



ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

NAIC Group Code..... 0084, 0084
(Current Period) (Prior Period)

NAIC Company Code..... 67083

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

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

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

Commenced Business..... January 4, 1957

Statutory Home Office

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

513-357-3300

(Area Code) (Telephone Number)

Main Administrative Office

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

513-357-3300

(Area Code) (Telephone Number)

Mail Address

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

513-357-3300

(Area Code) (Telephone Number)

Primary Location of Books and Records

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

513-357-3300

(Area Code) (Telephone Number)

Internet Web Site Address

Robert Mayhew Earle II
(Name)

513-412-1735

(Area Code) (Telephone Number)

Statutory Statement Contact

rearle@gaii.com
(E-Mail Address)

513-412-1673

(Fax Number)

OFFICERS

Name
1. Mark Francis Muething #
3. Christopher Patrick Milano

Title
President
Treasurer

Name
2. John Paul Gruber #
4. Michael Joseph Lesar

Title
Secretary
Appointed Actuary

Adrienne Susan Baglier

Senior Vice President

Brian Patrick Sponaugle

Vice President

OTHER

John Paul Gruber
Michael James Prager

Jeffrey Gene Hester
Brian Patrick Sponaugle

Christopher Patrick Milano

Mark Francis Muething

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

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

(Signature)
Mark Francis Muething
1. (Printed Name)
President
(Title)

(Signature)
John Paul Gruber
2. (Printed Name)
Secretary
(Title)

(Signature)
Christopher Patrick Milano
3. (Printed Name)
Treasurer
(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



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DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.5,086				.5,086
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	.5,086	.0	.0	.0	.5,086
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....		2,148			2,148
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.....	.2,148	.0	.0	.0	.2,148

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
<i>Settled during current year:</i>										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.11	1,056,154		(a).....					.11	1,056,154
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(1)	-(525,000)							(1)	-(525,000)
23. In force December 31 of current year.....	10	531,154		(a).....					10	531,154

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,588				12,588
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,588	0	0	0	12,588
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	24				24
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	24	0	0	0	24
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	24	0	0	0	24
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.22	2,996,450		(a).....					.22	2,996,450
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(.6)	(1,371,438)		0	0	0	0	0	(.6)	(1,371,438)
23. In force December 31 of current year.....	16	1,625,012	(a).....	0	0	0	0	0	16	1,625,012

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	54,357				54,357
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	54,357	0	0	0	54,357
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	510,629				510,629
10. Matured endowments.....					0
11. Annuity benefits.....	4,639				4,639
12. Surrender values and withdrawals for life contracts.....	27,028				27,028
13. 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.....	542,296	0	0	0	542,296

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	250,000							1	250,000
17. Incurred during current year.....	3	260,629							3	260,629
<i>Settled during current year:</i>										
18.1 By payment in full.....	4	510,629							4	510,629
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	510,629	0	0	0	0	0	0	4	510,629
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	510,629	0	0	0	0	0	0	4	510,629
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	0	(0)
POLICY EXHIBIT										
20. In force December 31, prior year.....	.61	4,145,975	(a)						.61	4,145,975
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(.6)	(1,258,952)	0	0	0	0	0	0	(.6)	(1,258,952)
23. In force December 31 of current year.....	.55	2,887,023	(a)	0	0	0	0	0	.55	2,887,023

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	130,199				130,199
2. Annuity considerations.....	500				500
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	130,699	0	0	0	130,699
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	.9				.9
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.9	0	0	0	.9
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	.9	0	0	0	.9
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	80,000				80,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	80,000	0	0	0	80,000

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	80,000							2	80,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	2	80,000							2	80,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	80,000	0	0	0	0	0	0	2	80,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	80,000	0	0	0	0	0	0	2	80,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	120	11,062,090	(a)						120	11,062,090
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(14)	(2,520,626)	0	0	0	0	0	0	(14)	(2,520,626)
23. In force December 31 of current year.....	106	8,541,464	0	0	0	0	0	0	106	8,541,464

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	184,934				184,934
2. Annuity considerations.....	300				300
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	185,234	0	0	0	185,234
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	121				121
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	64				64
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	185	0	0	0	185
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	185	0	0	0	185
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	525,000				525,000
10. Matured endowments.....					0
11. Annuity benefits.....	17,509				17,509
12. Surrender values and withdrawals for life contracts.....	37,316				37,316
13. 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.....	579,824	0	0	0	579,824

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		0						0		0
17. Incurred during current year.....	6	590,000						6		590,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	5	525,000						5		525,000
18.2 By payment on compromised claims.....								0		0
18.3 Totals paid.....	5	525,000	0	0	0	0	0	5		525,000
18.4 Reduction by compromise.....								0		0
18.5 Amount rejected.....								0		0
18.6 Total settlements.....	5	525,000	0	0	0	0	0	5		525,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	65,000	0	0	0	0	0	1		65,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	195	20,682,552	(a)					195		20,682,552
21. Issued during year.....								0		0
22. Other changes to in force (Net).....	(22)	(7,200,832)	0	0	0	0	0	(22)		(7,200,832)
23. In force December 31 of current year.....	173	13,481,720	(a)	0	0	0	0	173		13,481,720

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	2,003,433				2,003,433
2. Annuity considerations.....	2,151				2,151
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	2,005,584	0	0	0	2,005,584
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	119				119
6.2 Applied to pay renewal premiums.....	60				60
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	52				52
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	231	0	0	0	231
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	231	0	0	0	231
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,595,178				2,595,178
10. Matured endowments.....	9,000				9,000
11. Annuity benefits.....	154,274				154,274
12. Surrender values and withdrawals for life contracts.....	351,955				351,955
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.....	3,110,406	0	0	0	3,110,406

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	9	145,477							9	145,477
17. Incurred during current year.....	33	2,603,781							33	2,603,781
<i>Settled during current year:</i>										
18.1 By payment in full.....	38	2,604,178							38	2,604,178
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	38	2,604,178	0	0	0	0	0	0	38	2,604,178
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	38	2,604,178	0	0	0	0	0	0	38	2,604,178
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	145,080	0	0	0	0	0	0	4	145,080
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,668	215,843,179		(a)					1,668	215,843,179
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(315)	(60,586,129)	0	(a)	0	0	0	0	(315)	(60,586,129)
23. In force December 31 of current year.....	1,353	155,257,050	0	(a)	0	0	0	0	1,353	155,257,050

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.890				.890
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	.890	.0	.0	.0	.890
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					0
15. Totals.....	.0	.0	.0	.0	.0

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	190,932				190,932
2. Annuity considerations.....	400				400
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	191,332	0	0	0	191,332
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	1,270				1,270
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).....	1,270	0	0	0	1,270
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	1,270	0	0	0	1,270
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	444,039				444,039
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	61,598				61,598
13. 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.....	505,637	0	0	0	505,637

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	25,039							2	25,039
17. Incurred during current year.....	6	420,000							6	420,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	7	444,039							7	444,039
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	444,039	0	0	0	0	0	0	7	444,039
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	444,039	0	0	0	0	0	0	7	444,039
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	1,000	0	0	0	0	0	0	1	1,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	.261	25,027,718		(a)					.261	25,027,718
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(46)	(7,781,766)	0	(a) 0	0	0	0	0	(46)	(7,781,766)
23. In force December 31 of current year.....	.215	17,245,952	0	(a) 0	0	0	0	0	.215	17,245,952

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	109,934				109,934
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	109,934	0	0	0	109,934
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	15				15
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	9				9
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	24	0	0	0	24
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	24	0	0	0	24
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	150,000				150,000
10. Matured endowments.....					0
11. Annuity benefits.....	82,779				82,779
12. Surrender values and withdrawals for life contracts.....	16,216				16,216
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.....	248,996	0	0	0	248,996

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		(0)							0	(0)
17. Incurred during current year.....	5	250,000							5	250,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	4	150,000							4	150,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	150,000	0	0	0	0	0	0	4	150,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	150,000	0	0	0	0	0	0	4	150,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	109	13,546,447	(a)						109	13,546,447
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(25)	(2,946,393)	0	0	0	0	0	0	(25)	(2,946,393)
23. In force December 31 of current year.....	84	10,600,054	(a)	0	0	0	0	0	84	10,600,054

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	37,776				37,776
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	37,776	0	0	0	37,776
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	28,000				28,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,960				1,960
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	29,960	0	0	0	29,960

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....								0		0
17. Incurred during current year.....	1	28,000						1		28,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	1	28,000						1		28,000
18.2 By payment on compromised claims.....								0		0
18.3 Totals paid.....	1	28,000	0	0	0	0	0	1		28,000
18.4 Reduction by compromise.....								0		0
18.5 Amount rejected.....								0		0
18.6 Total settlements.....	1	28,000	0	0	0	0	0	1		28,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0		0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.26	2,596,510		(a)				.26		2,596,510
21. Issued during year.....								0		0
22. Other changes to in force (Net).....	(3)	(554,591)		0	0	0	0	(3)		(554,591)
23. In force December 31 of current year.....	.23	2,041,919	0	(a)	0	0	0	.23		2,041,919

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	41,029				41,029
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	41,029	0	0	0	41,029
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.32	4,367,159		(a).....					.32	4,367,159
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(281,955)		0	0	0	0	0	(1)	(281,955)
23. In force December 31 of current year.....	.31	4,085,204	(a).....	0	0	0	0	0	.31	4,085,204

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	866,847				866,847
2. Annuity considerations.....	2,416				2,416
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	869,263	0	0	0	869,263
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	47				47
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	16				16
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	63	0	0	0	63
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	63	0	0	0	63
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	3,179,139				3,179,139
10. Matured endowments.....					0
11. Annuity benefits.....	65,051				65,051
12. Surrender values and withdrawals for life contracts.....	541,853				541,853
13. 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.....	3,786,043	0	0	0	3,786,043

DETAILS OF WRITE-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	333,373						8	333,373	
17. Incurred during current year.....	25	2,855,939						25	2,855,939	
<i>Settled during current year:</i>										
18.1 By payment in full.....	31	3,179,139						31	3,179,139	
18.2 By payment on compromised claims.....								0	0	
18.3 Totals paid.....	31	3,179,139	0	0	0	0	0	31	3,179,139	
18.4 Reduction by compromise.....								0	0	
18.5 Amount rejected.....								0	0	
18.6 Total settlements.....	31	3,179,139	0	0	0	0	0	31	3,179,139	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	10,173	0	0	0	0	0	2	10,173	
POLICY EXHIBIT										
20. In force December 31, prior year.....	773	89,420,735		(a)				773	89,420,735	
21. Issued during year.....								0	0	
22. Other changes to in force (Net).....	(117)	(17,062,011)	0	(a)	0	0	0	(117)	(17,062,011)	
23. In force December 31 of current year.....	656	72,358,724	0	(a)	0	0	0	656	72,358,724	

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	88,293	88,307		146,310	355,268
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	88,293	88,307	0	146,310	355,268
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	88,293	88,307	0	146,310	355,268

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	466,202				466,202
2. Annuity considerations.....	2,300				2,300
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	468,502	0	0	0	468,502
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	46				46
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	46	0	0	0	46
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	46	0	0	0	46
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	470,772				470,772
10. Matured endowments.....	7,750				7,750
11. Annuity benefits.....	43,372				43,372
12. Surrender values and withdrawals for life contracts.....	38,756				38,756
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	560,651	0	0	0	560,651

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	32,500						4	32,500	
17. Incurred during current year.....	13	466,022						13	466,022	
<i>Settled during current year:</i>										
18.1 By payment in full.....	15	478,522						15	478,522	
18.2 By payment on compromised claims.....								0	0	
18.3 Totals paid.....	15	478,522	0	0	0	0	0	15	478,522	
18.4 Reduction by compromise.....								0	0	
18.5 Amount rejected.....								0	0	
18.6 Total settlements.....	15	478,522	0	0	0	0	0	15	478,522	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	20,000	0	0	0	0	0	2	20,000	
POLICY EXHIBIT										
20. In force December 31, prior year.....	600	46,872,675		(a)				600	46,872,675	
21. Issued during year.....								0	0	
22. Other changes to in force (Net).....	(63)	(10,153,372)	0	(a)	0	0	0	(63)	(10,153,372)	
23. In force December 31 of current year.....	537	36,719,303	0	(a)	0	0	0	537	36,719,303	

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	773	773		35,615	35,615
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	773	773	0	35,615	35,615
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	773	773	0	35,615	35,615

