,002	3,145,539
	AA-5360003	PT. Asuransi Cigna	-	-	-	-	-	-	... -	-	0	-
	00-0000000	Cigna Teak Holdings, LLC	-	-	-	-	-	-	... -	-	0	-
10144	20-1089572	Carecore NJ LLC	-	-	-	-	(14,724,561)	-	... -	(9,517)	(14,734,078)	-
	62-1615395	Medsolutions LLC	-	-	-	-	2,989,191	-	... -	7,586	2,996,777	-
	14-1831391	Carecore National LLC	-	-	-	-	11,735,370	-	... -	1,931	11,737,301	-
63762	42-1425239	Medco Containment Life Insurance Company	-	-	-	-	(164,392,274)	-	... -	-	(164,392,274)	-
34720	13-3506395	Medco Containment Insurance Company of New York	-	-	-	-	(12,005,616)	-	... -	-	(12,005,616)	-
	43-1420563	Express Scripts, Inc	-	-	-	-	176,397,890	-	... -	-	176,397,890	-
9999999.	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the 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?	YES

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?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1?	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
	APRIL FILING	
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	YES
44.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
45.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
46.	Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	YES
47.	Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	NO
48.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
49.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
50.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
51.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
52.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO

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? NO

EXPLANATIONS:

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

BAR CODE:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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.

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

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46.

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

48.

49.

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

51.

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

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

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6
	1	Accident and Health		4		
		2	3	All Other Lines		
	Life	Cost Containment	All Other	of Business	Investment	Total
09.304. TPA Service Fees	344		661,521			661,865
09.305. Marketing Leads	136		398,909			399,045
09.306. Consulting Fees	561		346,315			346,876
09.397. Summary of remaining write-ins for Line 9.3	1,041	0	1,406,745	0	0	1,407,786

Overflow Page for Write-Ins

Additional Write-ins for Schedule H:

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
1104. Interest and adjustments on contract or deposit-type contrac	21	0.0		0.0		0.0		0.0	14	0.0	7	0.0		0.0		0.0		0.0
1197. Summary of remaining write-ins for Line 11	21	0.0	0	0.0	0	0.0	0	0.0	14	0.0	7	0.0	0	0.0	0	0.0	0	0.0

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Alaska

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-A-AK	A	NO	34000	05/02/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0		-	-	0.0	
YES	LOYAL-MS-AA-F-AK	F	NO	34000	05/02/2013				Modernized Medicare Supplement Insurance Plan	69,895	79,007	113.0	33	81,898	103,852	126.8	42
YES	LOYAL-MS-AA-G-AK	G	NO	34000	05/02/2013				Modernized Medicare Supplement Insurance Plan	29,625	38,970	131.5	19	266,877	223,929	83.9	205
YES	LOYAL-MS-AA-N-AK	N	NO	34000	05/02/2013				Modernized Medicare Supplement Insurance Plan	27,078	24,880	91.9	19	55,464	44,832	80.8	47
YES	LOYAL-MSD-AA-F-AK	F	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0		20,348	38,420	188.8	13
YES	LOYAL-MSD-AA-G-AK	G	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0		50,311	43,725	86.9	40
YES	LOYAL-MSD-AA-N-AK	N	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0		8,426	11,929	141.6	9
YES	LOYAL-MSX-AA-A-AK	A	NO	30500	09/15/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		-	-	0.0	
YES	LOYAL-MSX-AA-F-AK	F	NO	30500	09/15/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		75,511	55,597	73.6	41
YES	LOYAL-MSX-AA-G-AK	G	NO	30500	09/15/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		41,811	73,619	176.1	30
YES	LOYAL-MSX-AA-HDF-AK	F	NO	30500	09/15/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		25,581	9,189	35.9	34
YES	LOYAL-MSX-AA-N-AK	N	NO	30500	09/15/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		70,159	55,456	79.0	51
0199999.	Total Policy Experience on Individual Policies									126,598	142,857	112.8	71	696,386	660,548	94.9	512

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Alabama

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-6200-AL	H	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,038	(93)	(1.2)	2			0.0	
YES	L-6201-AL	I	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,984	761	25.5	1			0.0	
YES	L-6202-AL	J	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	76,387	46,356	60.7	18			0.0	
YES	LOYAL-MS-AA-F-AL	F	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	755,228	491,455	65.1	265			0.0	
YES	LOYAL-MS-AA-G-AL	G	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	287,602	224,341	78.0	110			0.0	
YES	LOYAL-MS-AA-N-AL	N	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	186,177	118,658	63.7	93			0.0	
0199999.	Total Policy Experience on Individual Policies									1,316,416	881,478	67.0	489	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5234-AR	F	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	84,171	80,970	96.2	37	-	-	0.0	
YES	L-5235-AR	G	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,174	11,523	276.1	2	-	-	0.0	
YES	LOYAL-MS-CR-C-AR	C	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,430	1,893	77.9	1	-	-	0.0	
YES	LOYAL-MS-CR-D-AR	D	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,294	1,408	13.7	5	-	-	0.0	
YES	LOYAL-MS-CR-F-AR	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,039,254	1,602,841	78.6	867	83,855	42,623	50.8	33
YES	LOYAL-MS-CR-G-AR	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	376,597	572,445	152.0	191	32,060	20,782	64.8	15
YES	LOYAL-MS-CR-N-AR	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	337,889	275,889	81.7	221	7,766	8,337	107.4	4
0199999.	Total Policy Experience on Individual Policies									2,854,809	2,546,969	89.2	1,324	123,681	71,742	58.0	52

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Arizona

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5230-AZ	A	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,507	(137)	(9.1)				0.0	
YES	L-5233-AZ	D	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,320	3,347	100.8	1			0.0	
YES	L-5234-AZ	F	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	61,834	47,795	77.3	13			0.0	
YES	LOYAL-MS-IA-F-AZ	F	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	93,910	60,060	64.0	22			0.0	
YES	LOYAL-MS-IA-G-AZ	G	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	30,268	10,894	36.0	10			0.0	
YES	LOYAL-MS-IA-N-AZ	N	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	2,670	991	37.1	1			0.0	
0199999.	Total Policy Experience on Individual Policies									193,509	122,950	63.5	47	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....California

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-A-CA	A	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan	6,033	3,944	65.4	2	2,732	745	27.3	2
YES	LOYAL-MS-AA-F-CA	F	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan	8,047,460	6,700,349	83.3	2,857	10,656,540	9,128,343	85.7	4,336
YES	LOYAL-MS-AA-G-CA	G	NO	34000	.04/02/2014				Modernized Medicare Supplement Insurance Plan	1,460,767	1,153,191	78.9	694	9,618,253	8,142,522	84.7	6,256
YES	LOYAL-MS-AA-N-CA	N	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan	779,321	644,594	82.7	414	3,821,413	3,263,338	85.4	2,538
0199999.	Total Policy Experience on Individual Policies									10,293,581	8,502,078	82.6	3,967	24,098,938	20,534,948	85.2	13,132

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

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.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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.....	LOYAL-MS-AA-F-CO.....	F.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	1,083,835	816,399	.....75.3	380	9,406	1,438	.....15.3	3
.....YES.....	LOYAL-MS-AA-G-CO.....	G.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	185,748	171,891	.....92.5	78	36,854	18,488	.....50.2	18
.....YES.....	LOYAL-MS-AA-N-CO.....	N.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	31,899	26,722	.....83.8	14	-	-	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,301,482	1,015,012	.....78.0	472	46,260	19,926	.....43.1	21

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Connecticut

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	LOYAL-MS-CR-A-CT	A	NO	34060	11/08/2013				Modernized Medicare Supplement Insurance Plan	12,738	15,000	117.8	4	16,034	14,100	87.9	5
YES	LOYAL-MS-CR-F-CT	F	NO	34000	11/08/2013				Modernized Medicare Supplement Insurance Plan	283,865	153,164	54.0	72	713,880	412,219	57.7	199
YES	LOYAL-MS-CR-G-CT	G	NO	34000	11/08/2013				Modernized Medicare Supplement Insurance Plan	579,280	465,905	80.4	175	1,149,728	691,984	60.2	385
YES	LOYAL-MS-CR-N-CT	N	NO	34000	11/08/2013				Modernized Medicare Supplement Insurance Plan	57,079	25,815	45.2	24	156,840	77,606	49.5	68
YES	LOYAL-MSD-CR-A-CT	A	NO	204060	05/23/2014				Modernized Medicare Supplement Insurance Plan	7,705	2,825	36.7	2	9,481	9,445	99.6	3
0199999.	Total Policy Experience on Individual Policies									940,667	662,709	70.5	277	2,045,963	1,205,354	58.9	660

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....District of Columbia

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-A-DC	A	NO	34000	05/09/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0		-	-	0.0	
YES	LOYAL-MS-AA-F-DC	F	NO	34000	05/09/2013				Modernized Medicare Supplement Insurance Plan	25,213	11,964	47.5	10	20,002	6,566	32.8	8
YES	LOYAL-MS-AA-G-DC	G	NO	34000	05/09/2013				Modernized Medicare Supplement Insurance Plan	17,145	7,740	45.1	9	41,377	24,181	58.4	26
YES	LOYAL-MS-AA-N-DC	N	NO	34000	05/09/2013				Modernized Medicare Supplement Insurance Plan	2,696	7,361	273.0	2	7,780	1,454	18.7	6
YES	LOYAL-MSD-AA-F-DC	F	NO	204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	28,710	17,767	61.9	11	54,021	53,808	99.6	20
YES	LOYAL-MSD-AA-G-DC	G	NO	204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	14,652	21,259	145.1	8	38,423	20,663	53.8	27
YES	LOYAL-MSD-AA-N-DC	N	NO	204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	5,644	778	13.8	4	3,930	1,192	30.3	4
YES	LOYAL-MSX-AA-F-DC	F	NO	30500	06/12/2015				Modernized Medicare Supplement Insurance Plan	1,826	266	14.6	1	64,547	29,318	45.4	27
YES	LOYAL-MSX-AA-G-DC	G	NO	30500	06/12/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		3,369	2,606	77.4	3
YES	LOYAL-MSX-AA-HDF-DC	F	NO	30500	06/12/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		1,609	592	36.8	2
YES	LOYAL-MSX-AA-N-DC	N	NO	30500	06/12/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		9,387	4,179	44.5	6
0199999.	Total Policy Experience on Individual Policies									95,886	67,135	70.0	45	244,445	144,559	59.1	129

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Georgia

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-6201-GA	I	NO	34000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,007	6,779	45.2	5	-	-	0.0	
YES	L-6202-GA	J	NO	34000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	206,775	146,415	70.8	56	-	-	0.0	
YES	LOYAL-MS-IA-F-GA	F	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	503,555	312,470	62.1	162	-	-	0.0	
YES	LOYAL-MS-IA-G-GA	G	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	201,108	162,604	80.9	79	-	-	0.0	
YES	LOYAL-MS-IA-N-GA	N	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	85,246	41,797	49.0	41	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									1,011,691	670,065	66.2	343	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Hawaii

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-F-HI	F	NO	34060	01/03/2014				Modernized Medicare Supplement Insurance Plan	14,685	8,732	59.5	8	154,270	123,068	79.8	97
YES	LOYAL-MS-AA-G-HI	G	NO	34060	01/03/2014				Modernized Medicare Supplement Insurance Plan	6,301	5,512	87.5	4	220,537	218,279	99.0	170
YES	LOYAL-MS-AA-N-HI	N	NO	34060	01/03/2014				Modernized Medicare Supplement Insurance Plan	1,136	422	37.1	1	50,849	37,916	74.6	42
YES	LOYAL-MSD-AA-F-HI	F	NO	204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	11,152	8,704	78.0	5	27,252	29,155	107.0	16
YES	LOYAL-MSD-AA-G-HI	G	NO	204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	25,865	29,003	112.1	15	35,722	13,416	37.6	28
YES	LOYAL-MSD-AA-N-HI	N	NO	204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	2,505	1,543	61.6	2	9,328	9,151	98.1	6
0199999.	Total Policy Experience on Individual Policies									61,644	53,916	87.5	35	497,958	430,985	86.6	359

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Iowa

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5233-IA	D	NO	34000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	-	(129)	0.0		-	-	0.0	
YES	L-5234-IA	F	NO	34000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	307,511	305,560	99.4	92	-	-	0.0	
YES	L-5235-IA	G	NO	34000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,494	7,254	58.1	3	-	-	0.0	
YES	L-6200-IA	H	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,106	16,505	531.4	1	-	-	0.0	
YES	L-6201-IA	I	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,957	5,686	143.7	1	-	-	0.0	
YES	L-6202-IA	J	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	811,787	615,611	75.8	229	-	-	0.0	
YES	LOYAL-MS-AA-F-IA	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	842,587	786,139	93.3	258	-	-	0.0	
YES	LOYAL-MS-AA-G-IA	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	65,532	53,323	81.4	24	-	-	0.0	
YES	LOYAL-MS-AA-N-IA	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	58,423	64,314	110.1	29	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									2,105,397	1,854,263	88.1	637	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Idaho