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



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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	15,091,706				15,091,706
2. Annuity considerations.....	117,353				117,353
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	15,209,059	0	0	0	15,209,059
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	33,436				33,436
6.2 Applied to pay renewal premiums.....	2,948				2,948
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,374				1,374
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	37,758	0	0	0	37,758
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	37,758	0	0	0	37,758
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	23,749,696				23,749,696
10. Matured endowments.....	31,080				31,080
11. Annuity benefits.....	2,476,394				2,476,394
12. Surrender values and withdrawals for life contracts.....	3,627,677				3,627,677
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	29,884,847	0	0	0	29,884,847

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	113	3,189,457							113	3,189,457
17. Incurred during current year.....	534	23,738,270							534	23,738,270
<i>Settled during current year:</i>										
18.1 By payment in full.....	563	23,780,776							563	23,780,776
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	563	23,780,776	0	0	0	0	0	0	563	23,780,776
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	563	23,780,776	0	0	0	0	0	0	563	23,780,776
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.84	3,146,951	0	0	0	0	0	0	.84	3,146,951
POLICY EXHIBIT										
20. In force December 31, prior year.....	19,764	1,606,090,490		(a)					19,764	1,606,090,490
21. Issued during year.....	2	110,000							2	110,000
22. Other changes to in force (Net).....	(2,356)	(330,968,400)	0	(a)	0	0	0	0	(2,356)	(330,968,400)
23. In force December 31 of current year.....	17,410	1,275,232,090	0	(a)	0	0	0	0	17,410	1,275,232,090

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....	6,768	6,813			(3,957)
25.2 Guaranteed renewable (b).....	91,321	91,335		222,625	431,583
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	98,089	98,148	0	222,625	427,626
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	98,089	98,148	0	222,625	427,626

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



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

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	61,707				61,707
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	61,707	0	0	0	61,707
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....	17				17
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	17	0	0	0	17
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	17	0	0	0	17
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	20,000				20,000
10. Matured endowments.....					0
11. Annuity benefits.....	1,200				1,200
12. Surrender values and withdrawals for life contracts.....	2,860				2,860
13. 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.....	24,060	0	0	0	24,060

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	20,000							1	20,000
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....	.49	4,893,500	(a)						.49	4,893,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(461,000)	0	0	0	0	0	0	(2)	(461,000)
23. In force December 31 of current year.....	.47	4,432,500	(a)	0	0	0	0	0	.47	4,432,500

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	285,423				285,423
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	285,423	0	0	0	285,423
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	67				67
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	147				147
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	214	0	0	0	214
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	214	0	0	0	214
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	71,000				71,000
10. Matured endowments.....					0
11. Annuity benefits.....	891,622				891,622
12. Surrender values and withdrawals for life contracts.....	54,628				54,628
13. 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.....	1,017,249	0	0	0	1,017,249

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	71,000							3	71,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	3	71,000							3	71,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	71,000	0	0	0	0	0	0	3	71,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	71,000	0	0	0	0	0	0	3	71,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	259	21,100,176	(a)						259	21,100,176
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(19)	(1,605,942)	0	0	0	0	0	0	(19)	(1,605,942)
23. In force December 31 of current year.....	240	19,494,234	(a)	0	0	0	0	0	240	19,494,234

(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).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....	1,183	1,191			
25.2 Guaranteed renewable (b).....	168	168			
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,351	1,359	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,351	1,359	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 **IDAHO** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	19,992				19,992
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,992	0	0	0	19,992
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	51				51
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	45				45
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	96	0	0	0	96
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	96	0	0	0	96
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	31	2,164,673		(a).....					31	2,164,673
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(512,841)		0	0	0	0	0	(4)	(512,841)
23. In force December 31 of current year.....	27	1,651,832	0	(a).....	0	0	0	0	27	1,651,832

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	341,932				341,932
2. Annuity considerations.....	14,507				14,507
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	356,439	0	0	0	356,439
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	1,053				1,053
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	8				8
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	1,061	0	0	0	1,061
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	1,061	0	0	0	1,061
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	371,669				371,669
10. Matured endowments.....					0
11. Annuity benefits.....	381,880				381,880
12. Surrender values and withdrawals for life contracts.....	97,394				97,394
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.....	850,943	0	0	0	850,943

DETAILS OF WRITE-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	41,473						4	41,473	
17. Incurred during current year.....	14	340,197						14	340,197	
<i>Settled during current year:</i>										
18.1 By payment in full.....	17	371,669						17	371,669	
18.2 By payment on compromised claims.....								0	0	
18.3 Totals paid.....	17	371,669	0	0	0	0	0	17	371,669	
18.4 Reduction by compromise.....								0	0	
18.5 Amount rejected.....								0	0	
18.6 Total settlements.....	17	371,669	0	0	0	0	0	17	371,669	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	1	10,000	
POLICY EXHIBIT										
20. In force December 31, prior year.....	.722	43,133,706	(a)					.722	43,133,706	
21. Issued during year.....	1	100,000						1	100,000	
22. Other changes to in force (Net).....	(51)	(8,195,191)	0	0	0	0	0	(51)	(8,195,191)	
23. In force December 31 of current year.....	.672	35,038,515	0	(a)	0	0	0	.672	35,038,515	

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	490,368				490,368
2. Annuity considerations.....	3,120				3,120
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	493,488	0	0	0	493,488
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	4				4
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	4	0	0	0	4
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	4	0	0	0	4
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	290,000				290,000
10. Matured endowments.....					0
11. Annuity benefits.....	58,836				58,836
12. Surrender values and withdrawals for life contracts.....	137,624				137,624
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	486,460	0	0	0	486,460

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		0						0	0	0
17. Incurred during current year.....	9	290,000						9	290,000	
<i>Settled during current year:</i>										
18.1 By payment in full.....	9	290,000						9	290,000	
18.2 By payment on compromised claims.....								0	0	0
18.3 Totals paid.....	9	290,000	0	0	0	0	0	9	290,000	
18.4 Reduction by compromise.....								0	0	0
18.5 Amount rejected.....								0	0	0
18.6 Total settlements.....	9	290,000	0	0	0	0	0	9	290,000	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	720	45,116,925		(a)				720	45,116,925	
21. Issued during year.....								0	0	0
22. Other changes to in force (Net).....	(52)	(4,316,730)	0	(a)	0	0	0	(52)	(4,316,730)	
23. In force December 31 of current year.....	668	40,800,195	0	(a)	0	0	0	668	40,800,195	

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....	318	320			(3,957)
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).....	318	320	0	0	(3,957)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	318	320	0	0	(3,957)

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	180,506				180,506
2. Annuity considerations.....	3,509				3,509
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	184,015	0	0	0	184,015
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	.8				.8
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.8	0	0	0	.8
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	.8	0	0	0	.8
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	305,000				305,000
10. Matured endowments.....	7,500				7,500
11. Annuity benefits.....	2,250				2,250
12. Surrender values and withdrawals for life contracts.....	77,277				77,277
13. 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.....	392,027	0	0	0	392,027

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	15,000							1	15,000
17. Incurred during current year.....	4	312,500							4	312,500
<i>Settled during current year:</i>										
18.1 By payment in full.....	4	312,500							4	312,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	312,500	0	0	0	0	0	0	4	312,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	312,500	0	0	0	0	0	0	4	312,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	15,000	0	0	0	0	0	0	1	15,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	172	24,546,075		(a)					172	24,546,075
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(37)	(8,230,613)		0	0	0	0	0	(37)	(8,230,613)
23. In force December 31 of current year.....	135	16,315,462	0	(a)	0	0	0	0	135	16,315,462

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	184,875				184,875
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	184,875	0	0	0	184,875
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	9				9
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	9	0	0	0	9
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	9	0	0	0	9
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	777,806				777,806
10. Matured endowments.....					0
11. Annuity benefits.....	9,533				9,533
12. Surrender values and withdrawals for life contracts.....	16,351				16,351
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	803,690	0	0	0	803,690

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000						1	5,000	
17. Incurred during current year.....	7	772,806						7	772,806	
<i>Settled during current year:</i>										
18.1 By payment in full.....	8	777,806						8	777,806	
18.2 By payment on compromised claims.....								0	0	
18.3 Totals paid.....	8	777,806	0	0	0	0	0	8	777,806	
18.4 Reduction by compromise.....								0	0	
18.5 Amount rejected.....								0	0	
18.6 Total settlements.....	8	777,806	0	0	0	0	0	8	777,806	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	158	18,353,954	(a)					158	18,353,954	
21. Issued during year.....								0	0	
22. Other changes to in force (Net).....	(24)	(4,296,001)	0	0	0	0	0	(24)	(4,296,001)	
23. In force December 31 of current year.....	134	14,057,953	(a)	0	0	0	0	134	14,057,953	

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	232,278				232,278
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	232,278	0	0	0	232,278
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....	85				85
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).....	85	0	0	0	85
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	85	0	0	0	85
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	154,500				154,500
10. Matured endowments.....	(3,500)				(3,500)
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	35,581				35,581
13. 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.....	186,581	0	0	0	186,581

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....								0	0	0
17. Incurred during current year.....	12	415,000						12	415,000	
<i>Settled during current year:</i>										
18.1 By payment in full.....	8	151,000						8	151,000	
18.2 By payment on compromised claims.....								0	0	0
18.3 Totals paid.....	8	151,000	0	0	0	0	0	8	151,000	
18.4 Reduction by compromise.....								0	0	0
18.5 Amount rejected.....								0	0	0
18.6 Total settlements.....	8	151,000	0	0	0	0	0	8	151,000	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	264,000	0	0	0	0	0	4	264,000	
POLICY EXHIBIT										
20. In force December 31, prior year.....	184	18,005,310		(a)				184	18,005,310	
21. Issued during year.....								0	0	0
22. Other changes to in force (Net).....	(27)	(5,661,037)	0	(a)	0	0	0	(27)	(5,661,037)	
23. In force December 31 of current year.....	157	12,344,273	0	(a)	0	0	0	157	12,344,273	

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	373,625				373,625
2. Annuity considerations.....	.275				.275
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	373,900	.0	.0	.0	373,900
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	283,807				283,807
10. Matured endowments.....					.0
11. Annuity benefits.....	3,466				3,466
12. Surrender values and withdrawals for life contracts.....	153,326				153,326
13. 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.....	440,598	.0	.0	.0	440,598

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	5,407							2	5,407
17. Incurred during current year.....	11	335,347							11	335,347
<i>Settled during current year:</i>										
18.1 By payment in full.....	9	283,807							9	283,807
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	283,807	0	0	0	0	0	0	9	283,807
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	283,807	0	0	0	0	0	0	9	283,807
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	56,947	0	0	0	0	0	0	4	56,947
POLICY EXHIBIT										
20. In force December 31, prior year.....	.433	46,025,421		(a)					.433	46,025,421
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(57)	(7,092,202)	0	(a)	0	0	0	0	(57)	(7,092,202)
23. In force December 31 of current year.....	.376	38,933,219	0			0	0	0	.376	38,933,219

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	517,000				517,000
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	517,000	0	0	0	517,000
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	12				12
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	12	0	0	0	12
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	12	0	0	0	12
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	519,178				519,178
10. Matured endowments.....					0
11. Annuity benefits.....	14,406				14,406
12. Surrender values and withdrawals for life contracts.....	143,993				143,993
13. 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.....	677,576	0	0	0	677,576

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	250,178							3	250,178
17. Incurred during current year.....	6	544,000							6	544,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	7	519,178							7	519,178
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	519,178	0	0	0	0	0	0	7	519,178
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	519,178	0	0	0	0	0	0	7	519,178
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	275,000	0	0	0	0	0	0	2	275,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	432	52,435,690		(a)					432	52,435,690
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(60)	(9,635,943)	0	(a) 0	0	0	0	0	(60)	(9,635,943)
23. In force December 31 of current year.....	372	42,799,747	0	(a) 0	0	0	0	0	372	42,799,747

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	60,107				60,107
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	60,107	0	0	0	60,107
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	3				3
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	3	0	0	0	3
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	3	0	0	0	3
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	60,000				60,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					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.....	60,000	0	0	0	60,000

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	60,000							2	60,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	2	60,000							2	60,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	60,000	0	0	0	0	0	0	2	60,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	60,000	0	0	0	0	0	0	2	60,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.97	11,047,470	(a)						.97	11,047,470
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(25)	(4,937,372)	0	0	0	0	0	0	(25)	(4,937,372)
23. In force December 31 of current year.....	.72	6,110,098	(a)	0	0	0	0	0	.72	6,110,098