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5234-ID	F	NO	34000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	36,471	32,211	88.3	12	-	-	0.0	
YES	L-5235-ID	G	NO	34000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	37,846	41,443	109.5	15	-	-	0.0	
YES	L-6202-ID	J	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	323,913	190,297	58.7	97	-	-	0.0	
YES	LOYAL-MS-IA-A-ID	A	NO	34000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	3,780	1,336	35.3	2	-	-	0.0	
YES	LOYAL-MS-IA-B-ID	B	NO	34000	08/04/2010				Modernized Medicare Supplement Insurance Plan	2,461	976	39.7	1	-	-	0.0	
YES	LOYAL-MS-IA-D-ID	D	NO	34000	08/04/2010				Modernized Medicare Supplement Insurance Plan	1,881	1,299	69.1		-	-	0.0	
YES	LOYAL-MS-IA-F-ID	F	NO	34000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	756,940	606,684	80.1	276	89,225	120,525	135.1	35
YES	LOYAL-MS-IA-G-ID	G	NO	34000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	146,646	120,831	82.4	66	74,252	48,464	65.3	37
YES	LOYAL-MS-IA-N-ID	N	NO	34000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	151,279	74,478	49.2	87	17,044	17,271	101.3	12
YES	LOYAL-MSX-IA-A-MI	A	NO	30500	08/04/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		-	-	0.0	
YES	LOYAL-MSX-IA-F-MI	F	NO	30500	08/04/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		403,019	282,501	70.1	184
YES	LOYAL-MSX-IA-G-MI	G	NO	30500	08/04/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		214,504	175,849	82.0	130
YES	LOYAL-MSX-IA-HDF-MI	F	NO	30500	08/04/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		20,931	6,304	30.1	26
YES	LOYAL-MSX-IA-N-MI	N	NO	30500	08/04/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		191,611	101,627	53.0	128
0199999.	Total Policy Experience on Individual Policies									1,461,217	1,069,555	73.2	556	1,010,586	752,541	74.5	552

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5234-IL	F	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	425,790	305,133	71.7	104	-	-	0.0	
YES	L-5235-IL	G	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	26,757	12,582	47.0	8	-	-	0.0	
YES	L-6200-IL	H	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,821	2,131	31.2	2	-	-	0.0	
YES	L-6201-IL	I	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,112	2,554	18.1	4	-	-	0.0	
YES	L-6202-IL	J	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,638,062	1,089,093	66.5	414	-	-	0.0	
YES	LOYAL-MS-AA-C-IL	C	NO	34060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	7,346	1,835	25.0	2	-	-	0.0	
YES	LOYAL-MS-AA-D-IL	D	NO	34060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	7,509	8,093	107.8	2	-	-	0.0	
YES	LOYAL-MS-AA-F-IL	F	NO	34060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	5,222,669	4,248,494	81.3	1,601	-	-	0.0	
YES	LOYAL-MS-AA-G-IL	G	NO	34060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	691,550	464,603	67.2	239	-	-	0.0	
YES	LOYAL-MS-AA-N-IL	N	NO	34060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	832,670	811,284	97.4	374	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									8,873,286	6,945,802	78.3	2,750	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5231-IN	B	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,958	144	4.9	1	-	-	0.0	
YES	L-5233-IN	D	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,482	564	12.6	1	-	-	0.0	
YES	L-5234-IN	F	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	469,139	369,599	78.8	122	-	-	0.0	
YES	L-5235-IN	G	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	201,041	220,264	109.6	55	-	-	0.0	
YES	L-6200-IN	H	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,053	11,038	73.3	4	-	-	0.0	
YES	L-6201-IN	I	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,016	11,983	59.9	5	-	-	0.0	
YES	L-6202-IN	J	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,002,912	760,922	75.9	257	-	-	0.0	
YES	LOYAL-MS-AA-A-IN	A	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	6,819	8,491	124.5	3	-	-	0.0	
YES	LOYAL-MS-AA-B-IN	B	NO	34000	07/26/2010				Modernized Medicare Supplement Insurance Plan	1,955	325	16.6	1	-	-	0.0	
YES	LOYAL-MS-AA-C-IN	C	NO	34000	07/26/2010				Modernized Medicare Supplement Insurance Plan	20,249	28,704	141.8	7	11	(192)	(1,745.5)	
YES	LOYAL-MS-AA-D-IN	D	NO	34000	07/26/2010				Modernized Medicare Supplement Insurance Plan	34,472	18,939	54.9	14	3,589	(99)	(2.8)	1
YES	LOYAL-MS-AA-F-IN	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,964,954	3,265,989	82.4	1,507	660,625	563,257	85.3	254
YES	LOYAL-MS-AA-G-IN	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	729,098	663,600	91.0	311	594,339	412,757	69.4	285
YES	LOYAL-MS-AA-N-IN	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	433,854	305,457	70.4	228	1,161,799	1,125,291	96.9	641
0199999.	Total Policy Experience on Individual Policies									6,907,002	5,666,019	82.0	2,516	2,420,363	2,101,014	86.8	1,181

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Kansas

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-6200-KS	H	NO	34060	.11/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,662	800	30.1	1	-	-	0.0	
YES	L-6201-KS	I	NO	34060	.11/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	46,588	45,885	98.5	13	-	-	0.0	
YES	L-6202-KS	J	NO	34060	.11/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	618,955	494,471	79.9	153	-	-	0.0	
YES	LOYAL-MS-AA-A-KS	A	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	1,831	478	26.1	1	-	-	0.0	
YES	LOYAL-MS-AA-F-KS	F	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	2,085,073	1,535,307	73.6	769	401,480	276,507	68.9	169
YES	LOYAL-MS-AA-G-KS	G	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	149,931	109,195	72.8	65	242,537	159,085	65.6	126
YES	LOYAL-MS-AA-N-KS	N	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	60,975	67,108	110.1	33	26,480	22,077	83.4	15
0199999.	Total Policy Experience on Individual Policies									2,966,015	2,253,244	76.0	1,035	670,497	457,669	68.3	310

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Kentucky

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5230-KY	A	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	-	50	0.0		-	-	0.0	
YES	L-5231-KY	B	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,102	8,601	45.0	5	-	-	0.0	
YES	L-5232-KY	C	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,607	4,191	116.2	1	-	-	0.0	
YES	L-5233-KY	D	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,354	16,535	379.8	1	-	-	0.0	
YES	L-5234-KY	F	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	314,026	229,813	73.2	80	-	-	0.0	
YES	L-5235-KY	G	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,809	6,980	32.0	5	-	-	0.0	
YES	LOYAL-MS-AA-A-KY	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,582	14,636	408.6	2	877	221	25.2	1
YES	LOYAL-MS-AA-B-KY	B	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,412	586	24.3	1	-	-	0.0	
YES	LOYAL-MS-AA-C-KY	C	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	18,585	18,786	101.1	7	-	-	0.0	
YES	LOYAL-MS-AA-D-KY	D	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,455	1,482	60.4	1	-	-	0.0	
YES	LOYAL-MS-AA-F-KY	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,611,379	1,851,272	70.9	951	157,210	133,585	85.0	60
YES	LOYAL-MS-AA-G-KY	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	409,509	392,848	95.9	173	615,660	375,059	60.9	260
YES	LOYAL-MS-AA-N-KY	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	270,897	147,798	54.6	147	327,972	208,383	63.5	175
0199999.	Total Policy Experience on Individual Policies									3,681,717	2,693,578	73.2	1,374	1,101,719	717,248	65.1	496

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Louisiana

6 5 7 2 2 2 0 1 8 3 6 0 1 9 1 0 0 *

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5231-LA	B	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,976	11,801	107.5	3	-	-	0.0	
YES	L-5232-LA	C	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,174	5,929	114.6	1	-	-	0.0	
YES	L-5233-LA	D	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,942	5,521	140.1	1	-	-	0.0	
YES	L-5234-LA	F	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	129,223	109,259	84.6	32	-	-	0.0	
YES	L-5235-LA	G	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	23,765	5,537	23.3	4	-	-	0.0	
YES	L-5333-LA	F	YES	34060	06/30/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,897	2,269	78.3	1	-	-	0.0	
YES	LOYAL-MS-AA-A-LA	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	1,858	17,902	963.5	1	-	-	0.0	
YES	LOYAL-MS-AA-C-LA	C	NO	34060	06/25/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	5,654	1,000	17.7	2	-	-	0.0	
YES	LOYAL-MS-AA-F-LA	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	605,401	511,240	84.4	202	-	-	0.0	
YES	LOYAL-MS-AA-G-LA	G	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	187,502	137,018	73.1	73	2,332	1,221	52.4	1
YES	LOYAL-MS-AA-N-LA	N	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	102,614	89,986	87.7	45	455	2,421	532.1	
0199999.	Total Policy Experience on Individual Policies									1,079,006	897,462	83.2	365	2,787	3,642	130.7	1

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Maine

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	LOYAL-MS-CR-A-ME	A	NO	34060	05/29/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0		4,398	2,995	68.1	2
YES	LOYAL-MS-CR-F-ME	F	NO	34000	05/29/2013				Modernized Medicare Supplement Insurance Plan	16,885	12,450	73.7	5	200,461	181,000	90.3	72
YES	LOYAL-MS-CR-G-ME	G	NO	34000	05/29/2013				Modernized Medicare Supplement Insurance Plan	55,381	22,005	39.7	26	1,407,660	997,953	70.9	794
YES	LOYAL-MS-CR-N-ME	N	NO	34000	05/29/2013				Modernized Medicare Supplement Insurance Plan	17,233	10,141	58.8	9	249,164	184,230	73.9	187
YES	LOYAL-MSD-CR-A-ME	A	NO	204060	07/03/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0		-	(78)	0.0	
YES	LOYAL-MSD-CR-F-ME	F	NO	204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	12,720	1,937	15.2	4	9,051	10,134	112.0	3
YES	LOYAL-MSD-CR-G-ME	G	NO	204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	62,733	33,742	53.8	27	105,654	84,854	80.3	61
YES	LOYAL-MSD-CR-N-ME	N	NO	204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	6,924	1,338	19.3	4	15,083	11,911	79.0	14
0199999.	Total Policy Experience on Individual Policies									171,876	81,613	47.5	75	1,991,471	1,472,999	74.0	1,133

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Michigan

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5234-MI	F	NO	34000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	35,495	17,710	49.9	7	-	-	0.0	
YES	L-6200-MI	H	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,380	132	1.8	2	-	-	0.0	
YES	L-6201-MI	I	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	24,733	9,582	38.7	5	-	-	0.0	
YES	L-6202-MI	J	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	482,539	273,719	56.7	115	-	-	0.0	
YES	LOYAL-MS-AA-A-MI	A	NO	34000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	772	19	2.5		-	-	0.0	
YES	LOYAL-MS-AA-C-MI	C	NO	34000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	36,415	18,791	51.6	11	3,472	5,317	153.1	2
YES	LOYAL-MS-AA-D-MI	D	NO	34000	06/07/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	54,246	37,529	69.2	20	-	-	0.0	
YES	LOYAL-MS-AA-F-MI	F	NO	34000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	2,892,664	2,690,776	93.0	1,018	47,417	28,199	59.5	21
YES	LOYAL-MS-AA-G-MI	G	NO	34000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	820,245	664,628	81.0	334	64,336	58,517	91.0	31
YES	LOYAL-MS-AA-N-MI	N	NO	34000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	641,845	507,707	79.1	322	17,587	6,538	37.2	9
YES	LOYAL-MSX-AA-A-MI	A	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		-	-	0.0	
YES	LOYAL-MSX-AA-F-MI	F	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	3,678	1,468	39.9	2	1,132,296	858,176	75.8	473
YES	LOYAL-MSX-AA-G-MI	G	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		398,050	334,853	84.1	206
YES	LOYAL-MSX-AA-HDF-MI	F	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		132,387	34,299	25.9	152
YES	LOYAL-MSX-AA-N-MI	N	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	-	-	0.0		440,645	358,504	81.4	270
0199999.	Total Policy Experience on Individual Policies									5,000,012	4,222,061	84.4	1,836	2,236,190	1,684,403	75.3	1,164

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Minnesota

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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.....	LOYAL-MS-BASIC-MN.....	O.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	45,675	36,950	.....80.9	19	1,603,606	1,051,110	.....65.5	820
.....YES.....	LOYAL-MS-COPAYMENT-MN	O.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	-	-	.....0.0	.....	8,034	1,187	.....14.8	3
.....YES.....	LOYAL-MS-EXTENDED-MN....	O.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	447,811	407,987	.....91.1	169	785,649	593,636	.....75.6	350
0199999.	Total Policy Experience on Individual Policies.....									493,486	444,937	.....90.2	188	2,397,289	1,645,933	.....68.7	1,173

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Missouri

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-6200-MO	H	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,523	13,795	144.9	2	-	-	0.0	
YES	L-6201-MO	I	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,073	2,929	48.2	2	-	-	0.0	
YES	L-6202-MO	J	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	651,154	451,334	69.3	164	-	-	0.0	
YES	LOYAL-MS-IA-A-MO	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	-	-	0.0		6,404	1,456	22.7	3
YES	LOYAL-MS-IA-F-MO	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	980,257	791,384	80.7	345	204,735	175,575	85.8	71
YES	LOYAL-MS-IA-G-MO	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	181,995	149,595	82.2	73	117,047	84,053	71.8	48
YES	LOYAL-MS-IA-N-MO	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	31,826	10,728	33.7	16	8,721	3,819	43.8	4
0199999.	Total Policy Experience on Individual Policies									1,860,828	1,419,765	76.3	602	336,907	264,903	78.6	126

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Mississippi

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5232-MS	C	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,315	355	4.9		-	-	0.0	
YES	L-5234-MS	F	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	134,865	125,010	92.7	36	-	-	0.0	
YES	L-5235-MS	G	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,927	4,615	93.7	1	-	-	0.0	
YES	L-5333-MS	F	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	218,404	153,113	70.1	69	-	-	0.0	
YES	L-5334-MS	G	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,427	6,263	258.1	1	-	-	0.0	
YES	L-6200-MS	H	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,251	2,330	54.8	1	-	-	0.0	
YES	L-6201-MS	I	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,960	805	27.2	1	-	-	0.0	
YES	L-6202-MS	J	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	737,871	577,516	78.3	185	-	-	0.0	
YES	LOYAL-MS-AA-A-MS	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,472	4,833	46.2	5	-	-	0.0	
YES	LOYAL-MS-AA-B-MS	B	NO	34060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	12,760	8,819	69.1	5	-	-	0.0	
YES	LOYAL-MS-AA-C-MS	C	NO	34060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	19,429	18,935	97.5	6	-	-	0.0	
YES	LOYAL-MS-AA-D-MS	D	NO	34000	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	8,054	3,069	38.1	3	-	-	0.0	
YES	LOYAL-MS-AA-F-MS	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,950,870	2,297,881	77.9	1,004	2,581	807	31.3	1
YES	LOYAL-MS-AA-G-MS	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	425,798	280,042	65.8	175	-	-	0.0	
YES	LOYAL-MS-AA-N-MS	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	370,742	302,124	81.5	189	3,291	2,805	85.2	1
0199999.	Total Policy Experience on Individual Policies									4,911,145	3,785,710	77.1	1,681	5,872	3,612	61.5	2