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	578,618				578,618
2. Annuity considerations.....	3,662				3,662
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	582,280	0	0	0	582,280
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	40				40
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	40	0	0	0	40
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	40	0	0	0	40
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	809,174				809,174
10. Matured endowments.....					0
11. Annuity benefits.....	96,309				96,309
12. Surrender values and withdrawals for life contracts.....	134,578				134,578
13. 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.....	1,040,060	0	0	0	1,040,060

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	9	67,201							9	67,201
17. Incurred during current year.....	99	873,095							99	873,095
<i>Settled during current year:</i>										
18.1 By payment in full.....	94	809,173							94	809,173
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	94	809,173	0	0	0	0	0	0	94	809,173
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	94	809,173	0	0	0	0	0	0	94	809,173
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	14	131,122	0	0	0	0	0	0	14	131,122
POLICY EXHIBIT										
20. In force December 31, prior year.....	1,673	62,703,412		(a)					1,673	62,703,412
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(160)	(7,266,914)	0	(a)	0	0	0	0	(160)	(7,266,914)
23. In force December 31 of current year.....	1,513	55,436,498	0	(a)	0	0	0	0	1,513	55,436,498

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....	773	778			
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).....	773	778	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	773	778	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	618,071				618,071
2. Annuity considerations.....	12,250				12,250
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	630,321	0	0	0	630,321
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	4,836				4,836
6.2 Applied to pay renewal premiums.....	40				40
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	175				175
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	5,051	0	0	0	5,051
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	5,051	0	0	0	5,051
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	512,200				512,200
10. Matured endowments.....					0
11. Annuity benefits.....	45,783				45,783
12. Surrender values and withdrawals for life contracts.....	192,835				192,835
13. 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.....	750,818	0	0	0	750,818

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	450							1	450
17. Incurred during current year.....	8	512,750							8	512,750
<i>Settled during current year:</i>										
18.1 By payment in full.....	8	512,200							8	512,200
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	512,200	0	0	0	0	0	0	8	512,200
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	512,200	0	0	0	0	0	0	8	512,200
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	1,000	0	0	0	0	0	0	1	1,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	.955	60,212,745		(a)					.955	60,212,745
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(78)	(6,978,973)	0	(a)	0	0	0	0	(78)	(6,978,973)
23. In force December 31 of current year.....	.877	53,233,772	0	(a)	0	0	0	0	.877	53,233,772

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	484,872				484,872
2. Annuity considerations.....	7,428				7,428
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	492,300	0	0	0	492,300
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	40				40
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	40	0	0	0	40
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	40	0	0	0	40
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,047,191				1,047,191
10. Matured endowments.....					0
11. Annuity benefits.....	17,859				17,859
12. Surrender values and withdrawals for life contracts.....	197,295				197,295
13. 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.....	1,262,345	0	0	0	1,262,345

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	307,284						4	307,284	
17. Incurred during current year.....	15	911,407						15	911,407	
<i>Settled during current year:</i>										
18.1 By payment in full.....	15	1,047,191						15	1,047,191	
18.2 By payment on compromised claims.....								0	0	
18.3 Totals paid.....	15	1,047,191	0	0	0	0	0	15	1,047,191	
18.4 Reduction by compromise.....								0	0	
18.5 Amount rejected.....								0	0	
18.6 Total settlements.....	15	1,047,191	0	0	0	0	0	15	1,047,191	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	171,500	0	0	0	0	0	4	171,500	
POLICY EXHIBIT										
20. In force December 31, prior year.....	.671	53,217,004	(a)					.671	53,217,004	
21. Issued during year.....								0	0	
22. Other changes to in force (Net).....	(94)	(11,709,579)	0	0	0	0	0	(94)	(11,709,579)	
23. In force December 31 of current year.....	.577	41,507,425	(a)	0	0	0	0	.577	41,507,425	

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....	579	583			
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).....	579	583	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	579	583	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	138,867				138,867
2. Annuity considerations.....	.540				.540
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	139,407	.0	.0	.0	139,407
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	443,678				443,678
10. Matured endowments.....					.0
11. Annuity benefits.....	7,187				7,187
12. Surrender values and withdrawals for life contracts.....	.40,067				.40,067
13. 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.....	490,932	.0	.0	.0	490,932

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	7,000							1	7,000
17. Incurred during current year.....	7	443,678							7	443,678
<i>Settled during current year:</i>										
18.1 By payment in full.....	7	443,678							7	443,678
18.2 By payment on compromised claims.....									0	.0
18.3 Totals paid.....	7	443,678	.0	.0	.0	.0	0	.0	7	443,678
18.4 Reduction by compromise.....									0	.0
18.5 Amount rejected.....									0	.0
18.6 Total settlements.....	7	443,678	.0	.0	.0	.0	0	.0	7	443,678
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	7,000	.0	.0	.0	.0	0	.0	1	7,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	156	16,940,873		(a)					156	16,940,873
21. Issued during year.....									0	.0
22. Other changes to in force (Net).....	(18)	(2,639,261)		0	0	0	0	0	(18)	(2,639,261)
23. In force December 31 of current year.....	138	14,301,612	0	(a)	0	0	0	0	138	14,301,612

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.8,636				.8,636
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	.8,636	.0	.0	.0	.8,636
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	.3				.3
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	50				50
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.53	.0	.0	.0	.53
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.53	.0	.0	.0	.53
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....	1,624				1,624
12. Surrender values and withdrawals for life contracts.....	24,577				24,577
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.26,201	.0	.0	.0	.26,201

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
<i>Settled during current year:</i>										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.33	1,652,035		(a).....					.33	1,652,035
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(.3)	(394,940)		0	0				(.3)	(394,940)
23. In force December 31 of current year.....	.30	1,257,095		(a).....					.30	1,257,095

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	280,075				280,075
2. Annuity considerations.....	600				600
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	280,675	0	0	0	280,675
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,212,504				1,212,504
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	21,317				21,317
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,233,822	0	0	0	1,233,822

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	356,681							5	356,681
17. Incurred during current year.....	7	855,889							7	855,889
<i>Settled during current year:</i>										
18.1 By payment in full.....	11	1,212,504							11	1,212,504
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	1,212,504	0	0	0	0	0	0	11	1,212,504
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	11	1,212,504	0	0	0	0	0	0	11	1,212,504
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	65	0	0	0	0	0	0	1	65
POLICY EXHIBIT										
20. In force December 31, prior year.....	344	33,731,245		(a)					344	33,731,245
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(57)	(9,444,350)	0	(a)	0	0	0	0	(57)	(9,444,350)
23. In force December 31 of current year.....	287	24,286,895	0	(a)	0	0	0	0	287	24,286,895

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	95	95			40,700
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	95	95	0	40,700	40,700
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	95	95	0	40,700	40,700

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	135,940				135,940
2. Annuity considerations.....	200				200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	136,140	0	0	0	136,140
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	12,408				12,408
6.2 Applied to pay renewal premiums.....	2,593				2,593
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	450				450
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	15,451	0	0	0	15,451
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	15,451	0	0	0	15,451
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	345,101				345,101
10. Matured endowments.....					0
11. Annuity benefits.....	1,943				1,943
12. Surrender values and withdrawals for life contracts.....	76,532				76,532
13. 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.....	423,577	0	0	0	423,577

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	18,092							6	18,092
17. Incurred during current year.....	23	346,029							23	346,029
<i>Settled during current year:</i>										
18.1 By payment in full.....	23	345,101							23	345,101
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	23	345,101	0	0	0	0	0	0	23	345,101
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	23	345,101	0	0	0	0	0	0	23	345,101
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	19,020	0	0	0	0	0	0	6	19,020
POLICY EXHIBIT										
20. In force December 31, prior year.....	.847	18,346,535	(a)						.847	18,346,535
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(57)	(1,966,627)	0	0	0	0	0	0	(57)	(1,966,627)
23. In force December 31 of current year.....	.790	16,379,908	(a)	0	0	0	0	0	.790	16,379,908

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	62,260				62,260
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	62,260	0	0	0	62,260
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	4				4
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	3				3
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	7	0	0	0	7
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	7	0	0	0	7
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	6,000				6,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	499				499
13. 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.....	6,499	0	0	0	6,499

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....								0	0	0
17. Incurred during current year.....	1	6,000						1	1	6,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	1	6,000						1	1	6,000
18.2 By payment on compromised claims.....								0	0	0
18.3 Totals paid.....	1	6,000	0	0	0	0	0	1	1	6,000
18.4 Reduction by compromise.....								0	0	0
18.5 Amount rejected.....								0	0	0
18.6 Total settlements.....	1	6,000	0	0	0	0	0	1	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										
20. In force December 31, prior year.....	.62	7,064,633	(a)					.62	7,064,633	
21. Issued during year.....								0	0	0
22. Other changes to in force (Net).....	(5)	(2,607,256)	0	0	0	0	0	(5)	(2,607,256)	
23. In force December 31 of current year.....	.57	4,457,377	(a)	0	0	0	0	.57	4,457,377	

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	80,273				80,273
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	80,273	0	0	0	80,273
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	8,500				8,500
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	45,611				45,611
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	54,111	0	0	0	54,111

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....								0	0	0
17. Incurred during current year.....	2	8,500						2	2	8,500
<i>Settled during current year:</i>										
18.1 By payment in full.....	2	8,500						2	2	8,500
18.2 By payment on compromised claims.....								0	0	0
18.3 Totals paid.....	2	8,500	0	0	0	0	0	2	2	8,500
18.4 Reduction by compromise.....								0	0	0
18.5 Amount rejected.....								0	0	0
18.6 Total settlements.....	2	8,500	0	0	0	0	0	2	2	8,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.91	10,737,945		(a)				.91	10,737,945	
21. Issued during year.....								0	0	0
22. Other changes to in force (Net).....	(9)	(1,686,941)		0	0	0	0	(9)	(1,686,941)	
23. In force December 31 of current year.....	.82	9,051,004	(a)	0	0	0	0	.82	9,051,004	

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	488,067				488,067
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	488,067	0	0	0	488,067
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,102,472				1,102,472
10. Matured endowments.....					0
11. Annuity benefits.....	10,343				10,343
12. Surrender values and withdrawals for life contracts.....	16,097				16,097
13. 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.....	1,128,912	0	0	0	1,128,912

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		0						0		0
17. Incurred during current year.....	20	1,162,472						20		1,162,472
<i>Settled during current year:</i>										
18.1 By payment in full.....	17	1,102,472						17		1,102,472
18.2 By payment on compromised claims.....								0		0
18.3 Totals paid.....	17	1,102,472	0	0	0	0	0	17		1,102,472
18.4 Reduction by compromise.....								0		0
18.5 Amount rejected.....								0		0
18.6 Total settlements.....	17	1,102,472	0	0	0	0	0	17		1,102,472
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	60,000	0	0	0	0	0	3		60,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	444	39,320,009	(a)					444		39,320,009
21. Issued during year.....								0		0
22. Other changes to in force (Net).....	(47)	(5,913,410)	0	0	0	0	0	(47)		(5,913,410)
23. In force December 31 of current year.....	397	33,406,599	(a)	0	0	0	0	397		33,406,599

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	55,014				55,014
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	55,014	0	0	0	55,014
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	4				4
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	4	0	0	0	4
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	4	0	0	0	4
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	1,442				1,442
12. Surrender values and withdrawals for life contracts.....	(3,762)				(3,762)
13. 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.....	(2,320)	0	0	0	(2,320)

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
<i>Settled during current year:</i>										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.86	7,139,877	(a)						.86	7,139,877
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(.8)	(2,025,666)	0	(a)	0	0	0	0	(.8)	(2,025,666)
23. In force December 31 of current year.....	.78	5,114,211	0	(a)	0	0	0	0	.78	5,114,211

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	.526	.526			
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.526	.526	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.526	.526	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	112,364				112,364
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	112,364	0	0	0	112,364
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....	45				45
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).....	45	0	0	0	45
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	45	0	0	0	45
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	19,250				19,250
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	2,603				2,603
13. 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.....	21,853	0	0	0	21,853

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	19,331							3	19,331
<i>Settled during current year:</i>										
18.1 By payment in full.....	2	19,250							2	19,250
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	19,250	0	0	0	0	0	0	2	19,250
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	19,250	0	0	0	0	0	0	2	19,250
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	81	0	0	0	0	0	0	1	81
POLICY EXHIBIT										
20. In force December 31, prior year.....	122	15,216,890	(a)						122	15,216,890
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(30)	(5,358,137)	0	0	0	0	0	0	(30)	(5,358,137)
23. In force December 31 of current year.....	92	9,858,753	(a)	0	0	0	0	0	92	9,858,753

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	162,005				162,005
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	162,005	0	0	0	162,005
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	41				41
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).....	41	0	0	0	41
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	41	0	0	0	41
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	260,500				260,500
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	5,539				5,539
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	266,039	0	0	0	266,039

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000							1	100,000
17. Incurred during current year.....	6	160,500							6	160,500
<i>Settled during current year:</i>										
18.1 By payment in full.....	7	260,500							7	260,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	260,500	0	0	0	0	0	0	7	260,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	260,500	0	0	0	0	0	0	7	260,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	116	14,789,938	(a)						116	14,789,938
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(20)	(2,246,912)	0	0	0	0	0	0	(20)	(2,246,912)
23. In force December 31 of current year.....	96	12,543,026	(a)	0	0	0	0	0	96	12,543,026

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	544,123				544,123
2. Annuity considerations.....	229				229
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	544,352	0	0	0	544,352
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	7				7
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	5				5
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	12	0	0	0	12
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	12	0	0	0	12
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,160,341				1,160,341
10. Matured endowments.....					0
11. Annuity benefits.....	.49,650				.49,650
12. Surrender values and withdrawals for life contracts.....	.38,780				.38,780
13. 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.....	1,248,770	0	0	0	1,248,770

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.11	.55,804						.11		.55,804
17. Incurred during current year.....	.59	1,121,266						.59		1,121,266
<i>Settled during current year:</i>										
18.1 By payment in full.....	.65	1,160,341						.65		1,160,341
18.2 By payment on compromised claims.....								0		0
18.3 Totals paid.....	.65	1,160,341	0	0	0	0	0	.65		1,160,341
18.4 Reduction by compromise.....								0		0
18.5 Amount rejected.....								0		0
18.6 Total settlements.....	.65	1,160,341	0	0	0	0	0	.65		1,160,341
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.5	16,730	0	0	0	0	0	.5		16,730
POLICY EXHIBIT										
20. In force December 31, prior year.....	.896	.60,993,863	(a)					.896		.60,993,863
21. Issued during year.....								0		0
22. Other changes to in force (Net).....	(117)	(11,520,062)	0	0	0	0	0	(117)		(11,520,062)
23. In force December 31 of current year.....	.779	.49,473,801	(a)	0	0	0	0	.779		.49,473,801

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	156,695				156,695
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	156,695	0	0	0	156,695
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	418				418
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	5				5
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	423	0	0	0	423
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	423	0	0	0	423
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	285,000				285,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	16,776				16,776
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	301,776	0	0	0	301,776

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	4	275,000							4	275,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	5	285,000							5	285,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	285,000	0	0	0	0	0	0	5	285,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	285,000	0	0	0	0	0	0	5	285,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	0	(0)
POLICY EXHIBIT										
20. In force December 31, prior year.....	155	15,868,572	(a)						155	15,868,572
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(19)	(3,753,913)	0	0	0	0	0	0	(19)	(3,753,913)
23. In force December 31 of current year.....	136	12,114,659	(a)	0	0	0	0	0	136	12,114,659

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	93,559				93,559
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	93,559	0	0	0	93,559
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	9,333				9,333
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	42				42
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	9,375	0	0	0	9,375
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	9,375	0	0	0	9,375
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	65,600				65,600
10. Matured endowments.....	(600)				(600)
11. Annuity benefits.....	20,083				20,083
12. Surrender values and withdrawals for life contracts.....	1,865				1,865
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	86,948	0	0	0	86,948

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	40,600							2	40,600
17. Incurred during current year.....	1	24,400							1	24,400
<i>Settled during current year:</i>										
18.1 By payment in full.....	3	65,000							3	65,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	65,000	0	0	0	0	0	0	3	65,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	65,000	0	0	0	0	0	0	3	65,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	125	9,099,591	(a)						125	9,099,591
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(18)	(2,320,690)	0	0	0	0	0	0	(18)	(2,320,690)
23. In force December 31 of current year.....	107	6,778,901	(a)	0	0	0	0	0	107	6,778,901

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,086				5,086
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX.....		XXX.....	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	5,086	0	0	0	5,086
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	2,148				2,148
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.....	2,148	0	0	0	2,148

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	0
17. Incurred during current year.....									.0	0
Settled during current year:										
18.1 By payment in full.....									.0	0
18.2 By payment on compromised claims.....									.0	0
18.3 Totals paid.....	0	.0	0	.0	0	.0	0	0	.0	0
18.4 Reduction by compromise.....									.0	0
18.5 Amount rejected.....									.0	0
18.6 Total settlements.....	0	.0	0	.0	0	.0	0	0	.0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	.0	0	.0	0	.0	0	0	.0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	11	1,056,154		(a).....					11	1,056,154
21. Issued during year.....									.0	0
22. Other changes to in force (Net).....	(1)	(525,000)							(1)	(525,000)
23. In force December 31 of current year.....	10	531,154	0	(a).....0	0	0	0	0	10	531,154

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	514,892				514,892
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	514,892	0	0	0	514,892
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	886,376				886,376
10. Matured endowments.....					0
11. Annuity benefits.....	51,341				51,341
12. Surrender values and withdrawals for life contracts.....	89,938				89,938
13. 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.....	1,027,655	0	0	0	1,027,655

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	92,876						2		92,876
17. Incurred during current year.....	11	1,393,500						11		1,393,500
<i>Settled during current year:</i>										
18.1 By payment in full.....	11	886,376						11		886,376
18.2 By payment on compromised claims.....								0		0
18.3 Totals paid.....	11	886,376	0	0	0	0	0	11		886,376
18.4 Reduction by compromise.....								0		0
18.5 Amount rejected.....								0		0
18.6 Total settlements.....	11	886,376	0	0	0	0	0	11		886,376
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	600,000	0	0	0	0	0	2		600,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	469	51,937,702	(a)					469		51,937,702
21. Issued during year.....								0		0
22. Other changes to in force (Net).....	(80)	(14,130,774)	0	0	0	0	0	(80)		(14,130,774)
23. In force December 31 of current year.....	389	37,806,928	0	0	0	0	0	389		37,806,928

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	626	626			
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	626	626	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	626	626	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 PUERTO RICO DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	17,121				17,121
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	17,121	0	0	0	17,121
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,037				5,037
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.....	5,037	0	0	0	5,037

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	.37							1	.37
17. Incurred during current year.....	1	5,000							1	5,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	2	5,037							2	5,037
18.2 By payment on compromised claims.....								0	0	0
18.3 Totals paid.....	2	5,037	0	0	0	0	0	0	2	5,037
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	5,037	0	0	0	0	0	0	2	5,037
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	23	1,467,113	(a)						23	1,467,113
21. Issued during year.....								0	0	0
22. Other changes to in force (Net).....	(6)	(704,940)	0	0	0	0	0	0	(6)	(704,940)
23. In force December 31 of current year.....	17	762,173	(a)	0	0	0	0	0	17	762,173

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	256,363				256,363
2. Annuity considerations.....	.960				.960
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	257,323	.0	.0	.0	257,323
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	192,846				192,846
10. Matured endowments.....	.30				.30
11. Annuity benefits.....	8,027				8,027
12. Surrender values and withdrawals for life contracts.....	42,665				42,665
13. 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.....	243,568	.0	.0	.0	243,568

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	27,607							5	27,607
17. Incurred during current year.....	7	165,453							7	165,453
<i>Settled during current year:</i>										
18.1 By payment in full.....	11	192,876							11	192,876
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	192,876	0	0	0	0	0	0	11	192,876
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	11	192,876	0	0	0	0	0	0	11	192,876
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	184	0	0	0	0	0	0	1	184
POLICY EXHIBIT										
20. In force December 31, prior year.....	313	24,494,159		(a)					313	24,494,159
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(36)	(3,919,908)	0	(a) 0	0	0	0	0	(36)	(3,919,908)
23. In force December 31 of current year.....	277	20,574,251	0	(a) 0	0	0	0	0	277	20,574,251

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	42,731				42,731
2. Annuity considerations.....	400				400
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	43,131	0	0	0	43,131
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	2,566				2,566
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	3				3
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,569	0	0	0	2,569
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	2,569	0	0	0	2,569
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	24,896				24,896
10. Matured endowments.....					0
11. Annuity benefits.....	14,666				14,666
12. Surrender values and withdrawals for life contracts.....	403				403
13. 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.....	39,965	0	0	0	39,965

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10							1	10
17. Incurred during current year.....	3	24,886							3	24,886
<i>Settled during current year:</i>										
18.1 By payment in full.....	4	24,896							4	24,896
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	24,896	0	0	0	0	0	0	4	24,896
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	24,896	0	0	0	0	0	0	4	24,896
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.93	3,230,221	(a)						.93	3,230,221
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(69,818)	0	0	0	0	0	0	(2)	(69,818)
23. In force December 31 of current year.....	.91	3,160,403	(a)	0	0	0	0	0	.91	3,160,403

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	347,937				347,937
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	347,937	0	0	0	347,937
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	622,553				622,553
10. Matured endowments.....					0
11. Annuity benefits.....	7,455				7,455
12. Surrender values and withdrawals for life contracts.....	73,793				73,793
13. 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.....	703,802	0	0	0	703,802

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	160,000							2	160,000
17. Incurred during current year.....	9	512,553							9	512,553
<i>Settled during current year:</i>										
18.1 By payment in full.....	9	622,553							9	622,553
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	622,553	0	0	0	0	0	0	9	622,553
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	622,553	0	0	0	0	0	0	9	622,553
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	50,000	0	0	0	0	0	0	2	50,000
POLICY EXHIBIT										
20. In force December 31, prior year.....	278	33,665,759		(a)					278	33,665,759
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(34)	(6,450,984)	0	(a) 0	0	0	0	0	(34)	(6,450,984)
23. In force December 31 of current year.....	244	27,214,775	0	(a) 0	0	0	0	0	244	27,214,775

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	370	370			
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	370	370	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	370	370	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 **TEXAS** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,090,731				1,090,731
2. Annuity considerations.....	.600				.600
3. Deposit-type contract funds.....		XXX		XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	1,091,331	.0	.0	.0	1,091,331
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	57				57
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	31				31
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	88	.0	.0	.0	.88
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	88	.0	.0	.0	.88
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,932,731				1,932,731
10. Matured endowments.....					.0
11. Annuity benefits.....	.40,893				.40,893
12. Surrender values and withdrawals for life contracts.....	121,237				121,237
13. 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.....	2,094,860	.0	.0	.0	2,094,860

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	284,144							5	284,144
17. Incurred during current year.....	18	2,023,586							18	2,023,586
<i>Settled during current year:</i>										
18.1 By payment in full.....	21	1,932,731							21	1,932,731
18.2 By payment on compromised claims.....									0	.0
18.3 Totals paid.....	21	1,932,731	.0	.0	.0	.0	0	.0	21	1,932,731
18.4 Reduction by compromise.....									0	.0
18.5 Amount rejected.....									0	.0
18.6 Total settlements.....	21	1,932,731	.0	.0	.0	.0	0	.0	21	1,932,731
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	374,999	.0	.0	.0	.0	0	.0	2	374,999
POLICY EXHIBIT										
20. In force December 31, prior year.....	.996	117,296,443		(a)					.996	117,296,443
21. Issued during year.....									0	.0
22. Other changes to in force (Net).....	(188)	(33,423,306)							(188)	(33,423,306)
23. In force December 31 of current year.....	.808	.83,873,137	0	(a)	.0	.0	0	.0	.808	.83,873,137

(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).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	.135	.135			
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.135	.135	.0	.0	.0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.135	.135	.0	.0	.0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	39,767				39,767
2. Annuity considerations.....	142				142
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	39,909	0	0	0	39,909
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	275				275
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).....	275	0	0	0	275
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	275	0	0	0	275
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	105,000				105,000
10. Matured endowments.....					0
11. Annuity benefits.....	4,836				4,836
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.....	109,836	0	0	0	109,836

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	105,000							2	105,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	2	105,000							2	105,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	105,000	0	0	0	0	0	0	2	105,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	105,000	0	0	0	0	0	0	2	105,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.60	6,553,232	(a)						.60	6,553,232
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(11)	(2,142,000)	0	0	0	0	0	0	(11)	(2,142,000)
23. In force December 31 of current year.....	.49	4,411,232	0	(a)	0	0	0	0	.49	4,411,232