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Montana

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5234-MT	F	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	22,234	15,495	69.7	5	-	-	0.0	
YES	L-5235-MT	G	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	31	336	1,083.9		-	-	0.0	
YES	L-6201-MT	I	NO	34000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,710	201	5.4	1	-	-	0.0	
YES	L-6202-MT	J	NO	34000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	927,276	754,448	81.4	285	-	-	0.0	
YES	LOYAL-MS-AA-F-MT	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	172,246	73,864	42.9	66	-	-	0.0	
YES	LOYAL-MS-AA-G-MT	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	55,678	30,939	55.6	25	-	-	0.0	
YES	LOYAL-MS-AA-N-MT	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	17,499	13,412	76.6	9	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									1,198,674	888,695	74.1	391	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....North Carolina

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5232-NC	C	NO	34060	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,105	1,906	20.9	2	-	-	0.0	
YES	L-5233-NC	D	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,316	257	7.8	1	-	-	0.0	
YES	L-5234-NC	F	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	187,416	106,539	56.8	44	-	-	0.0	
YES	L-5235-NC	G	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,904	4,082	19.5	5	-	-	0.0	
YES	L-6200-NC	H	NO	34000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,034	10,848	120.1	2	-	-	0.0	
YES	L-6201-NC	I	NO	34000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	32,234	17,671	54.8	9	-	-	0.0	
YES	L-6202-NC	J	NO	34060	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,181,857	730,484	61.8	284	-	-	0.0	
YES	LOYAL-MS-AA-A-NC	A	NO	34060	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	5,728	5,675	99.1	2	-	-	0.0	
YES	LOYAL-MS-AA-B-NC	B	NO	34000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	2,146	38	1.8	1	-	-	0.0	
YES	LOYAL-MS-AA-C-NC	C	NO	34060	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	41,417	21,281	51.4	12	-	-	0.0	
YES	LOYAL-MS-AA-D-NC	D	NO	34000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	21,115	17,627	83.5	7	-	-	0.0	
YES	LOYAL-MS-AA-F-NC	F	NO	34000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	1,976,327	1,548,993	78.4	638	-	-	0.0	
YES	LOYAL-MS-AA-G-NC	G	NO	34000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	406,909	289,259	71.1	164	-	-	0.0	
YES	LOYAL-MS-AA-N-NC	N	NO	34000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	267,181	173,989	65.1	134	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									4,164,689	2,928,649	70.3	1,305	0	0	0.0	0

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....North Dakota

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-6202-ND	J	NO	34000	10/21/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,754	8,694	74.0	4	-	-	0.0	
YES	LOYAL-MS-AA-F-ND	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	46,411	29,308	63.1	16	3,183	4,829	151.7	1
YES	LOYAL-MS-AA-G-ND	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,327	9,239	146.0	3	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									64,492	47,241	73.3	23	3,183	4,829	151.7	1

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Nebraska

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5232-NE	C	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,298	611	47.1		-	-	0.0	
YES	L-5234-NE	F	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	116,427	107,069	92.0	29	-	-	0.0	
YES	L-5235-NE	G	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,035	1,259	17.9	2	-	-	0.0	
YES	L-6200-NE	H	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,123	2,074	66.4	1	-	-	0.0	
YES	L-6201-NE	I	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,480	2,666	180.1		-	-	0.0	
YES	L-6202-NE	J	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	620,323	503,078	81.1	163	-	-	0.0	
YES	LOYAL-MS-AA-F-NE	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	1,096,632	826,765	75.4	359	-	-	0.0	
YES	LOYAL-MS-AA-G-NE	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	98,609	97,412	98.8	41	-	-	0.0	
YES	LOYAL-MS-AA-N-NE	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	14,087	11,275	80.0	6	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									1,959,014	1,552,209	79.2	601	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

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.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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.....	LOYAL-MS-IA-F-NH.....	F.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	3,397	1,395	.....41.1	1	9,670	1,015	.....10.5	1
.....YES.....	LOYAL-MS-IA-G-NH.....	G.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	-	-	.....0.0	.....	8,029	1,968	.....24.5	2
0199999.	Total Policy Experience on Individual Policies.....									3,397	1,395	.....41.1	1	17,699	2,983	.....16.9	3

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....New Jersey

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-A-NJ	A	NO	34000	05/16/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0		-	-	0.0	
YES	LOYAL-MS-AA-C-NJ	C	NO	34060	05/16/2013				Modernized Medicare Supplement Insurance Plan	102,029	150,769	147.8	44	97,134	114,507	117.9	45
YES	LOYAL-MS-AA-F-NJ	F	NO	34000	05/16/2013				Modernized Medicare Supplement Insurance Plan	2,545,864	2,245,939	88.2	1,051	4,394,818	3,879,244	88.3	2,142
YES	LOYAL-MS-AA-G-NJ	G	NO	34000	05/16/2013				Modernized Medicare Supplement Insurance Plan	2,165,911	2,048,711	94.6	1,045	5,346,601	4,088,736	76.5	3,223
YES	LOYAL-MS-AA-N-NJ	N	NO	34000	05/16/2013				Modernized Medicare Supplement Insurance Plan	503,678	404,235	80.3	298	1,067,285	667,896	62.6	719
YES	LOYAL-MSD-AA-A-NJ	A	NO	204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0		2,431	483	19.9	1
YES	LOYAL-MSD-AA-C-NJ	C	NO	204060	07/12/2013				Modernized Medicare Supplement Insurance Plan	9,233	7,764	84.1	4	37,381	46,777	125.1	15
YES	LOYAL-MSD-AA-F-NJ	F	NO	204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	307,837	230,700	74.9	126	736,346	632,055	85.8	335
YES	LOYAL-MSD-AA-G-NJ	G	NO	204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	276,653	244,057	88.2	140	932,056	700,112	75.1	526
YES	LOYAL-MSD-AA-N-NJ	N	NO	204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	112,539	75,943	67.5	67	269,014	150,059	55.8	174
0199999.	Total Policy Experience on Individual Policies									6,023,744	5,408,118	89.8	2,775	12,883,066	10,279,869	79.8	7,180

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....New Mexico

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-6200-NM	H	NO	34000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	47	(101)	(214.9)		-	-	0.0	
YES	L-6201-NM	I	NO	34000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	14,809	12,743	86.0	5	-	-	0.0	
YES	L-6202-NM	J	NO	34000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	315,934	223,557	70.8	95	-	-	0.0	
YES	LOYAL-MS-AA-F-NM	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	209,382	140,788	67.2	75	10,614	2,180	20.5	3
YES	LOYAL-MS-AA-G-NM	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	39,357	31,552	80.2	17	5,754	997	17.3	2
YES	LOYAL-MS-AA-N-NM	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	11,149	5,914	53.0	6	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									590,678	414,453	70.2	198	16,368	3,177	19.4	5