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	356,517				356,517
2. Annuity considerations.....	240				240
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	356,757	0	0	0	356,757
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	4				4
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	4				4
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	8	0	0	0	8
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	8	0	0	0	8
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	398,000				398,000
10. Matured endowments.....					0
11. Annuity benefits.....	1,481				1,481
12. Surrender values and withdrawals for life contracts.....	24,457				24,457
13. 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.....	423,938	0	0	0	423,938

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	161,000							2	161,000
17. Incurred during current year.....	9	254,500							9	254,500
<i>Settled during current year:</i>										
18.1 By payment in full.....	9	398,000							9	398,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	398,000	0	0	0	0	0	0	9	398,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	398,000	0	0	0	0	0	0	9	398,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	17,500	0	0	0	0	0	0	2	17,500
POLICY EXHIBIT										
20. In force December 31, prior year.....	373	33,040,861		(a)					373	33,040,861
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(43)	(7,171,654)	0	(a) 0	0	0	0	0	(43)	(7,171,654)
23. In force December 31 of current year.....	330	25,869,207	0	(a) 0	0	0	0	0	330	25,869,207

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE



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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									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	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	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....0	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year.....					No. of Pol.				0	0
21. Issued during year.....			(a).....						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....0	0	0	(a).....0	0	0	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.22,569				.22,569
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		.XXX		.XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	.22,569	.0	.0	.0	.22,569
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	.100,000				.100,000
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....	.47,290				.47,290
13. 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.....	.147,290	.0	.0	.0	.147,290

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....								.0	.0	.0
17. Incurred during current year.....	1	.100,000						1	.100,000	.100,000
<i>Settled during current year:</i>										
18.1 By payment in full.....	1	.100,000						1	.100,000	.100,000
18.2 By payment on compromised claims.....								0	.0	.0
18.3 Totals paid.....	1	.100,000	.0	.0	.0	.0	1	.100,000	.100,000	
18.4 Reduction by compromise.....								0	.0	.0
18.5 Amount rejected.....								0	.0	.0
18.6 Total settlements.....	1	.100,000	.0	.0	.0	.0	1	.100,000	.100,000	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.21	.3,557,724		(a).....				.21	.3,557,724	.3,557,724
21. Issued during year.....								0	.0	.0
22. Other changes to in force (Net).....	(3)	-(288,000)						(3)	-(288,000)	-(288,000)
23. In force December 31 of current year.....	18	.3,269,724	.0	(a).....	.0	.0	.0	.0	.0	.3,269,724

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	208,614				208,614
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	208,614	0	0	0	208,614
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	607				607
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	135				135
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	742	0	0	0	742
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	742	0	0	0	742
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	66,171				66,171
10. Matured endowments.....	900				900
11. Annuity benefits.....	15,527				15,527
12. Surrender values and withdrawals for life contracts.....	40,579				40,579
13. 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.....	123,177	0	0	0	123,177

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	14	22,771						14	22,771	
17. Incurred during current year.....	11	179,500						11	179,500	
<i>Settled during current year:</i>										
18.1 By payment in full.....	17	67,071						17	67,071	
18.2 By payment on compromised claims.....								0	0	
18.3 Totals paid.....	17	67,071	0	0	0	0	0	17	67,071	
18.4 Reduction by compromise.....								0	0	
18.5 Amount rejected.....								0	0	
18.6 Total settlements.....	17	67,071	0	0	0	0	0	17	67,071	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	135,200	0	0	0	0	0	8	135,200	
POLICY EXHIBIT										
20. In force December 31, prior year.....	336	15,217,064		(a)				336	15,217,064	
21. Issued during year.....								0	0	
22. Other changes to in force (Net).....	(25)	(599,791)	0	(a)	0	0	0	(25)	(599,791)	
23. In force December 31 of current year.....	311	14,617,273	0	(a)	0	0	0	311	14,617,273	

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,293,409				1,293,409
2. Annuity considerations.....	60,624				60,624
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,354,033	0	0	0	1,354,033
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	65				65
6.2 Applied to pay renewal premiums.....	108				108
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	173	0	0	0	173
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	173	0	0	0	173
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,297,859				1,297,859
10. Matured endowments.....	10,000				10,000
11. Annuity benefits.....	344,940				344,940
12. Surrender values and withdrawals for life contracts.....	580,390				580,390
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	2,233,189	0	0	0	2,233,189

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	5	374,453							5	374,453
17. Incurred during current year.....	43	1,533,756							43	1,533,756
<i>Settled during current year:</i>										
18.1 By payment in full.....	40	1,307,859							40	1,307,859
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	40	1,307,859	0	0	0	0	0	0	40	1,307,859
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	40	1,307,859	0	0	0	0	0	0	40	1,307,859
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	600,350	0	0	0	0	0	0	8	600,350
POLICY EXHIBIT										
20. In force December 31, prior year.....	2,816	154,255,659		(a)					2,816	154,255,659
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(198)	(12,636,277)	0	0	0	0	0	0	(198)	(12,636,277)
23. In force December 31 of current year.....	2,619	141,629,382	0	(a)	0	0	0	0	2,619	141,629,382

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancelable (b).....	3,915	3,941			
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,915	3,941	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,915	3,941	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.27,856				.27,856
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		.XXX		.XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	.27,856	.0	.0	.0	.27,856
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	.5,000				.5,000
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.5,000	.0	.0	.0	.5,000

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....								.0	.0	.0
17. Incurred during current year.....	1	.5,000						1	.5,000	
<i>Settled during current year:</i>										
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										
20. In force December 31, prior year.....	.43	.5,680,696		(a)					.43	.5,680,696
21. Issued during year.....									0	.0
22. Other changes to in force (Net).....	(7)	(2,949,380)		0	0				(7)	(2,949,380)
23. In force December 31 of current year.....	.36	2,731,316	0	(a)	0	0	0	0	.36	2,731,316

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

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

NAIC Group Code.....0084

NAIC Company Code.....67083

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.21,740				.21,740
2. Annuity considerations.....					.0
3. Deposit-type contract funds.....		.XXX		.XXX	.0
4. Other considerations.....					.0
5. Totals (Sum of Lines 1 to 4).....	.21,740	.0	.0	.0	.21,740
DIRECT DIVIDENDS TO POLICYHOLDERS					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....					.0
6.2 Applied to pay renewal premiums.....					.0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					.0
6.4 Other.....					.0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.0	.0	.0	.0	.0
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					.0
7.2 Applied to provide paid-up annuities.....					.0
7.3 Other.....					.0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.0	.0	.0	.0	.0
8. Grand Totals (Lines 6.5 + 7.4).....	.0	.0	.0	.0	.0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....		2,042			2,042
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.....	.2,042	.0	.0	.0	.2,042

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									.0	.0
17. Incurred during current year.....									.0	.0
<i>Settled during current year:</i>										
18.1 By payment in full.....									.0	.0
18.2 By payment on compromised claims.....									.0	.0
18.3 Totals paid.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
18.4 Reduction by compromise.....									.0	.0
18.5 Amount rejected.....									.0	.0
18.6 Total settlements.....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
POLICY EXHIBIT										
20. In force December 31, prior year.....	.32	4,218,146		(a).....					.32	4,218,146
21. Issued during year.....									.0	.0
22. Other changes to in force (Net).....	(.6)	(1,460,000)		0	0				(.6)	(1,460,000)
23. In force December 31 of current year.....	.26	2,758,146		(a).....	0				.26	2,758,146

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

NONE

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	1,226,382
2. Current year's realized pre-tax capital gains/(losses) of \$....4,699,073 transferred into the reserve net of taxes of \$....986,805.....	3,712,268
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).....	4,938,650
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	285,393
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	4,653,257

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.....	102,552	182,841		285,393
2. 2019.....	127,154	307,387		434,541
3. 2020.....	130,169	267,519		397,688
4. 2021.....	124,573	254,884		379,457
5. 2022.....	124,698	240,927		365,625
6. 2023.....	125,116	227,703		352,819
7. 2024.....	122,526	216,205		338,731
8. 2025.....	119,174	212,819		331,992
9. 2026.....	112,334	205,893		318,226
10. 2027.....	94,510	200,739		295,250
11. 2028.....	66,951	193,960		260,911
12. 2029.....	41,044	185,111		226,155
13. 2030.....	19,495	167,536		187,031
14. 2031.....	2,315	150,939		153,255
15. 2032.....	(9,498)	131,494		121,996
16. 2033.....	(14,969)	115,834		100,865
17. 2034.....	(16,948)	96,951		80,002
18. 2035.....	(17,411)	80,379		62,968
19. 2036.....	(14,912)	62,871		47,960
20. 2037.....	(9,369)	44,061		34,691
21. 2038.....	(3,122)	26,186		23,064
22. 2039.....		16,496		16,496
23. 2040.....		17,229		17,229
24. 2041.....		17,596		17,596
25. 2042.....		18,695		18,695
26. 2043.....		19,062		19,062
27. 2044.....		17,962		17,962
28. 2045.....		14,296		14,296
29. 2046.....		10,264		10,264
30. 2047.....		6,232		6,232
31. 2048 and Later.....		2,199		2,199
32. Total (Lines 1 to 31).....	1,226,382	3,712,268	0	4,938,650

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	686,265		686,265	13,617		13,617	699,881
2. Realized capital gains/(losses) net of taxes - General Account.....	(13,105)		(13,105)	28,146		28,146	15,041
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	(21,664)		(21,664)	(21,664)
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.....	219,397		219,397			0	219,397
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	892,557	0	892,557	20,099	0	20,099	912,655
9. Maximum reserve.....	1,031,505		1,031,505			0	1,031,505
10. Reserve objective.....	696,174		696,174			0	696,174
11. 20% of (Line 10 minus Line 8).....	(39,277)	0	(39,277)	(4,020)	0	(4,020)	(43,296)
12. Balance before transfers (Lines 8 + 11).....	853,280	0	853,280	16,079	0	16,079	869,359
13. Transfers.....			0			0	0
14. Voluntary contribution.....			0			0	0
15. Adjustment down to maximum/up to zero.....			0	(16,079)		(16,079)	(16,079)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	853,280	0	853,280	0	0	0	853,280

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1		Exempt obligations.....	6,487,242	XXX	XXX	6,487,242	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	73,166,662	XXX	XXX	73,166,662	0.0004	.29,267	0.0023	.168,283	0.0030	219,500
3	2	High quality.....	47,311,247	XXX	XXX	47,311,247	0.0019	.89,891	0.0058	.274,405	0.0090	425,801
4	3	Medium quality.....	1,882,634	XXX	XXX	1,882,634	0.0093	.17,508	0.0230	.43,301	0.0340	64,010
5	4	Low quality.....	381,723	XXX	XXX	381,723	0.0213	.8,131	0.0530	.20,231	0.0750	28,629
6	5	Lower quality.....	1,726,854	XXX	XXX	1,726,854	0.0432	.74,600	0.1100	.189,954	0.1700	293,565
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).....	130,956,361	XXX	XXX	130,956,361	XXX	.219,397	XXX	.696,174	XXX	1,031,505
PREFERRED STOCKS												
10	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT-TERM BONDS												
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 through 24).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26		Exchange traded.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality.....		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality.....		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality.....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality.....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality.....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33).....	130,956,361	XXX	XXX	130,956,361	XXX	.219,397	XXX	.696,174	XXX	1,031,505