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5230-OH	A	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,942	22,248	756.2	1	-	-	0.0	
YES	L-5231-OH	B	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,368	2,966	40.3	2	-	-	0.0	
YES	L-5232-OH	C	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	42,318	32,607	77.1	10	-	-	0.0	
YES	L-5233-OH	D	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	38,646	28,208	73.0	10	-	-	0.0	
YES	L-5234-OH	F	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	212,065	133,184	62.8	53	-	-	0.0	
YES	L-5235-OH	G	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	36,637	41,443	113.1	9	-	-	0.0	
YES	L-6200-OH	H	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,173	5,520	54.3	2	-	-	0.0	
YES	L-6201-OH	I	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,672	4,973	51.4	3	-	-	0.0	
YES	L-6202-OH	J	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	780,818	430,983	55.2	186	-	-	0.0	
YES	LOYAL-MS-AA-C-OH	C	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	209,263	184,776	88.3	60	-	-	0.0	
YES	LOYAL-MS-AA-D-OH	D	NO	34000	07/12/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	41,562	61,420	147.8	14	-	-	0.0	
YES	LOYAL-MS-AA-F-OH	F	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	1,657,288	1,113,125	67.2	484	-	-	0.0	
YES	LOYAL-MS-AA-G-OH	G	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	426,178	344,390	80.8	145	-	-	0.0	
YES	LOYAL-MS-AA-N-OH	N	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	390,147	279,999	71.8	176	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									3,865,077	2,685,842	69.5	1,155	0	0	0.0	0

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Oklahoma

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5233-OK	D	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	-	1	0.0		-	-	0.0	
YES	L-5234-OK	F	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	206,603	175,950	85.2	50	-	-	0.0	
YES	L-5235-OK	G	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	28,801	21,275	73.9	8	-	-	0.0	
YES	L-6200-OK	H	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,846	18,216	185.0	3	-	-	0.0	
YES	L-6201-OK	I	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,779	1,624	34.0		-	-	0.0	
YES	L-6202-OK	J	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	626,496	440,387	70.3	157	-	-	0.0	
YES	LOYAL-MS-AA-A-OK	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	13,352	13,437	100.6	5	-	-	0.0	
YES	LOYAL-MS-AA-D-OK	D	NO	34000	06/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,099	4,224	201.2		-	-	0.0	
YES	LOYAL-MS-AA-F-OK	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	437,700	336,282	76.8	130	-	-	0.0	
YES	LOYAL-MS-AA-G-OK	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	35,501	15,404	43.4	14	3,200	909	28.4	1
YES	LOYAL-MS-AA-N-OK	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	54,276	242,808	447.4	25	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									1,419,453	1,269,608	89.4	392	3,200	909	28.4	1

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Oregon

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5230-OR	A	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,199	237	10.8	1	-	-	0.0	
YES	L-5234-OR	F	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	37,710	17,605	46.7	11	-	-	0.0	
YES	L-5235-OR	G	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,543	14,165	165.8	3	-	-	0.0	
YES	L-6200-OR	H	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,903	976	33.6	1	-	-	0.0	
YES	L-6201-OR	I	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,679	4,297	64.3	1	-	-	0.0	
YES	L-6202-OR	J	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	517,607	302,261	58.4	131	-	-	0.0	
YES	LOYAL-MS-AA-A-OR	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	-	-	0.0		2,330	540	23.2	1
YES	LOYAL-MS-AA-B-OR	B	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan	-	-	0.0		4,151	3,415	82.3	1
YES	LOYAL-MS-AA-C-OR	C	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan	44,444	56,812	127.8	15	12,271	11,810	96.2	5
YES	LOYAL-MS-AA-D-OR	D	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan	22,456	24,873	110.8	7	17,229	7,419	43.1	9
YES	LOYAL-MS-AA-F-OR	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,722,110	1,581,944	91.9	633	3,293,079	2,702,566	82.1	1,743
YES	LOYAL-MS-AA-G-OR	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	293,889	224,100	76.3	136	4,696,076	3,854,512	82.1	3,758
YES	LOYAL-MS-AA-N-OR	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	267,784	288,380	107.7	148	1,033,468	1,083,596	104.9	784
0199999.	Total Policy Experience on Individual Policies									2,926,324	2,515,650	86.0	1,087	9,058,604	7,663,858	84.6	6,301

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Pennsylvania

6 5 7 2 2 2 0 1 8 3 6 0 3 9 1 0 0 *

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5230-PA	A	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	-	140	0.0		-	-	0.0	
YES	L-5232-PA	C	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,468	3,702	57.2	2	-	-	0.0	
YES	L-5233-PA	D	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	41,116	33,870	82.4	12	-	-	0.0	
YES	L-5234-PA	F	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	115,777	54,919	47.4	38	-	-	0.0	
YES	L-5235-PA	G	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,319	5,921	38.7	5	-	-	0.0	
YES	LOYAL-MS-AA-C-PA	C	NO	34060	06/10/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	7,246	16,027	221.2	2	-	-	0.0	
YES	LOYAL-MS-AA-D-PA	D	NO	34060	06/10/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	8,605	5,064	58.8	3	-	-	0.0	
YES	LOYAL-MS-AA-F-PA	F	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	1,829,413	1,052,534	57.5	537	-	-	0.0	
YES	LOYAL-MS-AA-G-PA	G	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	450,883	251,083	55.7	144	-	-	0.0	
YES	LOYAL-MS-AA-N-PA	N	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	749,062	438,338	58.5	318	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									3,223,889	1,861,598	57.7	1,061	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....South Carolina

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5234-SC	F	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	206,408	172,143	83.4	61	-	-	0.0	
YES	L-5235-SC	G	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	46,626	37,911	81.3	15	-	-	0.0	
YES	L-6200-SC	H	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	28,600	22,389	78.3	9	-	-	0.0	
YES	L-6201-SC	I	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	58,185	15,448	26.5	19	-	-	0.0	
YES	L-6202-SC	J	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,530,466	958,984	62.7	442	-	-	0.0	
YES	LOYAL-MS-AA-C-SC	C	NO	34000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	12,396	4,332	34.9	5	-	-	0.0	
YES	LOYAL-MS-AA-D-SC	D	NO	34000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	15,506	11,860	76.5	6	-	-	0.0	
YES	LOYAL-MS-AA-F-SC	F	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	2,954,561	2,185,398	74.0	1,001	-	-	0.0	
YES	LOYAL-MS-AA-G-SC	G	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	648,228	530,477	81.8	248	-	-	0.0	
YES	LOYAL-MS-AA-N-SC	N	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	316,860	254,079	80.2	155	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									5,817,836	4,193,021	72.1	1,961	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....South Dakota

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-6202-SD	J	NO	34060	08/01/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	432,317	248,571	57.5	125	-	-	0.0	
YES	LOYAL-MS-AA-A-SD	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,457	208	8.5	1	-	-	0.0	
YES	LOYAL-MS-AA-F-SD	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	298,568	239,361	80.2	103	-	-	0.0	
YES	LOYAL-MS-AA-G-SD	G	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	19,676	14,753	75.0	9	-	-	0.0	
YES	LOYAL-MS-AA-N-SD	N	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	1,861	1,025	55.1	1	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									754,879	503,918	66.8	239	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Tennessee

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5232-TN	C	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	-	14	0.0		-	-	0.0	
YES	L-5233-TN	D	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	-	33	0.0		-	-	0.0	
YES	L-5234-TN	F	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	111,995	68,953	61.6	29	-	-	0.0	
YES	L-5235-TN	G	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	27,620	26,324	95.3	7	-	-	0.0	
YES	LOYAL-MS-AA-B-TN	B	NO	34060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	19,757	19,554	99.0	6	-	-	0.0	
YES	LOYAL-MS-AA-C-TN	C	NO	34060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	12,740	7,879	61.8	4	-	-	0.0	
YES	LOYAL-MS-AA-D-TN	D	NO	34060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	50,107	64,355	128.4	12	-	-	0.0	
YES	LOYAL-MS-AA-F-TN	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,439,121	4,465,850	69.4	2,197	76,101	63,241	83.1	27
YES	LOYAL-MS-AA-G-TN	G	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	711,924	399,277	56.1	287	85,129	52,476	61.6	34
YES	LOYAL-MS-AA-N-TN	N	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	611,175	446,534	73.1	319	331,964	235,571	71.0	174
0199999.	Total Policy Experience on Individual Policies									7,984,439	5,498,773	68.9	2,861	493,194	351,288	71.2	235

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5230-TX	A	NO	34060	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,633	18,345	117.3	3	-	-	0.0	
YES	L-5232-TX	C	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,525	2,676	28.1	2	-	-	0.0	
YES	L-5233-TX	D	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,610	4,388	34.8	3	-	-	0.0	
YES	L-5234-TX	F	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,473,424	1,035,250	70.3	355	-	-	0.0	
YES	L-5235-TX	G	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	201,021	151,807	75.5	49	-	-	0.0	
YES	L-5330-TX	B	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	560	6,646	1,186.8		-	-	0.0	
YES	L-5332-TX	D	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,578	608	23.6	1	-	-	0.0	
YES	L-5333-TX	F	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,404	1,024	12.2	2	-	-	0.0	
YES	L-5334-TX	G	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	29,668	29,522	99.5	8	-	-	0.0	
YES	L-6200-TX	H	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	601,780	515,848	85.7	174	-	-	0.0	
YES	L-6201-TX	I	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	922,048	760,634	82.5	269	-	-	0.0	
YES	L-6202-TX	J	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,773,335	3,429,705	71.9	1,124	-	-	0.0	
YES	LOYAL-MS-AA-A-TX	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	137,632	176,474	128.2	32	3,933	1,564	39.8	1
YES	LOYAL-MS-AA-B-TX	B	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan	1,604	(151)	(9.4)	1	-	-	0.0	
YES	LOYAL-MS-AA-C-TX	C	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan	6,098	8,656	141.9	2	-	-	0.0	

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
YES	LOYAL-MS-AA-D-TX	D	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan	29,002	15,364	53.0	9	-	-	0.0	
YES	LOYAL-MS-AA-F-TX	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,718,842	3,212,725	86.4	1,118	134,988	161,701	119.8	48
YES	LOYAL-MS-AA-G-TX	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,080,747	1,076,591	99.6	413	772,260	660,629	85.5	341
YES	LOYAL-MS-AA-N-TX	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	789,182	833,838	105.7	380	497,750	484,309	97.3	258
0199999.	Total Policy Experience on Individual Policies									13,813,693	11,279,950	81.7	3,945	1,408,931	1,308,203	92.9	648

360.1

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Utah

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-6200-UT	H	NO	34000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,509	3,546	235.0		-	-	0.0	
YES	L-6202-UT	J	NO	34000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	198,928	89,198	44.8	56	-	-	0.0	
YES	LOYAL-MS-AA-F-UT	F	NO	34000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	229,779	124,784	54.3	77	9,604	3,858	40.2	3
YES	LOYAL-MS-AA-G-UT	G	NO	34000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	46,112	35,868	77.8	21	-	-	0.0	
YES	LOYAL-MS-AA-N-UT	N	NO	34000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	143,381	113,980	79.5	78	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									619,709	367,376	59.3	232	9,604	3,858	40.2	3

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Virginia

6572220183604710 0 *

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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.....	LOYAL-MS-AA-F-VA.....	F.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	464,517	336,486	.....72.4	163	188,088	111,372	.....59.2	73
.....YES.....	LOYAL-MS-AA-G-VA.....	G.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	133,395	141,333	.....106.0	54	70,594	64,149	.....90.9	32
.....YES.....	LOYAL-MS-AA-N-VA.....	N.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	7,053	7,110	.....100.8	3	13,098	23,171	.....176.9	8
0199999.	Total Policy Experience on Individual Policies.....									604,965	484,929	.....80.2	220	271,780	198,692	.....73.1	113

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Vermont

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	LOYAL-MS-CR-A-VT	A	NO	34060	06/18/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0		-	-	0.0	
YES	LOYAL-MS-CR-F-VT	F	NO	34060	06/18/2013				Modernized Medicare Supplement Insurance Plan	20,478	7,423	36.2	9	835,908	722,623	86.4	453
YES	LOYAL-MS-CR-G-VT	G	NO	34060	06/18/2013				Modernized Medicare Supplement Insurance Plan	45,467	15,575	34.3	22	467,875	342,991	73.3	289
YES	LOYAL-MS-CR-N-VT	N	NO	34060	06/18/2013				Modernized Medicare Supplement Insurance Plan	6,488	2,350	36.2	4	259,203	154,955	59.8	188
YES	LOYAL-MSD-CR-F-VT	F	NO	204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	14,813	4,313	29.1	6	29,132	23,097	79.3	16
YES	LOYAL-MSD-CR-G-VT	G	NO	204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	14,420	8,572	59.4	7	56,404	29,165	51.7	42
YES	LOYAL-MSD-CR-N-VT	N	NO	204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	13,070	6,105	46.7	8	20,120	10,328	51.3	16
0199999.	Total Policy Experience on Individual Policies									114,736	44,338	38.6	56	1,668,642	1,283,159	76.9	1,004

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Washington

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	LOYAL-MS-CR-A-WA	A	NO	34000	06/20/2013				Modernized Medicare Supplement Insurance Plan	-	-	0.0		-	-	0.0	
YES	LOYAL-MS-CR-F-WA	F	NO	34000	06/20/2013				Modernized Medicare Supplement Insurance Plan	20,419	16,990	83.2	8	1,056,188	857,255	81.2	536
YES	LOYAL-MS-CR-G-WA	G	NO	34000	06/20/2013				Modernized Medicare Supplement Insurance Plan	13,281	11,889	89.5	7	14,913,758	13,905,944	93.2	10,661
YES	LOYAL-MS-CR-N-WA	N	NO	34000	06/20/2013				Modernized Medicare Supplement Insurance Plan	13,909	4,871	35.0	9	4,022,371	2,881,696	71.6	3,481
YES	LOYAL-MSD-CR-F-WA	F	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	39,763	48,321	121.5	14	391,630	416,656	106.4	170
YES	LOYAL-MSD-CR-G-WA	G	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	59,510	101,453	170.5	28	2,888,621	2,562,275	88.7	1,882
YES	LOYAL-MSD-CR-N-WA	N	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	25,348	14,135	55.8	16	758,699	538,920	71.0	561
0199999.	Total Policy Experience on Individual Policies									172,230	197,659	114.8	82	24,031,267	21,162,746	88.1	17,291