Asset Valuation Reserve - Default
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
			1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written.....	6,359	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	6,104	XXX	.....	255	XXX	.....	XXX	.....
2. Premiums earned.....	6,403	XXX	.....	XXX	.....	XXX	.....	XXX	.....	XXX	6,148	XXX	.....	255	XXX	.....	XXX	.....
3. Incurred claims.....	(3,957)	(61.8)	.....	0	.....	0	.....	0	.....	0	(3,957)	(64.4)	.....	0	0.0	.....	0	0.0
4. Cost containment expenses.....	0	0.0	.....	0	.....	0	.....	0	.....	0	0.0	.....	0.0	.....	0.0	.....	0.0	.....
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	(3,957)	(61.8)	.....	0	.....	0	.....	0	.....	0	(3,957)	(64.4)	.....	0	0.0	.....	0	0.0
6. Increase in contract reserves.....	(77)	(1.2)	.....	0	.....	0	.....	0	.....	0	(77)	(1.3)	.....	0	0.0	.....	0	0.0
7. Commissions (a).....	(12,077)	(188.6)	.....	0	.....	0	.....	0	.....	0	(12,077)	(4,739.8)	.....	0	0.0	.....	0.0	.....
8. Other general insurance expenses.....	0	0.0	.....	0	.....	0	.....	0	.....	0	0.0	.....	0.0	.....	0.0	.....	0.0	.....
9. Taxes, licenses and fees.....	0	0.0	.....	0	.....	0	.....	0	.....	0	0.0	.....	0.0	.....	0.0	.....	0.0	.....
10. Total other expenses incurred.....	(12,077)	(188.6)	.....	0	.....	0	.....	0	.....	0	(12,077)	(4,739.8)	.....	0	0.0	.....	0.0	.....
11. Aggregate write-ins for deductions.....	0	0.0	.....	0	.....	0	.....	0	.....	0	0.0	.....	0.0	.....	0.0	.....	0.0	.....
12. Gain from underwriting before dividends or refunds.....	22,514	351.6	.....	0	.....	0	.....	0	.....	0	10,182	165.6	.....	12,332	4,839.8	.....	0.0	0.0
13. Dividends or refunds.....	0	0.0	.....	0	.....	0	.....	0	.....	0	0.0	.....	0.0	.....	0.0	.....	0.0	.....
14. Gain from underwriting after dividends or refunds.....	22,514	351.6	.....	0	.....	0	.....	0	.....	0	10,182	165.6	.....	12,332	4,839.8	.....	0.0	0.0

DETAILS OF WRITE-INS

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

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

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1 Total	2 Group Accident and Health	3 Credit A&H (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	288				249	39			
2. Advance premiums.....	0								
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	288	0	0	0	249	39	0	0	0
5. Total premium reserves, prior year.....	333				294	39			
6. Increase in total premium reserves.....	(45)	0	0	0	(45)	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	9,001				9,001				
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	9,001	0	0	0	9,001	0	0	0	0
4. Total contract reserves, prior year.....	9,078				9,078				
5. Increase in contract reserves.....	(77)	0	0	0	(77)	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	110,246	0	0	0	110,246	0	0	0	0
2. Total prior year.....	114,203				114,203				
3. Increase.....	(3,957)	0	0	0	(3,957)	0	0	0	0

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PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	0								
1.2 On claims incurred during current year.....	0								
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	110,246				110,246				
2.2 On claims incurred during current year.....	0								
3. Test:									
3.1 Lines 1.1 and 2.1.....	110,246	0	0	0	110,246	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	114,203				114,203				
3.3 Line 3.1 minus Line 3.2.....	(3,957)	0	0	0	(3,957)	0	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	91,731				664	91,067			
2. Premiums earned.....	91,745				664	91,081			
3. Incurred claims.....	431,583					431,583			
4. Commissions.....	12,098					12,098			

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

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....			427,626	427,626
2. Beginning claim reserves and liabilities.....			591,152	591,152
3. Ending claim reserves and liabilities.....			796,153	796,153
4. Claims paid.....	0	0	222,625	222,625
B. Assumed Reinsurance:				
5. Incurred claims.....			0	0
6. Beginning claim reserves and liabilities.....			0	0
7. Ending claim reserves and liabilities.....			0	0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....			431,583	431,583
10. Beginning claim reserves and liabilities.....			476,949	476,949
11. Ending claim reserves and liabilities.....			685,907	685,907
12. Claims paid.....	0	0	222,625	222,625
D. Net:				
13. Incurred claims.....	0	0	(3,957)	(3,957)
14. Beginning claim reserves and liabilities.....	0	0	114,203	114,203
15. Ending claim reserves and liabilities.....	0	0	110,246	110,246
16. Claims paid.....	0	0	0	0
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			(3,957)	(3,957)
18. Beginning reserves and liabilities.....			114,203	114,203
19. Ending reserves and liabilities.....			110,246	110,246
20. Paid claims and cost containment expenses.....	0	0	0	0

SCHEDULE S - PART 1 - SECTION 1**Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 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
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General Account - Non-Affiliates - U.S. Non-Affiliates

65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	1,8166975
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....						1,816	.....69	.....75	.....0	.....0	.....0
1099999.	Total - General Account - Non-Affiliates.....						1,816	.....69	.....75	.....0	.....0	.....0
1199999.	Total - General Account.....						1,816	.....69	.....75	.....0	.....0	.....0
2399999.	Total U.S.....						1,816	.....69	.....75	.....0	.....0	.....0
9999999.	Total.....						1,816	.....69	.....75	.....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	9	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

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NONE

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....		244,826
66346.....	58-0828824....	04/01/1991	Munich American Reassurance Company.....	GA.....	73,868	18,015
67105.....	41-0451140....	04/01/1991	Reliastar Life Insurance Company.....	MN.....	31,122	18,015
64688.....	75-6020048....	09/15/1992	SCOR Global Life Americas Reinsurance Company.....	DE.....		420,000
68713.....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	274,885	24,380
68713.....	84-0499703....	01/01/1996	Security Life of Denver Insurance Company.....	CO.....	116,000	
82627.....	06-0839705....	01/01/1981	Swiss Re Life and Health of America Inc.....	MO.....	15,000	5,000
82627.....	06-0839705....	10/01/1981	Swiss Re Life and Health of America Inc.....	MO.....	90,000	
82627.....	06-0839705....	11/01/1981	Swiss Re Life and Health of America Inc.....	MO.....	59,759	148,989
82627.....	06-0839705....	03/01/1986	Swiss Re Life and Health of America Inc.....	MO.....	25,000	
82627.....	06-0839705....	07/01/1989	Swiss Re Life and Health of America Inc.....	MO.....		24,380
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				.685,634	903,605
1099999.	Total - Life and Annuity Non-Affiliates.....				.685,634	903,605
1199999.	Total - Life and Annuity.....				.685,634	903,605

Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
86258.....	13-2572994....	01/01/1997	General Re Life Corporation.....	CT.....	-	217,572
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				.0	217,572
2199999.	Total - Accident and Health Non-Affiliates.....				.0	217,572
2299999.	Total - Accident and Health.....				.0	217,572
2399999.	Total U.S.....				.685,634	1,121,177
9999999.	Total.....				.685,634	1,121,177

SCHEDULE S - PART 3 - SECTION 1

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
General Account - Authorized Non-Affiliates - U.S. Non-Affiliates														
68276.....	48-1024691....	03/01/1974	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	.....3,311,285	1,426	1,268	47,599	.....	.....	.....	.....
68276.....	48-1024691....	11/01/1979	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	.....645,033	11,427	11,517	25,000	.....	.....	.....	.....
68276.....	48-1024691....	07/01/1989	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	.....200,000	1,441	2,312	7,371	.....	.....	.....	.....
68276.....	48-1024691....	01/01/1990	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	.....4,120,554	46,962	44,720	61,216	.....	.....	.....	.....
68276.....	48-1024691....	06/01/1990	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	.....668,685	18,155	16,624	21,696	.....	.....	.....	.....
68276.....	48-1024691....	06/01/1990	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	.....263,845	427	401	4,199	.....	.....	.....	.....
68276.....	48-1024691....	11/01/1993	Employers Reassurance Corporation.....	KS.....	OTH/I.....	OL.....	.....	65,292	63,303	.....	.....	.....	.....	.....
68276.....	48-1024691....	02/01/1996	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	.....8,163,600	64,671	62,707	79,575	.....	.....	.....	.....
68276.....	48-1024691....	02/01/1996	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	.....5,116,750	28,578	74,465	37,750	.....	.....	.....	.....
86258.....	13-2572994....	10/01/1972	General Re Life Corporation.....	CT.....	CO/I.....	OL.....	.....25,000	937	853	1,453	.....	.....	.....	.....
86258.....	13-2572994....	10/01/1972	General Re Life Corporation.....	CT.....	YRT/I.....	OL.....	.....21,515	868	4,950	73	.....	.....	.....	.....
88340.....	59-2859797....	07/01/1995	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	.....3,703,699	27,990	27,096	32,023	.....	.....	.....	.....
88340.....	59-2859797....	07/01/1995	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	.....4,891,750	27,794	70,207	26,491	.....	.....	.....	.....
88340.....	59-2859797....	11/01/1996	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	.....1,744,528	7,563	22,871	(6,936)	.....	.....	.....	.....
88340.....	59-2859797....	11/01/1996	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	.....263,843	427	401	4,377	.....	.....	.....	.....
65676.....	35-0472300....	08/01/1979	Lincoln National Life Insurance Company.....	IN.....	CO/I.....	OL.....	.....	.....	1,002	.....	.....	.....	.....	.....
65676.....	35-0472300....	08/01/1979	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	.....19,830	279	1,359	1,168	.....	.....	.....	.....
65676.....	35-0472300....	06/01/1990	Lincoln National Life Insurance Company.....	IN.....	CO/I.....	OL.....	.....2,056,333	23,108	21,349	18,177	.....	.....	.....	.....
65676.....	35-0472300....	06/01/1991	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	.....221,688	12,435	11,177	17,714	.....	.....	.....	.....
65676.....	35-0472300....	03/01/1993	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	.....416,792	2,057	3,833	1,502	.....	.....	.....	.....
66346.....	58-0828824....	04/01/1991	Munich American Reassurance Company.....	GA.....	CO/I.....	OL.....	.....2,203,162	2,032,541	2,241,430	.....	.....	.....	.....	.....
88099.....	75-1608507....	01/01/1969	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	.....45,028	447	417	825	.....	.....	.....	.....
88099.....	75-1608507....	01/01/1981	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	.....65,000	9,929	9,447	4,132	.....	.....	.....	.....
88099.....	75-1608507....	03/01/1982	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	.....627,971	2,815	2,585	15,971	.....	.....	.....	.....
88099.....	75-1608507....	04/01/1987	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	.....3,294,539	69,051	71,873	75,646	.....	.....	.....	.....
88099.....	75-1608507....	07/01/1989	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	.....1,527,479	26,387	36,150	(49,965)	.....	.....	.....	.....
88099.....	75-1608507....	07/04/1989	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	.....265,000	1,360	825	30,588	.....	.....	.....	.....
88099.....	75-1608507....	10/01/1991	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	.....17,546,538	121,524	116,992	91,484	.....	.....	.....	.....
67105.....	41-0451140....	04/01/1991	Reliastar Life Insurance Company.....	MN.....	CO/I.....	OL.....	.....2,203,162	2,032,541	2,241,430	.....	.....	.....	.....	.....
93572.....	43-1235868....	11/01/1985	RGA Reinsurance Company.....	MO.....	CO/I.....	OL.....	.....5,279,272	15,756	14,875	46,465	.....	.....	.....	.....
93572.....	43-1235868....	01/01/1992	RGA Reinsurance Company.....	MO.....	YRT/I.....	OL.....	.....14,913,000	156,571	149,385	85,930	.....	.....	.....	.....
87572.....	23-2038295....	12/01/1980	Scottish Re (US) Inc.....	DE.....	CO/I.....	OL.....	.....25,000	9,135	8,770	779	.....	.....	.....	.....
68713.....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	.....12,937,748	.....	.....	312,719	.....	.....	.....	.....
68713.....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	.....1,008,685	.....	.....	69,748	.....	.....	.....	.....
68713.....	84-0499703....	04/01/1988	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	.....4,116,368	9,648	10,372	44,164	.....	.....	.....	.....
68713.....	84-0499703....	01/01/1992	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	.....747,000	4,107	4,010	4,700	.....	.....	.....	.....

SCHEDULE S - PART 3 - SECTION 1

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
68713.....	84-0499703....	11/01/1993	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	8,263,300	65,489	63,539	80,064				
68713.....	84-0499703....	01/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	37,527,450	299,138	360,889	192,222				
68713.....	84-0499703....	01/01/1996	Security Life of Denver Insurance Company.....	CO.....	OTH/I.....	OL.....		120,656	115,751					
68713.....	84-0499703....	05/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	263,843	427	401	4,203				
68713.....	84-0499703....	11/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	880,761	3,758	12,613	(1,896)				
82627.....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	OTH/I.....	OL.....		145,282	144,002					
82627.....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	87,552	154	154	240				
82627.....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	18,497,351	128,717	122,956	118,993				
82627.....	06-0839705....	05/01/1978	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....			16,038					
82627.....	06-0839705....	05/01/1978	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....			4,919					
82627.....	06-0839705....	01/01/1980	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	50,000	2,433	2,237	2,192				
82627.....	06-0839705....	01/01/1980	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	4,000	326	3,466	523				
82627.....	06-0839705....	01/01/1980	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	2,738	5	5	36				
82627.....	06-0839705....	01/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	3,566,270	65,306	70,638	95,182				
82627.....	06-0839705....	01/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	135,000	1,069	1,859	1,991				
82627.....	06-0839705....	08/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	140,000	3,326	3,042	3,716				
82627.....	06-0839705....	10/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	3,037,500	1,238,470	1,214,496	57,726				
82627.....	06-0839705....	11/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	6,666,957	22,428	29,657	264,430				
82627.....	06-0839705....	01/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	4,217,943	1,825	1,971	44,999				
82627.....	06-0839705....	07/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	550,000	230,081	217,465	16,277				
82627.....	06-0839705....	07/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	682,697	3,051	2,870	18,139				
82627.....	06-0839705....	03/01/1986	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	3,661,781	39,653	44,721	60,817				
82627.....	06-0839705....	02/01/1987	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	2,196,075	485	540	12,061				
82627.....	06-0839705....	07/01/1989	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	1,750,000	7,665	8,984	25,627				
82627.....	06-0839705....	07/01/1989	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	7,642,196	172,796	186,751	252,116				
82627.....	06-0839705....	04/01/1990	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	5,120,553	54,881	51,860	63,814				
82627.....	06-0839705....	05/14/1990	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	236,280	6,584	5,926	9,321				
82627.....	06-0839705....	03/01/1993	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	416,792	2,056	3,833	1,749				
82627.....	06-0839705....	11/01/1993	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	5,946,100	50,164	49,788	83,922				
82627.....	06-0839705....	01/01/1996	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	5,116,750	28,577	74,465	29,181				
82627.....	06-0839705....	01/01/1996	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	263,843	426	401	5,464				
65870.....	13-1004640....	01/01/1979	Manhattan Life Insurance Company.....	NY.....	CO/I.....	OL.....	62,000	1,453	1,340	1,389				
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	6,646,363	8,804	11,329	145,387				
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	3,609,723			92,233				
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	923,069			25,485				
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	OTH/I.....	OL.....	164,947	159,181						
97071.....	13-3126819....	12/01/1979	SCOR Global Life USA Reinsurance Company.....	DE.....	YRT/I.....	OL.....	740	4	3	6				
64688.....	75-6020048....	01/01/1981	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	50,000	2,060	1,903	3,225				

SCHEDULE S - PART 3 - SECTION 1

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

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount In Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
64688.....	75-6020048....	02/01/1988	SCOR Global Life Americas Reinsurance Company.....	DE.....	YRT/I.....	OL.....	1,413,637	933	1,395	33,013				
64688.....	75-6020048....	02/01/1988	SCOR Global Life Americas Reinsurance Company.....	DE.....	OTH/I.....	OL.....		39,610	38,494					
64688.....	75-6020048....	11/01/1981	SCOR Global Life Americas Reinsurance Company.....	DE.....	YRT/I.....	OL.....	1,731,084	5,102	4,811	33,118				
64688.....	75-6020048....	09/01/1991	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	.87,257	.56	.509	.417				
64688.....	75-6020048....	09/15/1992	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	9,934,000	74,660	85,961	64,479				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						244,041,287	7,826,506	8,472,876	2,955,495	0	0	0	.0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						244,041,287	7,826,506	8,472,876	2,955,495	0	0	0	.0
1199999.	Total - General Account - Authorized.....						244,041,287	7,826,506	8,472,876	2,955,495	0	0	0	.0

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

00000.....	AA-1780044...	01/01/2002	Hannover Re (Ireland) DAC.....	IRL.....	COFW/I.....	OL.....	.464,036,676	57,123,592	60,646,439	5,615,190				.57,086,664
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates.....						.464,036,676	57,123,592	60,646,439	5,615,190	0	0	0	.57,086,664
2199999.	Total - General Account - Unauthorized - Non-Affiliates.....						.464,036,676	57,123,592	60,646,439	5,615,190	0	0	0	.57,086,664
2299999.	Total - General Account - Unauthorized.....						.464,036,676	57,123,592	60,646,439	5,615,190	0	0	0	.57,086,664
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						.708,077,963	64,950,098	69,119,315	8,570,685	0	0	0	.57,086,664
6999999.	Total U.S.....						244,041,287	7,826,506	8,472,876	2,955,495	0	0	0	.0
7099999.	Total Non-U.S.....						.464,036,676	57,123,592	60,646,439	5,615,190	0	0	0	.57,086,664
9999999.	Total.....						.708,077,963	64,950,098	69,119,315	8,570,685	0	0	0	.57,086,664

SCHEDULE S - PART 3 - SECTION 2

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

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

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

97071.....	13-3126819....	.12/01/1979	SCOR Global Life USA Reinsurance Company.....	DE.....	OTH/I.....	LTDI.....	.....664	.....454	.....3,376	.....	.....	.....	.....
86258.....	13-2572994....	.01/01/1997	General Re Life Corporation.....	CT.....	QA/I.....	LTC.....	.....91,067	.....281	.....3,964,137	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						.....91,731	.....735	.....3,967,513	.....0	.....0	.....0	.....0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						.....91,731	.....735	.....3,967,513	.....0	.....0	.....0	.....0
1199999.	Total - General Account - Authorized.....						.....91,731	.....735	.....3,967,513	.....0	.....0	.....0	.....0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						.....91,731	.....735	.....3,967,513	.....0	.....0	.....0	.....0
6999999.	Total - U.S.....						.....91,731	.....735	.....3,967,513	.....0	.....0	.....0	.....0
9999999.	Total.....						.....91,731	.....735	.....3,967,513	.....0	.....0	.....0	.....0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

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

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

00000.....	AA-1780044	.01/01/2002	Hannover Re (Ireland) DAC.....	.....57,123,592	.....	.....	.....57,123,592	.....875,000	1.....	.....	.....58,580,308	.....6,377	.....	.....57,123,592
0999999.	Total - General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates.....		.....57,123,592	.....0	.....0	.....0	.....57,123,592	.....875,000	.....XXX.....	.....0	.....58,580,308	.....6,377	.....0	.....57,123,592
1099999.	Total - General Account - Life and Annuity - Non-Affiliates.....		.....57,123,592	.....0	.....0	.....0	.....57,123,592	.....875,000	.....XXX.....	.....0	.....58,580,308	.....6,377	.....0	.....57,123,592
1199999.	Total - General Account - Life and Annuity.....		.....57,123,592	.....0	.....0	.....0	.....57,123,592	.....875,000	.....XXX.....	.....0	.....58,580,308	.....6,377	.....0	.....57,123,592
2399999.	Total - General Account.....		.....57,123,592	.....0	.....0	.....0	.....57,123,592	.....875,000	.....XXX.....	.....0	.....58,580,308	.....6,377	.....0	.....57,123,592
3699999.	Total - Non-U.S.....		.....57,123,592	.....0	.....0	.....0	.....57,123,592	.....875,000	.....XXX.....	.....0	.....58,580,308	.....6,377	.....0	.....57,123,592
9999999.	Total.....		.....57,123,592	.....0	.....0	.....0	.....57,123,592	.....875,000	.....XXX.....	.....0	.....58,580,308	.....6,377	.....0	.....57,123,592

(a)	Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name			Letters of Credit Amount
				1.....	026013453.....	Landesbank Baden-Wurtemberg.....	
	1.....	1.....	026013453.....	Landesbank Baden-Wurtemberg.....			875,000

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SCHEDULE S - PART 5

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

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

NONE

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SCHEDULE S - PART 6

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

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts.....	8,662	(43,974)	17,108	18,434	19,793
2. Commissions and reinsurance expense allowances.....	634	1,152	1,418	1,493	1,600
3. Contract claims.....	15,216	28,140	23,431	27,470	30,049
4. Surrender benefits and withdrawals for life contracts.....	1,682	3,889	3,646	3,126	4,704
5. Dividends to policyholders.....	21	42	42	43	49
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....	3,356	70,531	(5,611)	(3,305)	(5,998)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....	68,918	72,274	142,805	148,416	151,721
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....	1,121	448	1,282	524	515
12. Amounts recoverable on reinsurance.....	686	1,673	373	349	719
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).....	58,580	126,979	132,519	135,550	147,886
19. Letters of credit (L).....	875	3,500	3,500	3,000	
20. Trust agreements (T).....					
21. Other (O).....	6	25	40	(27)	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple beneficiary trust.....					
23. Funds deposited by and withheld from (F).....					
24. Letters of credit (L).....					
25. Trust agreements (T).....					
26. Other (O).....					

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	141,538,732		141,538,732
2. Reinsurance (Line 16).....	685,634	.....(685,634)	.....(0)
3. Premiums and considerations (Line 15).....	4,387,714		4,387,714
4. Net credit for ceded reinsurance.....	XXX.....	.....13,135,618	.....13,135,618
5. All other admitted assets (balance).....	3,141,887		3,141,887
6. Total assets excluding Separate Accounts (Line 26).....	149,753,967	.....12,449,984	.....162,203,951
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	149,753,967	.....12,449,984	.....162,203,951
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	68,416,033	.....68,918,346	.....137,334,379
10. Liability for deposit-type contracts (Line 3).....	1,835,599		1,835,599
11. Claim reserves (Line 4).....	4,042,597	.....1,121,177	.....5,163,774
12. Policyholder dividends/reserves (Lines 5 through 7).....	11,000		11,000
13. Premium & annuity considerations received in advance (Line 8).....	30,942		30,942
14. Other contract liabilities (Line 9).....	4,659,634	.....(6,377)	.....4,653,257
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).....	57,086,664	.....(57,086,664)	.....0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	4,725,093	.....(496,499)	.....4,228,595
20. Total liabilities excluding Separate Accounts (Line 26).....	140,807,563	.....12,449,984	.....153,257,547
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	140,807,563	.....12,449,984	.....153,257,547
23. Capital & surplus (Line 38).....	8,946,404	.....XXX.....	.....8,946,404
24. Total liabilities, capital & surplus (Line 39).....	149,753,967	.....12,449,984	.....162,203,951
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	68,918,346		
26. Claim reserves.....	1,121,177		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	(6,377)		
31. Reinsurance ceded assets.....	685,634		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	70,718,780		
34. Premiums and considerations.....	0		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	57,086,664		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	496,499		
40. Total ceded reinsurance payables/offsets.....	57,583,163		
41. Total net credit for ceded reinsurance.....	13,135,618		

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

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama.....AL	54,357					54,357
2. Alaska.....AK	12,588					12,588
3. Arizona.....AZ	184,934	300				185,234
4. Arkansas.....AR	130,199	500				130,699
5. California.....CA	2,003,433	2,151				2,005,584
6. Colorado.....CO	190,932	400				191,332
7. Connecticut.....CT	109,934					109,934
8. Delaware.....DE	41,029					41,029
9. District of Columbia.....DC	37,776					37,776
10. Florida.....FL	866,847	2,416	255	88,038		957,556
11. Georgia.....GA	466,202	2,300		773		469,275
12. Hawaii.....HI	61,707					61,707
13. Idaho.....ID	19,992					19,992
14. Illinois.....IL	341,932	14,507				356,439
15. Indiana.....IN	490,368	3,120	318			493,806
16. Iowa.....IA	285,423		1,183	168		286,774
17. Kansas.....KS	180,506	3,509		206		184,221
18. Kentucky.....KY	184,875					184,875
19. Louisiana.....LA	232,278					232,278
20. Maine.....ME	60,107					60,107
21. Maryland.....MD	517,000					517,000
22. Massachusetts.....MA	373,625	275				373,900
23. Michigan.....MI	578,618	3,662	773			583,053
24. Minnesota.....MN	618,071	12,250				630,321
25. Mississippi.....MS	138,867	540				139,407
26. Missouri.....MO	484,872	7,428	579			492,879
27. Montana.....MT	8,636					8,636
28. Nebraska.....NE	62,260					62,260
29. Nevada.....NV	112,364					112,364
30. New Hampshire.....NH	80,273					80,273
31. New Jersey.....NJ	488,067					488,067
32. New Mexico.....NM	55,014			526		55,540
33. New York.....NY	162,005					162,005
34. North Carolina.....NC	280,075	600		.95		280,770
35. North Dakota.....ND	135,940	200				136,140
36. Ohio.....OH	544,123	.229		129		544,481
37. Oklahoma.....OK	156,695					156,695
38. Oregon.....OR	93,559					93,559
39. Pennsylvania.....PA	514,892			.626		515,518
40. Rhode Island.....RI	17,121					17,121
41. South Carolina.....SC	256,363	960				257,323
42. South Dakota.....SD	42,731	400				43,131
43. Tennessee.....TN	347,937			.370		348,307
44. Texas.....TX	1,090,731	.600		135		1,091,466
45. Utah.....UT	39,767	.142				39,909
46. Vermont.....VT	22,569					22,569
47. Virginia.....VA	356,517	.240				356,757
48. Washington.....WA	208,614					208,614
49. West Virginia.....WV	27,856					27,856
50. Wisconsin.....WI	1,293,409	60,624	3,915			1,357,948
51. Wyoming.....WY	21,740					21,740
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN	.890					.890
58. Aggregate Other Alien.....OT	.5,086					.5,086
59. Totals.....	15,091,706	117,353	7,023	91,066	0	15,307,148

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

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
						Beat Capital Partners Limited.....	GBR.....	NIA.....		Neon Holdings (U.K.) Limited.....	Ownership.....	19.150	American Financial Group, Inc.	....N.....	
						Beat Services Limited.....	GBR.....	NIA.....		Beat Capital Partners Limited.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
						Chord Reinsurance Limited.....	GBR.....	NIA.....		Beat Capital Partners Limited.....	Ownership.....	60.000	American Financial Group, Inc.	....N.....	
						Tarian Underwriting Limited.....	GBR.....	NIA.....		Beat Capital Partners Limited.....	Ownership.....	60.000	American Financial Group, Inc.	....N.....	
		98-0412245				Lavenham Underwriting Limited.....	GBR.....	IA.....		Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
						Neon Italy S.R.L.....	ITA.....	NIA.....		Neon Holdings (U.K.) Limited.....	Ownership.....	60.000	American Financial Group, Inc.	....N.....	
						Neon Management Services Limited.....	GBR.....	NIA.....		Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
						Neon Sapphire Underwriting Limited.....	GGY.....	NIA.....		Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
						Neon Service Company (U.K.) Limited.....	GBR.....	NIA.....		Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
						Studio Marketform SRL.....	ITA.....	NIA.....		Neon Service Company (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
						Neon Underwriting Bermuda Limited.....	BMU.....	NIA.....		Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
						Neon Underwriting Limited.....	GBR.....	NIA.....		Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
						Orca Insurance Agency A/S.....	DNK.....	NIA.....		Neon Holdings (U.K.) Limited.....	Ownership.....	89.425	American Financial Group, Inc.	....N.....	
		98-0431601				Sampford Underwriting Limited.....	GBR.....	IA.....		Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
						Xenon Agency Limited.....	GBR.....	NIA.....		Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
						Helium Holdings Limited.....	BMU.....	NIA.....		American Financial Group, Inc.	Ownership.....	100.000	American Financial Group, Inc.	....N.....	5..
						Neon Employee Ownership LLC.....	DE.....	NIA.....		Helium Holdings Limited.....	Ownership.....	23.350		....N.....	5..
						GAI Australia Pty Ltd.....	AUS.....	NIA.....		Neon Employee Ownership LLC.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	5..
		06-1356481				Great American Financial Resources, Inc.....	DE.....	UIP.....		American Financial Group, Inc.	Ownership.....	100.000	American Financial Group, Inc.	....N.....	1..
		31-1422717				AAG Insurance Agency, Inc.....	KY.....	NIA.....		Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
		34-1017531				Ceres Group, Inc.....	DE.....	NIA.....		Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
		47-0717079				Continental General Corporation.....	NE.....	NIA.....		Ceres Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
		34-1947042				QQAgency of Texas, Inc.....	TX.....	NIA.....		Ceres Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
		31-1395344				Great American Advisors, Inc.....	OH.....	NIA.....		Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
0084	American Financial Group, Inc.	63312...	13-1935920			Great American Life Insurance Company.....	OH.....	UIP.....		Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
0084	American Financial Group, Inc.	93661...	31-1021738			Annuity Investors Life Insurance Company.....	OH.....	IA.....		Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
		27-4078277				Bay Bridge Marina Hemingway's Restaurant, LLC.....	MD.....	NIA.....		Great American Life Insurance Company.....	Ownership.....	85.000	American Financial Group, Inc.	....N.....	
		27-0513333				Bay Bridge Marina Management.....	MD.....	NIA.....		Great American Life Insurance Company.....	Ownership.....	85.000	American Financial Group, Inc.	....N.....	
		20-1246122				Brothers Management, LLC.....	FL.....	NIA.....		Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
		81-3737639				Charleston Harbor Fishing, LLC.....	SC.....	NIA.....		Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
		47-5618395				GA Key Lime, LLC.....	OH.....	NIA.....		Great American Life Insurance Company.....	Ownership.....	50.000	American Financial Group, Inc.	....N.....	2..
		47-5618395				GA Key Lime, LLC.....	OH.....	NIA.....		Great American Insurance Company.....	Ownership.....	50.000	American Financial Group, Inc.	....N.....	2..
		20-4604276				GALIC - Bay Bridge Marina, LLC.....	MD.....	NIA.....		Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
		31-1391777				GALIC Brothers, Inc.....	OH.....	NIA.....		Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	
		26-3260520				Manhattan National Holding Corporation.....	OH.....	UDP.....		Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	....Y.....	
0084	American Financial Group, Inc.	67083...	45-0252531			Manhattan National Life Insurance Company.....	OH.....	RE.....		Manhattan National Holding Corporation.....	Ownership.....	100.000	American Financial Group, Inc.	....N.....	

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

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

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		59-1671722				American Empire Underwriters, Inc.		TX	NIA	American Empire Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
0084	American Financial Group, Inc.	35351...	31-0912199			American Empire Surplus Lines Insurance Company		DE	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		31-1463075				American Signature Underwriters, Inc.		OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		59-2840291				Brothers Property Corporation		OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	Y	
		25-1754638				Brothers Pennsylvanian Corporation		PA	NIA	Brothers Property Corporation	Ownership	100.000	American Financial Group, Inc.	N	
		59-2840294				Brothers Property Management Corporation		OH	NIA	Brothers Property Corporation	Ownership	100.000	American Financial Group, Inc.	N	
		31-1277904				Crop Managers Insurance Agency, Inc.		KS	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		31-0589001				Dempsey & Siders Agency, Inc.		OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		31-1341668				Eden Park Insurance Brokers, Inc.		CA	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		39-1404033				El Aguila, Compañía de Seguros, S.A. de C.V.		MEX	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	Y	
		13-3628555				Farmers Crop Insurance Alliance, Inc.		KS	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		81-0814136				FCIA Management Company, Inc.		NY	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		31-1753938				Foreign Credit Insurance Association		NY	OTH	Great American Insurance Company	Management		American Financial Group, Inc.	N	3
		31-1765544				GAI Mexico Holdings, LLC		DE	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		31-1765544				GAI Warranty Company		OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	Y	
		61-1329718				GAI Warranty Company of Florida		FL	NIA	GAI Warranty Company	Ownership	100.000	American Financial Group, Inc.	N	
		74-2693636				Global Premier Finance Company		OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		95-1542353				Great American Agency of Texas, Inc.		TX	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
0084	American Financial Group, Inc.	26832...	95-1542353			Great American Alliance Insurance Company		OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
0084	American Financial Group, Inc.	26344...	15-6020948			Great American Assurance Company		OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
0084	American Financial Group, Inc.	39896...	61-0983091			Great American Casualty Insurance Company		OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
0084	American Financial Group, Inc.	10646...	36-4079497			Great American Contemporary Insurance Company		OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
0084	American Financial Group, Inc.	37532...	31-0954439			Great American E & S Insurance Company		DE	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
0084	American Financial Group, Inc.	41858...	31-1036473			Great American Fidelity Insurance Company		DE	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		31-1652643				Great American Insurance Agency, Inc.		OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
0084	American Financial Group, Inc.	22136...	13-5539046			Great American Insurance Company of New York		NY	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		31-1073664				Great American Lloyd's, Inc.		TX	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		31-0856644				Great American Management Services, Inc.		OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
0084	American Financial Group, Inc.	38580...	31-1288778			Great American Protection Insurance Company		OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		31-0918893				Great American Re Inc		DE	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
0084	American Financial Group, Inc.	31135...	31-1209419			Great American Security Insurance Company		OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
0084	American Financial Group, Inc.	33723...	31-1237970			Great American Spirit Insurance Company		OH	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		83-1694393				Great American Underwriters Insurance Company		OH	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		AA-1120817				Insurance (GB) Limited		GBR	IA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		59-1263251				Key Largo Group, Inc.		FL	NIA	Great American Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
		871850814				PLLS Canada Insurance Brokers Inc.		CAN	NIA	Great American Insurance Company	Ownership	49.000	American Financial Group, Inc.	N	

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

1 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?	16 *
		31-1293064				Professional Risk Brokers, Inc.	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		31-0686194				One East Fourth, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		31-0883227				Pioneer Carpet Mills, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		31-1119320				TEJ Holdings, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		31-0728327				Three East Fourth, Inc.	OH.....	NIA.....	American Financial Group, Inc.	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		

Aster **Explanation**

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

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

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

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

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

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

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?
4. Will an actuarial opinion be filed by March 1?

Responses
YES
YES
YES
YES

APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?
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?
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?
8. Will the Supplemental Investment Risk Interrogatories be filed by April 1?

YES
YES
YES
YES

JUNE FILING

9. Will an audited financial report be filed by June 1?
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES
YES

AUGUST FILING

11. Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?

WAIVED

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

If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
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?
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?
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
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?
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?
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?
40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?

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?
42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
43. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?
44. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?
45. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
46. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?
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?
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?
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?
50. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?
51. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?
52. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?

YES
YES
YES
NO
YES
YES
YES
NO

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
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AUGUST FILING

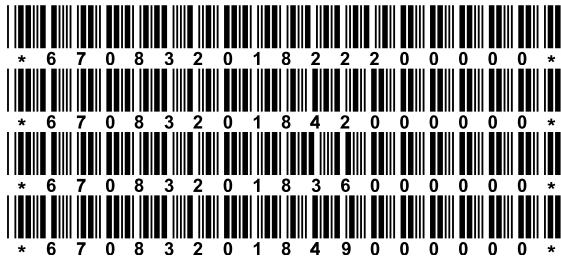
53. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES

EXPLANATIONS:

BAR CODE:

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



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



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



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



22 The Life of the Soul: A Christian Guide to Mental Health



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



Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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35.

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



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



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



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



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

41.

42.

43.

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



45.

46.

47.

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



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



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



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



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

53.

**Overflow Page
NONE**

**Overflow Page
NONE**

**SCHEDULE O SUPPLEMENT**

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

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

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2014	2 2015	3 2016	4 2017	5 2018 (a)
1. Prior.....					
2. 2014.....					
3. 2015.....	XXX.....				
4. 2016.....	XXX.....	XXX.....			
5. 2017.....	XXX.....	XXX.....	XXX.....		
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

Section B - Other Accident and Health

1. Prior.....	12	12	12	12	12
2. 2014.....	5	6	1		
3. 2015.....	XXX.....				
4. 2016.....	XXX.....	XXX.....	2	6	4
5. 2017.....	XXX.....	XXX.....	XXX.....		
6. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	

Section C - Credit Accident and Health

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

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

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

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

Section C - Credit Accident and Health

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

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. 2014.....	10.....	12.....	12.....	XXX.....	XXX.....
2. 2015.....	XXX.....				XXX.....
3. 2016.....	XXX.....	XXX.....	5.....	11.....	12.....
4. 2017.....	XXX.....	XXX.....	XXX.....		
5. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	

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.....	

Annual Statement for the year 2018 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**
SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
 (\$000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. 2014.....	10.....	12.....	12.....	12.....	12.....
2. 2015.....	XXX.....				
3. 2016.....	XXX.....	XXX.....	5.....	11.....	12.....
4. 2017.....	XXX.....	XXX.....	XXX.....		
5. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	

Section C - Credit Accident and Health

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

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....	Standard Factor.....	3,943
3. Individual annuity.....	Standard Factor.....	.99
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....		
7. Group annuities.....		
8. Group accident and health.....		
9. Credit accident and health.....		
10. Other accident and health.....	Standard Factor.....	110
11. Total.....		4,152

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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LIFE ANNUAL STATEMENT BLANK

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