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Wisconsin

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722

Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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.....	L-5220-WI.....	O.....	.....NO...	....34060.....	.04/23/2004	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	94,117	45,342	.....48.2	18	-	-	.....0.0	.....
.....YES.....	LOYAL-MS-WI.....	O.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.09/30/2016	Modernized Medicare Supplement Insurance Plan	219,211	213,734	.....97.5	71	-	-	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									313,328	259,076	.....82.7	89	0	0	.....0.0	0

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....West Virginia

6 5 7 2 2 2 0 1 8 3 6 0 4 9 1 0 0 *

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-5232-WV	C	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,720	3,191	85.8	1	-	-	0.0	
YES	L-5234-WV	F	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,140	20,649	185.4	3	-	-	0.0	
YES	L-5235-WV	G	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,537	350	9.9	1	-	-	0.0	
YES	L-6202-WV	J	NO	34060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	151,501	92,236	60.9	43	-	-	0.0	
YES	LOYAL-MS-AA-D-WV	D	NO	34000	06/23/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,649	442	16.7	1	-	-	0.0	
YES	LOYAL-MS-AA-F-WV	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	263,257	171,099	65.0	87	-	-	0.0	
YES	LOYAL-MS-AA-G-WV	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	38,338	10,962	28.6	16	-	-	0.0	
YES	LOYAL-MS-AA-N-WV	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	90,775	104,081	114.7	43	-	-	0.0	
0199999.	Total Policy Experience on Individual Policies									564,917	403,010	71.3	195	0	0	0.0	0

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2018
(To Be Filed by March 1)
FOR THE STATE OF.....Wyoming

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....Austin TX 78717
Person Completing This Exhibit.....M. Umar Gilani, ASA, MAAA

NAIC Company Code.....65722
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

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	L-6202-WY	J	NO	34060	08/27/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	113,155	69,431	61.4	31	-	-	0.0	
YES	LOYAL-MS-AA-F-WY	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	103,818	68,264	65.8	35	-	-	0.0	
YES	LOYAL-MS-AA-G-WY	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	12,872	13,179	102.4	5	-	-	0.0	
YES	LOYAL-MS-AA-N-WY	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	33,918	61,494	181.3	17	5,771	1,445	25.0	3
0199999.	Total Policy Experience on Individual Policies									263,763	212,368	80.5	88	5,771	1,445	25.0	3

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

VM-20 RESERVES SUPPLEMENT - PART 1

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

For the Year Ended December, 31, 2018

(To Be Filed by March 1)

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

NONE

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

Supplement for the year 2018 of the **Loyal American Life Insurance Company**

VM-20 RESERVES SUPPLEMENT - PART 2

Reserves for Policies Not Based on VM-20 as a Result of the Three Year Transition Period

For the Year Ended December 31, 2018

(To Be filed by March 1)

($000 Omitted Except for Number of Policies)

	Three Transition Period					
	Prior Year		Current Year			
	1 Gross Reserve	2 Net Reserve	3 Gross Reserve	4 Net Reserve	5 Number of Policies	6 Face Amount
1. Life Insurance Reserves						
1.1 Term Life						
1.2 Universal Life with Secondary Guarantee						
1.3 Non-participating Whole Life			294	294	3,616	31,941
1.4 Participating Whole Life						
1.5 Universal Life without Secondary Guarantee						
1.6 Variable Universal Life						
1.7 Variable Life						
1.8 Indexed Life						
1.9 Aggregate write-ins for other products	0	0	0	0	0	0
2. Total Life Insurance Reserves (Sum of Lines 1.1 through 1.9)	0	0	294	294	3,616	31,941
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 [ ]
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):

NONE

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

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1	2	3	4	5
	2014	2015	2016	2017	2018 (a)
1. Prior	5,018	5,113	5,158	5,177	5,190
2. 2014	7,226	7,633	7,694	7,694	7,694
3. 2015	XXX	1,584	1,779	1,845	1,847
4. 2016	XXX	XXX	1,016	1,357	1,357
5. 2017	XXX	XXX	XXX	1,222	1,696
6. 2018	XXX	XXX	XXX	XXX	1,728

Section B - Other Accident and Health

1. Prior	449,988	458,761	465,253	470,958	476,456
2. 2014	121,870	140,719	142,311	142,861	143,161
3. 2015	XXX	153,878	175,666	177,092	177,678
4. 2016	XXX	XXX	155,202	178,580	179,860
5. 2017	XXX	XXX	XXX	172,455	196,933
6. 2018	XXX	XXX	XXX	XXX	199,044

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	

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 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	4	
6. 2018	XXX	XXX	XXX	XXX	3

Section B - Other Accident and Health

1. Prior					
2. 2014					
3. 2015	XXX	606			
4. 2016	XXX	XXX	632		
5. 2017	XXX	XXX	XXX	601	
6. 2018	XXX	XXX	XXX	XXX	517

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	

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2014	2015	2016	2017	2018
1. 2014	7,993	7,662	7,724	XXX	XXX
2. 2015	XXX	2,190	1,835	1,874	XXX
3. 2016	XXX	XXX	1,586	1,409	1,384
4. 2017	XXX	XXX	XXX	1,759	1,751
5. 2018	XXX	XXX	XXX	XXX	2,356

Section B - Other Accident and Health

1. 2014	146,628	142,064	143,446	XXX	XXX
2. 2015	XXX	182,934	177,856	178,180	XXX
3. 2016	XXX	XXX	184,510	180,900	180,899
4. 2017	XXX	XXX	XXX	207,362	200,011
5. 2018	XXX	XXX	XXX	XXX	240,950

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

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	7,993	7,662	7,724		
2. 2015	XXX	2,190	1,835	1,874	
3. 2016	XXX	XXX	1,586	1,409	1,384
4. 2017	XXX	XXX	XXX	1,763	1,751
5. 2018	XXX	XXX	XXX	XXX	2,359

Section B - Other Accident and Health

1. 2014	146,628	142,064	143,446		
2. 2015	XXX	183,540	177,856	178,180	
3. 2016	XXX	XXX	185,069	180,900	180,899
4. 2017	XXX	XXX	XXX	207,963	200,011
5. 2018	XXX	XXX	XXX	XXX	241,478

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	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life	None	
2. Ordinary life	Standard Factor	379
3. Individual annuity	None	
4. Supplementary contracts	None	
5. Credit life	None	
6. Group life	None	
7. Group annuities	None	
8. Group accident and health	Development	727
9. Credit accident and health	None	
10. Other accident and health	Development	55,448
11. Total		56,554

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

2018 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK