





ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Alabama

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		39,847				39,847
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		39,847	0	0	0	39,847
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		2				2
13. 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	0	0	0	2
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	160	4,300,000	0	(a)		0	0	0	160	4,300,000
21. Issued during year .....	44	1,270,000				0	0	0	44	1,270,000
22. Other changes to in force (Net) .....	(17)	(620,000)							(17)	(620,000)
23. In force December 31 of current year .....	187	4,950,000	0	(a)		0	0	0	187	4,950,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	4,872	4,836			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	3,011,398	2,998,648		1,035,706	1,044,755
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	3,011,398	2,998,648	0	1,035,706	1,044,755
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	3,016,270	3,003,484	0	1,035,706	1,044,755

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Alaska

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

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

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

**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) .....	380	377		2,200	2,470
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	39,230	39,064		5,886	5,965
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	39,230	39,064	0	5,886	5,965
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	39,610	39,441	0	8,086	8,435

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Arizona

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		99,487				99,487
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		99,487	0	0	0	99,487
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		1,916				1,916
13. 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 .....		1,916	0	0	0	1,916
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	175	5,565,000	0	(a)		0	0	0	175	5,565,000
21. Issued during year .....	.69	2,540,000				0	0	0	.69	2,540,000
22. Other changes to in force (Net) .....	(18)	(800,000)							(18)	(800,000)
23. In force December 31 of current year .....	226	7,305,000	0	(a)		0	0	0	226	7,305,000

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

**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) .....	7,121	7,068		1,590	1,785
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,259,410	5,237,142		814,495	816,450
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	5,259,410	5,237,142	0	814,495	816,450
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	5,266,531	5,244,210	0	816,085	818,235

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Arkansas

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		188,246				188,246
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		188,246	0	0	0	188,246
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....		225,000				225,000
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		53				53
13. 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 .....		225,053	0	0	0	225,053
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	5	225,000							5	225,000
Settled during current year:										
18.1 By payment in full .....	5	225,000							5	225,000
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	5	225,000	0	0	0	0	0	0	5	225,000
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	5	225,000	0	0	0	0	0	0	5	225,000
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	742	16,705,000	0 (a)	0	0	0	0	0	742	16,705,000
21. Issued during year .....	198	5,180,000							198	5,180,000
22. Other changes to in force (Net) .....	(159)	(4,305,000)							(159)	(4,305,000)
23. In force December 31 of current year .....	781	17,580,000	0 (a)	0	0	0	0	0	781	17,580,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	2,574	2,555			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	8,503,687	8,467,684		2,247,239	2,215,907
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	8,503,687	8,467,684	0	2,247,239	2,215,907
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	8,506,261	8,470,239	0	2,247,239	2,215,907

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF California

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		63,498				63,498
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		63,498	0	0	0	63,498
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		11,929				11,929
13. 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 .....		11,929	0	0	0	11,929
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	170	5,495,000	0	(a)		0	0	0	170	5,495,000
21. Issued during year .....	.45	1,700,000				0	0	0	.45	1,700,000
22. Other changes to in force (Net) .....	(31)	(1,020,000)							(31)	(1,020,000)
23. In force December 31 of current year .....	184	6,175,000	0	(a)		0	0	0	184	6,175,000

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

**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) .....	7,406	7,351			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	6,364,231	6,337,286		478,907	510,564
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	6,364,231	6,337,286	0	478,907	510,564
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	6,371,637	6,344,637	0	478,907	510,564

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Colorado

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		57,588				57,588
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		57,588	0	0	0	57,588
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	210	5,935,000	0	(a)		0	0	0	210	5,935,000
21. Issued during year .....	15	440,000				0	0	0	15	440,000
22. Other changes to in force (Net) .....	(16)	(440,000)							(16)	(440,000)
23. In force December 31 of current year .....	209	5,935,000	0	(a)		0	0	0	209	5,935,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	5,839	5,796			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	8,156,417	8,121,884		1,059,246	1,073,290
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	8,156,417	8,121,884	0	1,059,246	1,073,290
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	8,162,256	8,127,680	0	1,059,246	1,073,290

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		84				84
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		84	0	0	0	84
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

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

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

**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) .....	732	727			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	19,392	19,310		26,624	24,039
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	19,392	19,310	0	26,624	24,039
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	20,124	20,037	0	26,624	24,039

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Delaware

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		1,928				1,928
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		1,928	0	0	0	1,928
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					9 No. of Policies					
20. In force December 31, prior year .....	3	95,000	0	(a)	0	0	0	0	3	95,000
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	3	95,000	0	(a)	0	0	0	0	3	95,000

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

**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 Employees Health Benefits Plan premium (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) .....	540,779	538,489		26,568	26,927
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	540,779	538,489	0	26,568	26,927
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	540,779	538,489	0	26,568	26,927

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

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

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

**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 Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	10,946	10,900		120	122
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	10,946	10,900	0	120	122
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	10,946	10,900	0	120	122

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Florida

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		75,291				75,291
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		75,291	0	0	0	75,291
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		1,327				1,327
13. 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 .....		1,327	0	0	0	1,327
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
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 (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	396	8,600,000	0	(a)		0	0	0	396	8,600,000
21. Issued during year .....	63	1,990,000				0	0	0	63	1,990,000
22. Other changes to in force (Net) .....	(91)	(2,400,000)							(91)	(2,400,000)
23. In force December 31 of current year .....	368	8,190,000	0	(a)		0	0	0	368	8,190,000

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

**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) .....	48,124	47,769		4,673	5,245
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,389,365	5,366,547		1,978,271	2,034,154
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	5,389,365	5,366,547	0	1,978,271	2,034,154
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	5,437,489	5,414,316	0	1,982,944	2,039,399

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Georgia

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		125,334				125,334
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		125,334	0	0	0	125,334
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....		24,220				24,220
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		2,803				2,803
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....		0	0	0	0	0
14. All other benefits, except accident and health .....						0
15. Totals .....		27,023	0	0	0	27,023
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	2	24,220							2	24,220
Settled during current year:										
18.1 By payment in full .....	2	24,220							2	24,220
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	2	24,220	0	0	0	0	0	0	2	24,220
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	2	24,220	0	0	0	0	0	0	2	24,220
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....	522	12,310,320	0	(a)	0	0	0	0	522	12,310,320
21. Issued during year .....	284	6,552,714							284	6,552,714
22. Other changes to in force (Net) .....	(201)	(4,896,195)							(201)	(4,896,195)
23. In force December 31 of current year .....	605	13,966,839	0	(a)	0	0	0	0	605	13,966,839

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

**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) .....	10,109	10,034		900	1,011
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	10,607,539	10,562,628		3,203,842	3,386,530
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	10,607,539	10,562,628	0	3,203,842	3,386,530
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	10,617,648	10,572,662	0	3,204,742	3,387,541

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Hawaii

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		221				221
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		221	0	0	0	221
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	4	40,000	0	(a)		0	0	0	4	40,000
21. Issued during year .....						0	0	0	0	0
22. Other changes to in force (Net) .....	1	100,000							1	100,000
23. In force December 31 of current year .....	5	140,000	0	(a)		0	0	0	5	140,000

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

**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 Employees Health Benefits Plan premium (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) .....	82,067	81,720		20,890	21,172
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	82,067	81,720	0	20,890	21,172
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	82,067	81,720	0	20,890	21,172

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Idaho

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		2,820				2,820
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		2,820	0	0	0	2,820
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					6 No. of Policies					
20. In force December 31, prior year .....	6	235,000	0	(a)	0	0	0	0	6	235,000
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	6	235,000	0	(a)	0	0	0	0	6	235,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	1,980	1,965			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	1,208,963	1,203,844		207,433	210,229
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,208,963	1,203,844	0	207,433	210,229
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,210,943	1,205,809	0	207,433	210,229

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Illinois

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		93,824				93,824
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		93,824	0	0	0	93,824
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		4,399				4,399
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....		0	0	0	0	0
14. All other benefits, except accident and health .....						0
15. Totals .....		4,399	0	0	0	4,399
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	278	7,965,000	0	(a)		0	0	0	278	7,965,000
21. Issued during year .....	145	3,540,000				0	0	0	145	3,540,000
22. Other changes to in force (Net) .....	(80)	(1,600,000)							(80)	(1,600,000)
23. In force December 31 of current year .....	343	9,905,000	0	(a)		0	0	0	343	9,905,000

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

**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) .....	7,028,460	6,976,595		659,108	746,422
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,506,979	5,483,663		3,919,086	3,974,656
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	5,506,979	5,483,663	0	3,919,086	3,974,656
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	12,535,439	12,460,258	0	4,578,194	4,721,078

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Indiana

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		17,360				17,360
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		17,360	0	0	0	17,360
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		32				32
13. 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 .....		32	0	0	0	32
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
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 (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					11 No. of Policies					
20. In force December 31, prior year .....	.80	1,860,000	0	(a)	0	0	0	0	.80	1,860,000
21. Issued during year .....	15	450,000							.15	.450,000
22. Other changes to in force (Net) .....	(15)	(240,000)							(15)	(240,000)
23. In force December 31 of current year .....	80	2,070,000	0	(a)	0	0	0	0	80	2,070,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	41,062	40,759		6,660	7,476
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	9,111,218	9,072,643		9,080,892	9,475,956
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	9,111,218	9,072,643	0	9,080,892	9,475,956
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	9,152,280	9,113,402	0	9,087,552	9,483,432

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Iowa

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		32,997				32,997
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		32,997	0	0	0	32,997
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		1,817				1,817
13. 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 .....		1,817	0	0	0	1,817
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					6 No. of Policies					
20. In force December 31, prior year .....	182	3,615,000	0	(a)	0	0	0	0	182	3,615,000
21. Issued during year .....	.33	655,000							.33	.655,000
22. Other changes to in force (Net) .....	(27)	(585,000)							(27)	(585,000)
23. In force December 31 of current year .....	188	3,685,000	0	(a)	0	0	0	0	188	3,685,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	6,104,433	6,059,386		452,699	507,428
24.1 Federal Employees Health Benefits Plan premium (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) .....	396,282	394,604		100,013	101,362
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	396,282	394,604	0	100,013	101,362
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	6,500,715	6,453,990	0	552,712	608,790

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Kansas

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		52,909				52,909
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		52,909	0	0	0	52,909
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		1,752				1,752
13. 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 .....		1,752	0	0	0	1,752
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	149	4,240,000	0	(a)	0	0	0	0	149	4,240,000
21. Issued during year .....	.54	1,535,000							.54	1,535,000
22. Other changes to in force (Net) .....	(8)	(445,000)							(8)	(445,000)
23. In force December 31 of current year .....	195	5,330,000	0	(a)	0	0	0	0	195	5,330,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	11,047	10,965			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	.9,127,484	9,088,840		1,710,101	1,721,976
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	.9,127,484	9,088,840	0	1,710,101	1,721,976
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	9,138,531	9,099,805	0	1,710,101	1,721,976

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		125,285				125,285
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		125,285	0	0	0	125,285
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		13,636				13,636
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....		0	0	0	0	0
14. All other benefits, except accident and health .....						0
15. Totals .....		13,636	0	0	0	13,636
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	440	11,220,000	0	(a)		0	0	0	440	11,220,000
21. Issued during year .....	.97	3,010,000				0	0	0	.97	3,010,000
22. Other changes to in force (Net) .....	(47)	(1,882,713)							(47)	(1,882,713)
23. In force December 31 of current year .....	490	12,347,287	0	(a)		0	0	0	490	12,347,287

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	3,437	3,412			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	7,902,346	7,868,889		1,925,742	1,918,040
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	7,902,346	7,868,889	0	1,925,742	1,918,040
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	7,905,783	7,872,301	0	1,925,742	1,918,040

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Louisiana

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		20,423				20,423
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		20,423	0	0	0	20,423
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		124				124
13. 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 .....		124	0	0	0	124
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
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 (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	60	2,040,000	0	(a)		0	0	0	60	2,040,000
21. Issued during year .....	20	615,000				0	0	0	20	615,000
22. Other changes to in force (Net) .....	(9)	(310,000)							(9)	(310,000)
23. In force December 31 of current year .....	71	2,345,000	0	(a)		0	0	0	71	2,345,000

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

**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) .....	840	834			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,696,817	5,672,698		683,298	.718,482
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	5,696,817	5,672,698	0	683,298	.718,482
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	5,697,657	5,673,532	0	683,298	718,482

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Maine

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		1,116				1,116
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		1,116	0	0	0	1,116
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	2,368	2,351			
24.1 Federal Employees Health Benefits Plan premium (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) .....	468	467			
25.2 Guaranteed renewable (b) .....	474,998	472,987		47,984	40,744
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	475,466	473,454	0	47,984	40,744
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	477,834	475,805	0	47,984	40,744

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Maryland

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		2,556				2,556
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		2,556	0	0	0	2,556
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		1,919				1,919
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....		0	0	0	0	0
14. All other benefits, except accident and health .....						0
15. Totals .....		1,919	0	0	0	1,919
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					6 No. of Policies					
20. In force December 31, prior year .....	7	235,290	0	(a)	0	0	0	0	7	235,290
21. Issued during year .....	2	100,000							2	100,000
22. Other changes to in force (Net) .....	8	115,455							8	115,455
23. In force December 31 of current year .....	17	450,745	0	(a)	0	0	0	0	17	450,745

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	1,032	1,024			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	1,241,179	1,235,924		318,896	325,915
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,241,179	1,235,924	0	318,896	325,915
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,242,211	1,236,948	0	318,896	325,915

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		1,250				1,250
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		1,250	0	0	0	1,250
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	2	70,000	0 (a)	0	0	0	0	2	70,000	
21. Issued during year .....								0	0	
22. Other changes to in force (Net) .....								0	0	
23. In force December 31 of current year .....	2	70,000	0 (a)	0	0	0	0	2	70,000	

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

**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 Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	20,133	20,048		25,364	25,706
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	20,133	20,048	0	25,364	25,706
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	20,133	20,048	0	25,364	25,706

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Michigan

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		2,509				2,509
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		2,509	0	0	0	2,509
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		1,359				1,359
13. 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 .....		1,359	0	0	0	1,359
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	11	330,000	0	(a)	0	0	0	0	11	330,000
21. Issued during year .....	1	10,000							1	10,000
22. Other changes to in force (Net) .....	(2)	(95,000)							(2)	(95,000)
23. In force December 31 of current year .....	10	245,000	0	(a)	0	0	0	0	10	245,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	11,656	11,570		372	418
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	1,911,273	1,903,181		413,111	406,322
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,911,273	1,903,181	0	413,111	406,322
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,922,929	1,914,751	0	413,483	406,740

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Minnesota

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		32,927				32,927
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		32,927	0	0	0	32,927
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
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 .....		499	0	0	0	499
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	133	3,725,868	0	(a)		0	0	0	133	3,725,868
21. Issued during year .....	23	650,000				0	0	0	23	650,000
22. Other changes to in force (Net) .....	(19)	(555,000)							(19)	(555,000)
23. In force December 31 of current year .....	137	3,820,868	0	(a)		0	0	0	137	3,820,868

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	9,957	9,884			
24.1 Federal Employees Health Benefits Plan premium (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) .....	13,569,309	13,511,859		1,914,739	1,943,211
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	13,569,309	13,511,859	0	1,914,739	1,943,211
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	13,579,266	13,521,743	0	1,914,739	1,943,211

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		17,562				17,562
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		17,562	0	0	0	17,562
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		450				450
13. 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 .....		450	0	0	0	450
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	.61	1,495,000	0	(a)		0	0	0	.61	1,495,000
21. Issued during year .....	.26	560,000				0	0	0	.26	.560,000
22. Other changes to in force (Net) .....	(15)	(270,000)							(15)	(270,000)
23. In force December 31 of current year .....	72	1,785,000	0	(a)		0	0	0	72	1,785,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	3,060	3,037			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	1,168,096	1,163,150		250,747	265,723
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,168,096	1,163,150	0	250,747	265,723
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,171,156	1,166,187	0	250,747	265,723

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Missouri

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		58,135				58,135
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		58,135	0	0	0	58,135
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		5,453				5,453
13. 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 .....		5,453	0	0	0	5,453
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	153	5,570,000	0	(a)		0	0	0	153	5,570,000
21. Issued during year .....	.53	2,375,000				0	0	0	.53	2,375,000
22. Other changes to in force (Net) .....	(17)	(1,200,000)							(17)	(1,200,000)
23. In force December 31 of current year .....	189	6,745,000	0	(a)		0	0	0	189	6,745,000

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

**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) .....	43,017	42,700		20,275	22,759
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	8,132,186	8,097,756		1,502,931	1,556,887
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	8,132,186	8,097,756	0	1,502,931	1,556,887
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	8,175,203	8,140,456	0	1,523,206	1,579,646

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Montana

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		15,364				15,364
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		15,364	0	0	0	15,364
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		1,429				1,429
13. 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 .....		1,429	0	0	0	1,429
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
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 (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....	25	1,450,000	0	(a)	0	0	0	0	25	1,450,000
21. Issued during year .....	1	75,000				0	0	0	1	75,000
22. Other changes to in force (Net) .....	(2)	(75,000)							(2)	(75,000)
23. In force December 31 of current year .....	24	1,450,000	0	(a)	0	0	0	0	24	1,450,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	2,832	2,811			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	2,532,320	2,521,599		876,889	.840,837
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	2,532,320	2,521,599	0	876,889	.840,837
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	2,535,152	2,524,410	0	876,889	.840,837

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2018

NAIC Group Code 0290

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		16,709				16,709
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		16,709	0	0	0	16,709
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		4,228				4,228
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....		0	0	0	0	0
14. All other benefits, except accident and health .....						0
15. Totals .....		4,228	0	0	0	4,228
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					6 No. of Policies					
20. In force December 31, prior year .....	.46	1,373,186	0	(a)	0	0	0	0	.46	1,373,186
21. Issued during year .....	.16	495,000							.16	.495,000
22. Other changes to in force (Net) .....	.2	.70,000							.2	.70,000
23. In force December 31 of current year .....	64	1,938,186	0	(a)	0	0	0	0	64	1,938,186

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

**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) .....	70,728	70,206		.16,485	18,505
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	.8,982,912	8,944,880		3,492,319	3,386,660
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	.8,982,912	8,944,880	0	3,492,319	3,386,660
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	9,053,640	9,015,086	0	3,508,804	3,405,165

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Nevada

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		10,370				10,370
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		10,370	0	0	0	10,370
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	28	1,190,000	0	(a)		0	0	0	28	1,190,000
21. Issued during year .....						0	0	0	0	0
22. Other changes to in force (Net) .....	(1)	(20,000)							(1)	(20,000)
23. In force December 31 of current year .....	27	1,170,000	0	(a)		0	0	0	27	1,170,000

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

**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) .....	852	846			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	1,053,697	1,049,236		208,784	161,792
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,053,697	1,049,236	0	208,784	161,792
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,054,549	1,050,082	0	208,784	161,792

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF New Hampshire

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		11,072				11,072
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		11,072	0	0	0	11,072
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	19	640,000	0	(a)		0	0	0	19	640,000
21. Issued during year .....						0	0	0	0	0
22. Other changes to in force (Net) .....	(2)	(20,000)							(2)	(20,000)
23. In force December 31 of current year .....	17	620,000	0	(a)		0	0	0	17	620,000

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

**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 Employees Health Benefits Plan premium (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) .....	402,187	401,657		74,760	68,353
25.2 Guaranteed renewable (b) .....	247,931	246,881		19,410	19,672
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	650,118	648,538	0	94,170	88,025
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	650,118	648,538	0	94,170	88,025

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		3,092				3,092
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		3,092	0	0	0	3,092
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....	6	275,000	0	(a)	0	0	0	0	6	275,000
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....	(1)	(75,000)							(1)	(75,000)
23. In force December 31 of current year .....	5	200,000	0	(a)	0	0	0	0	5	200,000

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

**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) .....	414	411			
24.1 Federal Employees Health Benefits Plan premium (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) .....	48,096	47,892		12,259	5,661
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	48,096	47,892	0	12,259	5,661
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	48,510	48,303	0	12,259	5,661

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		16,872				16,872
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		16,872	0	0	0	16,872
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		2,320				2,320
13. 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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					6 No. of Policies					
20. In force December 31, prior year .....	.37	1,130,000	0	(a)	0	0	0	0	.37	1,130,000
21. Issued during year .....	.11	400,000							.11	400,000
22. Other changes to in force (Net) .....	-.5	(135,000)							-.5	(135,000)
23. In force December 31 of current year .....	43	1,395,000	0	(a)	0	0	0	0	43	1,395,000

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

**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 Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	1,729,927	1,722,603		242,150	301,334
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,729,927	1,722,603	0	242,150	301,334
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,729,927	1,722,603	0	242,150	301,334

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF New York

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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	0
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

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

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

**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 Employees Health Benefits Plan premium (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 care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF North Carolina

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		134,769				134,769
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		134,769	0	0	0	134,769
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		1,807				1,807
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....		0	0	0	0	0
14. All other benefits, except accident and health .....						0
15. Totals .....		1,807	0	0	0	1,807
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	536	13,528,000	0	(a)		0	0	0	536	13,528,000
21. Issued during year .....	102	2,370,000				0	0	0	102	2,370,000
22. Other changes to in force (Net) .....	(102)	(2,635,000)							(102)	(2,635,000)
23. In force December 31 of current year .....	536	13,263,000	0	(a)		0	0	0	536	13,263,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	1,288	1,278			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	9,553,840	9,513,391		2,199,027	2,233,654
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	9,553,840	9,513,391	0	2,199,027	2,233,654
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	9,555,128	9,514,669	0	2,199,027	2,233,654

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		4,936				4,936
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		4,936	0	0	0	4,936
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	23	645,000	0	(a)		0	0	0	23	645,000
21. Issued during year .....						0	0	0	0	0
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....	23	645,000	0	(a)		0	0	0	23	645,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	1,882	1,868			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	1,482,169	1,475,894		273,641	283,056
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,482,169	1,475,894	0	273,641	283,056
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,484,051	1,477,762	0	273,641	283,056

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Ohio

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		82,838				82,838
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		82,838	0	0	0	82,838
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....		227,414				227,414
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		10,470				10,470
13. 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 .....		237,884	0	0	0	237,884
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	5	227,414							5	227,414
Settled during current year:										
18.1 By payment in full .....	5	227,414							5	227,414
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	5	227,414	0	0	0	0	0	0	5	227,414
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	5	227,414	0	0	0	0	0	0	5	227,414
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....	230	7,285,371	0	(a)	0	0	0	0	230	7,285,371
21. Issued during year .....	29	705,000							29	705,000
22. Other changes to in force (Net) .....	(14)	(668,120)							(14)	(668,120)
23. In force December 31 of current year .....	245	7,322,251	0	(a)	0	0	0	0	245	7,322,251

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

**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) .....	10,239	10,164			
24.1 Federal Employees Health Benefits Plan premium (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) .....	21,303,616	21,213,417		13,597,650	14,905,446
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	21,303,616	21,213,417	0	13,597,650	14,905,446
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	21,313,855	21,223,581	0	13,597,650	14,905,446

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Oklahoma

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		60,383				60,383
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		60,383	0	0	0	60,383
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		551				551
13. 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 .....		551	0	0	0	551
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
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 (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					11 No. of Policies					
20. In force December 31, prior year .....	182	5,805,000	0	(a)	0	0	0	0	182	5,805,000
21. Issued during year .....	23	740,000				0	0	0	23	740,000
22. Other changes to in force (Net) .....	(26)	(1,090,000)							(26)	(1,090,000)
23. In force December 31 of current year .....	179	5,455,000	0	(a)	0	0	0	0	179	5,455,000

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

**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) .....	7,046	6,994			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	3,983,188	3,966,324		726,448	.745,495
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	3,983,188	3,966,324	0	726,448	.745,495
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	3,990,234	3,973,318	0	726,448	.745,495

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Oregon

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		11,440				11,440
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		11,440	0	0	0	11,440
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					6 No. of Policies					
20. In force December 31, prior year .....	27	715,000	0	(a)	0	0	0	0	27	715,000
21. Issued during year .....	9	335,000							9	335,000
22. Other changes to in force (Net) .....	(4)	(215,000)							(4)	(215,000)
23. In force December 31 of current year .....	32	835,000	0	(a)	0	0	0	0	32	835,000

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

**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) .....	360	357			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	1,493,250	1,486,928		202,376	198,538
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	1,493,250	1,486,928	0	202,376	198,538
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	1,493,610	1,487,285	0	202,376	198,538

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Pennsylvania

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	20,979					20,979
2. Annuity considerations .....						0
3. Deposit-type contract funds .....		XXX			XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....	20,979	0		0	0	20,979
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....	0	0		0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....	1,335					1,335
13. 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 .....	1,335	0		0	0	1,335
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0		0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0		0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
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 (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	.60	1,555,000	0	(a)		0	0	0	.60	1,555,000
21. Issued during year .....	8	340,000				0	0	0	8	.340,000
22. Other changes to in force (Net) .....	-(5)	(90,000)							-(5)	-(90,000)
23. In force December 31 of current year .....	63	1,805,000	0	(a)		0	0	0	63	1,805,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	5,314	5,275			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	2,920,810	2,908,444		821,124	844,681
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	2,920,810	2,908,444	0	821,124	844,681
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	2,926,124	2,913,719	0	821,124	844,681

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Rhode Island

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>					
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 plus 7.4) .....	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
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
<b>DETAILS OF WRITE-INS</b>					
1301. ....					
1302. ....					
1303. ....					
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0

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

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

**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 Employees Health Benefits Plan premium (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) .....	372	372			
25.2 Guaranteed renewable (b) .....	63,044	62,777		1,700	1,723
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	63,416	63,149	0	1,700	1,723
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	63,416	63,149	0	1,700	1,723

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF South Carolina

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		61,300				61,300
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		61,300	0	0	0	61,300
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		180				180
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....		0	0	0	0	0
14. All other benefits, except accident and health .....						0
15. Totals .....		180	0	0	0	180
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	267	5,670,000	0	(a)		0	0	0	267	5,670,000
21. Issued during year .....	.55	1,510,000				0	0	0	.55	1,510,000
22. Other changes to in force (Net) .....	(41)	(930,000)							(41)	(930,000)
23. In force December 31 of current year .....	281	6,250,000	0	(a)		0	0	0	281	6,250,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	5,988	5,944		14,400	16,164
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	2,853,606	2,841,524		480,183	494,210
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	2,853,606	2,841,524	0	480,183	494,210
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	2,859,594	2,847,468	0	494,583	510,374

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		16,008				16,008
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		16,008	0	0	0	16,008
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	.36	1,315,000	0	(a)		0	0	0	.36	1,315,000
21. Issued during year .....						0	0	0	0	0
22. Other changes to in force (Net) .....	2	70,000							2	70,000
23. In force December 31 of current year .....	38	1,385,000	0	(a)		0	0	0	38	1,385,000

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

**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) .....	10,510	10,432			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,711,576	5,687,394		2,108,571	2,277,623
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	5,711,576	5,687,394	0	2,108,571	2,277,623
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	5,722,086	5,697,826	0	2,108,571	2,277,623

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		147,551				147,551
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		147,551	0	0	0	147,551
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....		75,000				75,000
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		7,697				7,697
13. 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 .....		82,697	0	0	0	82,697
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	1	75,000							1	75,000
Settled during current year:										
18.1 By payment in full .....	1	75,000							1	75,000
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	1	75,000	0	0	0	0	0	0	1	75,000
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	1	75,000	0	0	0	0	0	0	1	75,000
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....	284	10,415,000	0	(a)	0	0	0	0	284	10,415,000
21. Issued during year .....	.54	1,320,000							.54	1,320,000
22. Other changes to in force (Net) .....	(50)	(1,515,000)							(50)	(1,515,000)
23. In force December 31 of current year .....	288	10,220,000	0	(a)	0	0	0	0	288	10,220,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	9,116	9,049		1,205	1,353
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,889,410	5,864,475		1,504,832	1,623,775
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	5,889,410	5,864,475	0	1,504,832	1,623,775
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	5,898,526	5,873,524	0	1,506,037	1,625,128

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		1,562,307				1,562,307
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		1,562,307	0	0	0	1,562,307
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....		50,000				50,000
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		52,644				52,644
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....		0	0	0	0	0
14. All other benefits, except accident and health .....						0
15. Totals .....		102,644	0	0	0	102,644
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	2	50,000							2	50,000
Settled during current year:										
18.1 By payment in full .....	2	50,000							2	50,000
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	2	50,000	0	0	0	0	0	0	2	50,000
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	2	50,000	0	0	0	0	0	0	2	50,000
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					5 No. of Policies					
20. In force December 31, prior year .....	4,726	138,553,000	0	(a)	0	0	0	0	4,726	138,553,000
21. Issued during year .....	1,292	35,670,000							1,292	35,670,000
22. Other changes to in force (Net) .....	(765)	(21,231,269)							(765)	(21,231,269)
23. In force December 31 of current year .....	5,253	152,991,731	0	(a)	0	0	0	0	5,253	152,991,731

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

**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) .....	21,424	21,266		75	84
24.1 Federal Employees Health Benefits Plan premium (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) .....	56,685,684	56,445,686		15,372,227	15,568,960
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	56,685,684	56,445,686	0	15,372,227	15,568,960
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	56,707,108	56,466,952	0	15,372,302	15,569,044

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Utah

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		857				857
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		857	0	0	0	857
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	1	100,000	0	(a)	0	0	0	0	1	100,000
21. Issued during year .....									0	0
22. Other changes to in force (Net) .....									0	0
23. In force December 31 of current year .....	1	100,000	0	(a)	0	0	0	0	1	100,000

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

**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) .....	568	564			
24.1 Federal Employees Health Benefits Plan premium (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) .....	612	611			
25.2 Guaranteed renewable (b) .....	4,115,148	4,097,725		510,732	.531,017
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	4,115,760	4,098,336	0	510,732	.531,017
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	4,116,328	4,098,900	0	510,732	.531,017

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Vermont

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		3,934				3,934
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		3,934	0	0	0	3,934
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	4	300,000	0	(a)		0	0	0	4	300,000
21. Issued during year .....						0	0	0	0	0
22. Other changes to in force (Net) .....										
23. In force December 31 of current year .....	4	300,000	0	(a)		0	0	0	4	300,000

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

**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 Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	36,710	36,555		3,280	3,324
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	36,710	36,555	0	3,280	3,324
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	36,710	36,555	0	3,280	3,324

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Virginia

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	118,174					118,174
2. Annuity considerations .....						0
3. Deposit-type contract funds .....		XXX			XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....	118,174	0		0	0	118,174
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		939				939
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....		0	0	0	0	0
14. All other benefits, except accident and health .....						0
15. Totals .....		939	0	0	0	939
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	401	8,589,497	0	(a)		0	0	0	401	8,589,497
21. Issued during year .....	.71	1,698,674				0	0	0	.71	1,698,674
22. Other changes to in force (Net) .....	(89)	(1,810,377)							(89)	(1,810,377)
23. In force December 31 of current year .....	383	8,477,794	0	(a)		0	0	0	383	8,477,794

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	6,768	6,718		75	84
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,217,392	5,195,302		1,722,465	1,665,942
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	5,217,392	5,195,302	0	1,722,465	1,665,942
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	5,224,160	5,202,020	0	1,722,540	1,666,026

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Washington

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		107,880				107,880
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		107,880	0	0	0	107,880
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		2,453				2,453
13. 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 .....		2,453	0	0	0	2,453
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	165	8,435,000	0	(a)		0	0	0	165	8,435,000
21. Issued during year .....	19	860,000				0	0	0	19	860,000
22. Other changes to in force (Net) .....	(9)	(575,000)							(9)	(575,000)
23. In force December 31 of current year .....	175	8,720,000	0	(a)		0	0	0	175	8,720,000

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b) .....	2,194	2,178			
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	3,773,740	3,757,763		495,891	.515,126
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	3,773,740	3,757,763	0	495,891	.515,126
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	3,775,934	3,759,941	0	495,891	.515,126

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF West Virginia

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		62,425				62,425
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		62,425	0	0	0	62,425
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						0
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		1,867				1,867
13. 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 .....		1,867	0	0	0	1,867
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	267	6,027,582	0	(a)		0	0	0	267	6,027,582
21. Issued during year .....	43	985,000				0	0	0	43	985,000
22. Other changes to in force (Net) .....	(37)	(810,818)							(37)	(810,818)
23. In force December 31 of current year .....	273	6,201,764	0	(a)		0	0	0	273	6,201,764

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

**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 Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	3,236,750	3,223,046		756,583	.757,750
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	3,236,750	3,223,046	0	756,583	.757,750
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	3,236,750	3,223,046	0	756,583	.757,750

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Wisconsin

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		5,570				5,570
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		5,570	0	0	0	5,570
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....		50,000				50,000
10. Matured endowments .....						0
11. Annuity benefits .....						0
12. Surrender values and withdrawals for life contracts .....		1,986				1,986
13. 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 .....		51,986	0	0	0	51,986
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	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
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	1	50,000							1	50,000
Settled during current year:										
18.1 By payment in full .....	1	50,000							1	50,000
18.2 By payment on compromised claims .....									0	0
18.3 Totals paid .....	1	50,000	0	0	0	0	0	0	1	50,000
18.4 Reduction by compromise .....									0	0
18.5 Amount rejected .....									0	0
18.6 Total settlements .....	1	50,000	0	0	0	0	0	0	1	50,000
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	30	740,000	0	(a)	0	0	0	0	30	740,000
21. Issued during year .....	4	65,000							4	65,000
22. Other changes to in force (Net) .....	(3)	(135,000)							(3)	(135,000)
23. In force December 31 of current year .....	31	670,000	0	(a)	0	0	0	0	31	670,000

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

**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) .....	8,561	8,498		150	168
24.1 Federal Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	3,778,512	3,762,514		470,326	475,840
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	3,778,512	3,762,514	0	470,326	475,840
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	3,787,073	3,771,012	0	470,476	476,008

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Wyoming

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....		11,222				11,222
2. Annuity considerations .....						0
3. Deposit-type contract funds .....			XXX		XXX	0
4. Other considerations .....						0
5. Totals (Sum of Lines 1 to 4) .....		11,222	0	0	0	11,222
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....		0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....		0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....		0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....										
Settled during current year:										
18.1 By payment in full .....										
18.2 By payment on compromised claims .....										
18.3 Totals paid .....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise .....										
18.5 Amount rejected .....										
18.6 Total settlements .....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	.34	960,000	0	(a)		0	0	0	.34	.960,000
21. Issued during year .....						0	0	0	0	0
22. Other changes to in force (Net) .....	(1)	(25,000)							(1)	(25,000)
23. In force December 31 of current year .....	33	935,000	0	(a)		0	0	0	33	935,000

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

**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 Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	2,599,351	2,588,346		388,859	.394,102
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	2,599,351	2,588,346	0	388,859	.394,102
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	2,599,351	2,588,346	0	388,859	.394,102

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF American Samoa

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

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

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

**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 Employees Health Benefits Plan premium (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 care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Guam

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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	0
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

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

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

**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 Employees Health Benefits Plan premium (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 care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

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

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

**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 Employees Health Benefits Plan premium (b) .....					
24.2 Credit (Group and Individual) .....					
24.3 Collectively renewable policies (b) .....					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b) .....					
25.2 Guaranteed renewable (b) .....	5,862	5,837			
25.3 Non-renewable for stated reasons only (b) .....					
25.4 Other accident only .....					
25.5 All other (b) .....					
25.6 Totals (sum of Lines 25.1 to 25.5) .....	5,862	5,837	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	5,862	5,837	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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	0
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

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

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

**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 Employees Health Benefits Plan premium (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 care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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	0
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount						
16. Unpaid December 31, prior year .....									0	0
17. Incurred during current year .....									0	0
Settled during current year:									0	0
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 (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....									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

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

**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 Employees Health Benefits Plan premium (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 care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Canada

NAIC Group Code 0290

DURING THE YEAR 2018

NAIC Company Code 77968

**LIFE INSURANCE**

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
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 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
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	0
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

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

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

**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 Employees Health Benefits Plan premium (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 care products \_\_\_\_\_ 0 and number of persons insured under indemnity only products \_\_\_\_\_ 0 .



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2018

NAIC Group Code 0290

**LIFE INSURANCE**

NAIC Company Code 77968

<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance .....	3,599,249		0	0	0	3,599,249
2. Annuity considerations .....	0		0	0	0	0
3. Deposit-type contract funds .....	0	XXX		0	XXX	0
4. Other considerations .....	0		0	0	0	0
5. Totals (Sum of Lines 1 to 4) .....	3,599,249	0	0	0	0	3,599,249
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
Life insurance:						
6.1 Paid in cash or left on deposit .....	0	0	0	0	0	0
6.2 Applied to pay renewal premiums .....	0	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period .....	0	0	0	0	0	0
6.4 Other .....	0	0	0	0	0	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	0	0	0	0	0
7.2 Applied to provide paid-up annuities .....	0	0	0	0	0	0
7.3 Other .....	0	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3) .....	0	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4) .....	0	0	0	0	0	0
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....	651,634		0	0	0	.651,634
10. Matured endowments .....	0		0	0	0	0
11. Annuity benefits .....	0		0	0	0	0
12. Surrender values and withdrawals for life contracts .....	139,376		0	0	0	139,376
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....	0		0	0	0	0
14. All other benefits, except accident and health .....	0		0	0	0	0
15. Totals .....	791,010		0	0	0	791,010
<b>DETAILS OF WRITE-INS</b>						
1301. ....						
1302. ....						
1303. ....						
1398. Summary of Line 13 from overflow page .....	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) .....	0	0	0	0	0	0

<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	1 No.	2 Amount	Credit Life (Group and Individual)		5 No. of Certifs.	6 Amount	7 No.	8 Amount	Total	
			3 No. of Ind.Pols. & Gr. Certifs.	4 Amount					9 No.	10 Amount
16. Unpaid December 31, prior year .....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year .....	16	651,634	0	0	0	0	0	0	16	.651,634
Settled during current year:										
18.1 By payment in full .....	16	651,634	0	0	0	0	0	0	16	.651,634
18.2 By payment on compromised claims .....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid .....	16	651,634	0	0	0	0	0	0	16	.651,634
18.4 Reduction by compromise .....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected .....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements .....	16	651,634	0	0	0	0	0	0	16	.651,634
19. Unpaid Dec. 31, current year (16+17-18.6) .....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>					No. of Policies					
20. In force December 31, prior year .....	11,378	318,343,114	0	(a)		0	0	0	11,378	318,343,114
21. Issued during year .....	2,924	80,741,388	0	(a)		0	0	0	2,924	80,741,388
22. Other changes to in force (Net) .....	(1,914)	(53,294,037)	0	(a)		0	0	0	(1,914)	(53,294,037)
23. In force December 31 of current year .....	12,388	345,790,465	0	(a)		0	0	0	12,388	345,790,465

(a) Includes Individual Credit Life Insurance prior year \$ 0 , current year \$ 0  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0  
 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
					Direct Premiums
24. Group Policies (b) .....	13,515,590	13,415,854	0	1,180,867	1,331,372
24.1 Federal Employees Health Benefits Plan premium (b) .....	0	0	0	0	0
24.2 Credit (Group and Individual) .....	0	0	0	0	0
24.3 Collectively renewable policies (b) .....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b) .....	403,639	403,107	0	74,760	68,353
25.2 Guaranteed renewable (b) .....	262,750,265	261,637,821	0	79,485,857	82,081,302
25.3 Non-renewable for stated reasons only (b) .....	0	0	0	0	0
25.4 Other accident only .....	0	0	0	0	0
25.5 All other (b) .....	0	0	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5) .....	263,153,904	262,040,928	0	79,560,617	82,149,655
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) .....	276,669,494	275,456,782	0	80,741,484	83,481,027

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

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America  
**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

**INTEREST MAINTENANCE RESERVE**

	1 Amount
1. Reserve as of December 31, Prior Year .....	.924,470
2. Current year's realized pre-tax capital gains/(losses) of \$ ..... 755,956 transferred into the reserve net of taxes of \$ ..... 197,641	.558,315
3. Adjustment for current year's liability gains/(losses) released from the reserve .....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) .....	1,482,785
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) .....	539,725
6. Reserve as of December 31, current year (Line 4 minus Line 5)	943,060

**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 Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2018 .....	326,445	213,280	0	.539,725
2. 2019 .....	159,907	225,526	0	.385,433
3. 2020 .....	143,985	20,313	0	.164,298
4. 2021 .....	121,090	22,285	0	.143,375
5. 2022 .....	94,651	23,814	0	.118,465
6. 2023 .....	68,663	25,181	0	.93,844
7. 2024 .....	44,403	29,035	0	.73,438
8. 2025 .....	23,869	28,081	0	.51,950
9. 2026 .....	5,728	31,275	0	.37,003
10. 2027 .....	(4,955)	30,290	0	.25,335
11. 2028 .....	(18,982)	34,685	0	.15,703
12. 2029 .....	(26,731)	20,336	0	(6,395)
13. 2030 .....	(32,268)	1,277	0	(30,991)
14. 2031 .....	(37,881)	(23,517)	0	(61,398)
15. 2032 .....	(45,231)	(48,475)	0	(93,706)
16. 2033 .....	(43,303)	(74,336)	0	(117,639)
17. 2034 .....	(32,961)	(74,909)	0	(107,870)
18. 2035 .....	(19,096)	(51,026)	0	(70,122)
19. 2036 .....	(4,145)	(24,692)	0	(28,837)
20. 2037 .....	.9,704	2,679	0	.12,383
21. 2038 .....	19,084	28,291	0	.47,375
22. 2039 .....	21,324	38,723	0	.60,047
23. 2040 .....	23,413	31,869	0	.55,282
24. 2041 .....	26,289	22,911	0	.49,200
25. 2042 .....	27,822	14,706	0	.42,528
26. 2043 .....	26,374	6,439	0	.32,813
27. 2044 .....	20,819	1,506	0	.22,325
28. 2045 .....	14,771	.1,199	0	.15,970
29. 2046 .....	.8,724	861	0	.9,585
30. 2047 .....	.2,959	.523	0	.3,482
31. 2048 and Later		184	0	184
32. Total (Lines 1 to 31)	924,471	558,315	0	1,482,786

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**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 .....	5,183,953	28,773	5,212,726	0	102,454	102,454	5,315,180
2. Realized capital gains/(losses) net of taxes - General Account .....			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts .....			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account .....	83,100		83,100			0	83,100
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 .....	1,509,899	58,392	1,568,291	0	31,375	31,375	1,599,666
8. Accumulated balances (Lines 1 through 5 - 6 + 7) .....	6,776,952	87,165	6,864,117	0	133,829	133,829	6,997,946
9. Maximum reserve .....	7,512,841	218,568	7,731,408	0	202,099	202,099	7,933,508
10. Reserve objective .....	5,070,267	169,640	5,239,907	0	155,936	155,936	5,395,843
11. 20% of (Line 10 - Line 8) .....	(341,337)	16,495	(324,842)	0	4,421	4,421	(320,420)
12. Balance before transfers (Lines 8 + 11) .....	6,435,615	103,660	6,539,275	0	138,250	138,250	6,677,525
13. Transfers .....			0			0	0
14. Voluntary contribution .....			0			0	0
15. Adjustment down to maximum/up to zero .....			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	6,435,615	103,660	6,539,275	0	138,250	138,250	6,677,525

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**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.	1	Exempt Obligations	34,978,371	XXX	XXX	34,978,371	0.0000	0	0.0000	0	0.0000	0
2.		Highest Quality	472,046,413	XXX	XXX	472,046,413	0.0004	188,819	0.0023	1,085,707	0.0030	1,416,139
3.		High Quality	594,458,154	XXX	XXX	594,458,154	0.0019	1,129,470	0.0058	3,447,857	0.0090	5,350,123
4.		Medium Quality	8,583,225	XXX	XXX	8,583,225	0.0093	79,824	0.0230	197,414	0.0340	291,830
5.		Low Quality	5,248,165	XXX	XXX	5,248,165	0.0213	111,786	0.0530	278,153	0.0750	393,612
6.		Lower Quality	0	XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7.		In or Near Default	305,680	XXX	XXX	305,680	0.0000	0	0.2000	61,136	0.2000	61,136
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	1,115,620,008	XXX	XXX	1,115,620,008	XXX	1,509,899	XXX	5,070,267	XXX	7,512,841
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11.		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12.		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15.		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.	1	Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19.		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20.		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21.		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24.		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.	1	Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27.		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28.		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29.		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32.		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)		1,115,620,008	XXX	XXX	1,115,620,008	XXX	1,509,899	XXX	5,070,267	XXX	7,512,841

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**ASSET VALUATION RESERVE (Continued)**  
**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)
31		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality .....				XXX	0	0.0010	0	0.0050	0	0.0065
36.		Farm Mortgages - CM2 - High Quality .....				XXX	0	0.0035	0	0.0100	0	0.0130
37.		Farm Mortgages - CM3 - Medium Quality .....				XXX	0	0.0060	0	0.0175	0	0.0225
38.		Farm Mortgages - CM4 - Low Medium Quality .....				XXX	0	0.0105	0	0.0300	0	0.0375
39.		Farm Mortgages - CM5 - Low Quality .....				XXX	0	0.0160	0	0.0425	0	0.0550
40.		Residential Mortgages - Insured or Guaranteed .....				XXX	0	0.0003	0	0.0006	0	0.0010
41.		Residential Mortgages - All Other .....				XXX	0	0.0013	0	0.0030	0	0.0040
42.		Commercial Mortgages - Insured or Guaranteed .....				XXX	0	0.0003	0	0.0006	0	0.0010
43.		Commercial Mortgages - All Other - CM1 - Highest Quality .....				XXX	0	0.0010	0	0.0050	0	0.0065
44.		Commercial Mortgages - All Other - CM2 - High Quality .....	3,210,698			XXX	3,210,698	0.0035	11,237	0.0100	32,107	0.0130
45.		Commercial Mortgages - All Other - CM3 - Medium Quality .....	7,859,042			XXX	7,859,042	0.0060	47,154	0.0175	137,533	0.0225
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality .....				XXX	0	0.0105	0	0.0300	0	0.0375
47.		Commercial Mortgages - All Other - CM5 - Low Quality .....				XXX	0	0.0160	0	0.0425	0	0.0550
Overdue, Not in Process:												
48.		Farm Mortgages .....				XXX	0	0.0420	0	0.0760	0	0.1200
49.		Residential Mortgages - Insured or Guaranteed .....				XXX	0	0.0005	0	0.0012	0	0.0020
50.		Residential Mortgages - All Other .....				XXX	0	0.0025	0	0.0058	0	0.0090
51.		Commercial Mortgages - Insured or Guaranteed .....				XXX	0	0.0005	0	0.0012	0	0.0020
52.		Commercial Mortgages - All Other .....				XXX	0	0.0420	0	0.0760	0	0.1200
In Process of Foreclosure:												
53.		Farm Mortgages .....				XXX	0	0.0000	0	0.1700	0	0.1700
54.		Residential Mortgages - Insured or Guaranteed .....				XXX	0	0.0000	0	0.0040	0	0.0040
55.		Residential Mortgages - All Other .....				XXX	0	0.0000	0	0.0130	0	0.0130
56.		Commercial Mortgages - Insured or Guaranteed .....				XXX	0	0.0000	0	0.0040	0	0.0040
57.		Commercial Mortgages - All Other .....				XXX	0	0.0000	0	0.1700	0	0.1700
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	11,069,740	0	XXX	11,069,740	XXX	58,392	XXX	169,640	XXX	218,568
59.		Schedule DA Mortgages			XXX	0	0.0030	0	0.0100	0	0.0130	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	11,069,740	0	XXX	11,069,740	XXX	58,392	XXX	169,640	XXX	218,568

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**ASSET VALUATION RESERVE**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
1.	COMMON STOCK	Unaffiliated - Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	
4.		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	
5.		Affiliated - Investment Subsidiary:				0	XXX		XXX		XXX	
6.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
7.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
8.		Fixed Income - High Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
11.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
12.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
13.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1300 (a)	0	0.1300 (a)	
14.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1600	0	0.1600	
15.		Real Estate				0	(b)	0	(b)	0	(b)	
16.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	
17.		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	
		Total Common Stock (Sum of Lines 1 through 16)	0	0	0	0	XXX	0	XXX	0	XXX	
18.	REAL ESTATE	Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	
19.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	
20.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	
21.		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	
22.	OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS	Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	
23.		Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	
24.		High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	
25.		Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	
26.		Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	
27.		Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	
28.		In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30.	1	Highest Quality .....	21,864,175	XXX	XXX	21,864,175	0.0004	8,746	0.0023	50,288	0.0030	.65,593
31.	2	High Quality .....	5,248,183	XXX	XXX	5,248,183	0.0019	9,972	0.0058	30,439	0.0090	.47,234
32.	3	Medium Quality .....		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33.	4	Low Quality .....		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34.	5	Lower Quality .....		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35.	6	In or Near Default .....		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36.		Affiliated Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37.		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	27,112,358	XXX	XXX	27,112,358	XXX	18,717	XXX	80,727	XXX	112,826
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38.		Mortgages - CM1 - Highest Quality .....			XXX	0	0.0010	0	0.0050	0	0.0065	0
39.		Mortgages - CM2 - High Quality .....			XXX	0	0.0035	0	0.0100	0	0.0130	0
40.		Mortgages - CM3 - Medium Quality .....			XXX	0	0.0060	0	0.0175	0	0.0225	0
41.		Mortgages - CM4 - Low Medium Quality .....			XXX	0	0.0105	0	0.0300	0	0.0375	0
42.		Mortgages - CM5 - Low Quality .....			XXX	0	0.0160	0	0.0425	0	0.0550	0
43.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0006	0	0.0010	0
44.		Residential Mortgages - All Other .....			XXX	0	0.0013	0	0.0030	0	0.0040	0
45.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0003	0	0.0006	0	0.0010	0
		Overdue, Not in Process Affiliated:										
46.		Farm Mortgages .....			XXX	0	0.0420	0	0.0760	0	0.1200	0
47.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0005	0	0.0012	0	0.0020	0
48.		Residential Mortgages - All Other .....			XXX	0	0.0025	0	0.0058	0	0.0090	0
49.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0005	0	0.0012	0	0.0020	0
50.		Commercial Mortgages - All Other .....			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure Affiliated:										
51.		Farm Mortgages .....			XXX	0	0.0000	0	0.1700	0	0.1700	0
52.		Residential Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0040	0	0.0040	0
53.		Residential Mortgages - All Other .....			XXX	0	0.0000	0	0.0130	0	0.0130	0
54.		Commercial Mortgages - Insured or Guaranteed .....			XXX	0	0.0000	0	0.0040	0	0.0040	0
55.		Commercial Mortgages - All Other .....			XXX	0	0.0000	0	0.1700	0	0.1700	0
56.		Total Affiliated (Sum of Lines 38 through 55) .....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57.		Unaffiliated - In Good Standing With Covenants .....			XXX	0	(c)	0	(c)	0	(c)	0
58.		Unaffiliated - In Good Standing Defeased With Government Securities .....			XXX	0	0.0010	0	0.0050	0	0.0065	0
59.		Unaffiliated - In Good Standing Primarily Senior .....			XXX	0	0.0035	0	0.0100	0	0.0130	0
60.		Unaffiliated - In Good Standing All Other .....			XXX	0	0.0060	0	0.0175	0	0.0225	0
61.		Unaffiliated - Overdue, Not in Process .....			XXX	0	0.0420	0	0.0760	0	0.1200	0
62.		Unaffiliated - In Process of Foreclosure .....			XXX	0	0.0000	0	0.1700	0	0.1700	0
63.		Total Unaffiliated (Sum of Lines 57 through 62) .....	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64.		Total with Mortgage Loan Characteristics (Lines 56 + 63) .....	0	0	XXX	0	XXX	0	XXX	0	XXX	0

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**ASSET VALUATION RESERVE (Continued)**  
**BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS**  
**EQUITY AND OTHER INVESTED ASSET COMPONENT**

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
65.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
66.		Unaffiliated Public .....		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a) 0	
67.		Unaffiliated Private .....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600 0	
68.		Affiliated Life with AVR .....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000 0	
69.		Affiliated Certain Other (See SVO Purposes & Procedures Manual) .....		XXX	XXX	0	0.0000	0	0.1300	0	0.1300 0	
70.		Affiliated Other - All Other .....		XXX	XXX	0	0.0000	0	0.1600	0	0.1600 0	
		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX 0	
71.		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
72.		Home Office Property (General Account only) .....				0	0.0000	0	0.0750	0	0.0750 0	
73.		Investment Properties .....				0	0.0000	0	0.0750	0	0.0750 0	
74.		Properties Acquired in Satisfaction of Debt .....				0	0.0000	0	0.1100	0	0.1100 0	
		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX 0	
75.		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
76.		Guaranteed Federal Low Income Housing Tax Credit .....	0			0	0.0003	0	0.0006	0	0.0010 0	
77.		Non-guaranteed Federal Low Income Housing Tax Credit .....	2,009,181			2,009,181	0.0063	12,658	0.0120	24,110	0.0190 38,174	
78.		Guaranteed State Low Income Housing Tax Credit .....	0			0	0.0003	0	0.0006	0	0.0010 0	
79.		Non-guaranteed State Low Income Housing Tax Credit .....	0			0	0.0063	0	0.0120	0	0.0190 0	
80.		All Other Low Income Housing Tax Credit .....	0			0	0.0273	0	0.0600	0	0.0975 0	
		Total LIHTC (Sum of Lines 75 through 79)	2,009,181	0	0	2,009,181	XXX	12,658	XXX	24,110	XXX 38,174	
81.		ALL OTHER INVESTMENTS										
82.		NAIC 1 Working Capital Finance Investments .....		XXX		0	0.0000	0	0.0037	0	0.0037 0	
83.		NAIC 2 Working Capital Finance Investments .....		XXX		0	0.0000	0	0.0120	0	0.0120 0	
84.		Other Invested Assets - Schedule BA .....	393,068	XXX		393,068	0.0000	0	0.1300	51,099	0.1300 51,099	
85.		Other Short-Term Invested Assets - Schedule DA .....		XXX		0	0.0000	0	0.1300	0	0.1300 0	
		Total All Other (Sum of Lines 81, 82, 83 and 84)	393,068	XXX	0	393,068	XXX	31,375	XXX	51,099	XXX 51,099	
		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	29,514,607	0	0	29,514,607	XXX			155,936	XXX 202,099	

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

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

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

Asset Valuation Reserve Replications (Synthetic) Assets

**N O N E**

Schedule F - Claims

**N O N E**

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
<b>PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS</b>																		
1. Premiums written	275,575,794	XXX	13,466,362	XXX		XXX		XXX	273,907	XXX	261,835,525	XXX		XXX		XXX		XXX
2. Premiums earned	272,444,584	XXX	13,311,732	XXX		XXX		XXX	270,851	XXX	258,862,001	XXX		XXX		XXX		XXX
3. Incurred claims	83,660,321	30.7	1,343,698	10.1		0	0.0	0	0.0	83,766	30.9	82,232,857	31.8	0	0.0	0	0.0	0
4. Cost containment expenses	0	0.0	0.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	83,660,321	30.7	1,343,698	10.1		0	0.0	0	0.0	83,766	30.9	82,232,857	31.8	0	0.0	0	0.0	0
6. Increase in contract reserves	96,490,470	35.4	5,933,031	44.6		0	0.0	0	0.0	73,011	27.0	90,484,428	35.0	0	0.0	0	0.0	0
7. Commissions (a)	61,238,557	22.5	3,566,468	26.8		0.0		0.0	40,361	14.9	57,631,728	22.3		0.0		0.0		0.0
8. Other general insurance expenses	29,362,483	10.8	1,434,835	10.8		0.0		0.0	29,185	10.8	27,898,463	10.8		0.0		0.0		0.0
9. Taxes, licenses and fees	6,200,048	2.3	302,973	2.3		0.0		0.0	6,163	2.3	5,890,912	2.3		0.0		0.0		0.0
10. Total other expenses incurred	96,801,088	35.5	5,304,276	39.8		0	0.0	0	0.0	75,709	28.0	91,421,103	35.3	0	0.0	0	0.0	0
11. Aggregate write-ins for deductions	0	0.0	0	0.0		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
12. Gain from underwriting before dividends or refunds	(4,507,295)	(1.7)	730,727	5.5		0	0.0	0	0.0	38,365	14.2	(5,276,387)	(2.0)	0	0.0	0	0.0	0
13. Dividends or refunds	0	0.0	0.0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	(4,507,295)	(1.7)	730,727	5.5		0	0.0	0	0.0	38,365	14.2	(5,276,387)	(2.0)	0	0.0	0	0.0	0
<b>DETAILS OF WRITE-INS</b>																		
1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0		0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

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

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)**

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (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
<b>PART 2. - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums	16,525,078	972,646			16,415	15,536,017			
2. Advance premiums	0								
3. Reserve for rate credits	0								
4. Total premium reserves, current year	16,525,078	972,646	0	0	16,415	15,536,017	0	0	0
5. Total premium reserves, prior year	13,393,867	818,016	0	0	13,359	12,562,492	0	0	0
6. Increase in total premium reserves	3,131,211	154,630	0	0	3,056	2,973,525	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	999,155,769	19,471,985			262,060	979,421,724			
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	999,155,769	19,471,985	0	0	262,060	979,421,724	0	0	0
4. Total contract reserves, prior year.	902,665,299	13,538,954	0	0	189,049	888,937,296	0	0	0
5. Increase in contract reserves	96,490,470	5,933,031	0	0	73,011	90,484,428	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	28,497,358	1,394,099	0	0	35,328	27,067,931	0	0	0
2. Total prior year	25,324,573	1,227,594	0	0	19,735	24,077,244	0	0	0
3. Increase	3,172,785	166,505	0	0	15,593	2,990,687	0	0	0

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES								
1. Claims paid during the year:								
1.1 On claims incurred prior to current year	16,582,596	373,492			5,116	16,203,988		
1.2 On claims incurred during current year	63,904,940	803,701			63,057	63,038,182		
2. Claim reserves and liabilities, December 31, current year:								
2.1 On claims incurred prior to current year	5,018,497	186,879			599	4,831,019		
2.2 On claims incurred during current year	23,478,861	1,207,220			34,729	22,236,912		
3. Test:								
3.1 Lines 1.1 and 2.1	21,601,093	560,371	0	0	5,715	21,035,007	0	0
3.2 Claim reserves and liabilities, December 31, prior year	25,324,573	1,227,594	0	0	19,735	24,077,244	0	0
3.3 Line 3.1 minus Line 3.2	(3,723,480)	(667,223)	0	0	(14,020)	(3,042,237)	0	0

PART 4. - REINSURANCE								
A. Reinsurance Assumed:								
1. Premiums written	0							
2. Premiums earned	0							
3. Incurred claims	0							
4. Commissions	0	0	0					
B. Reinsurance Ceded:								
1. Premiums written	3,036,731	103,585			134,801	2,798,345		
2. Premiums earned	3,012,198	104,122			132,256	2,775,820		
3. Incurred claims	(179,293)	(12,326)			(15,414)	(151,553)		
4. Commissions	1,190,035	37,831	0		55,948	1,096,256		

(a) Includes \$ 0 premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America  
**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Medical	2 Dental	3 Other	4 Total
<b>A. Direct:</b>				
1. Incurred Claims .....			83,481,027	83,481,027
2. Beginning Claim Reserves and Liabilities .....	0	0	26,037,461	26,037,461
3. Ending Claim Reserves and Liabilities .....			28,777,005	28,777,005
4. Claims Paid .....	0	0	80,741,483	80,741,483
<b>B. Assumed Reinsurance:</b>				
5. Incurred Claims.....			0	0
6. Beginning Claim Reserves and Liabilities .....	0	0	0	0
7. Ending Claim Reserves and Liabilities .....			0	0
8. Claims Paid .....	0	0	0	0
<b>C. Ceded Reinsurance:</b>				
9. Incurred Claims.....			(179,293)	(179,293)
10. Beginning Claim Reserves and Liabilities .....	0	0	712,888	712,888
11. Ending Claim Reserves and Liabilities .....			279,647	279,647
12. Claims Paid .....	0	0	253,948	253,948
<b>D. Net:</b>				
13. Incurred Claims.....	0	0	83,660,320	83,660,320
14. Beginning Claim Reserves and Liabilities .....	0	0	25,324,573	25,324,573
15. Ending Claim Reserves and Liabilities .....	0	0	28,497,358	28,497,358
16. Claims Paid .....	0	0	80,487,535	80,487,535
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
17. Incurred Claims and Cost Containment Expenses .....			83,660,320	83,660,320
18. Beginning Reserves and Liabilities .....	0	0	25,324,573	25,324,573
19. Ending Reserves and Liabilities .....			28,497,358	28,497,358
20. Paid Claims and Cost Containment Expenses .....	0	0	80,487,535	80,487,535

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**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
60577	74-1365936	01/01/2014	American Life Insurance Company	IN	CO/I	OL	0	0	67,676,880			
0299999. General Account - U.S. Affiliates - Other							0	0	67,676,880	0	0	0
0399999. Total General Account - U.S. Affiliates							0	0	67,676,880	0	0	0
0699999. Total General Account - Non-U.S. Affiliates							0	0	0	0	0	0
0799999. Total General Account - Affiliates							0	0	67,676,880	0	0	0
1099999. Total General Account - Non-Affiliates							0	0	0	0	0	0
1199999. Total General Account							0	0	67,676,880	0	0	0
1499999. Total Separate Accounts - U.S. Affiliates							0	0	0	0	0	0
1799999. Total Separate Accounts - Non-U.S. Affiliates							0	0	0	0	0	0
1899999. Total Separate Accounts - Affiliates							0	0	0	0	0	0
2199999. Total Separate Accounts - Non-Affiliates							0	0	0	0	0	0
2299999. Total Separate Accounts							0	0	0	0	0	0
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)							0	0	67,676,880	0	0	0
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)							0	0	0	0	0	0
9999999 - Totals							0	0	67,676,880	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

## **SCHEDULE S - PART 1 - SECTION 2**

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

# NON E

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**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
0399999. Total Life and Annuity - U.S. Affiliates					0	0
0699999. Total Life and Annuity - Non-U.S. Affiliates					0	0
0799999. Total Life and Annuity - Affiliates					0	0
88099 ... 75-1608507 ... 08/01/2007 ... OPTIMUM RE INS CO				TX		256,000
0899999. Life and Annuity - U.S. Non-Affiliates					0	256,000
1099999. Total Life and Annuity - Non-Affiliates					0	256,000
1199999. Total Life and Annuity					0	256,000
1499999. Total Accident and Health - U.S. Affiliates					0	0
1799999. Total Accident and Health - Non-U.S. Affiliates					0	0
1899999. Total Accident and Health - Affiliates					0	0
61832 ... 52-0676509 ... 10/08/2010 ... Chesapeake Life Insurance Company				OK		279,647
1999999. Accident and Health - U.S. Non-Affiliates					0	279,647
2199999. Total Accident and Health - Non-Affiliates					0	279,647
2299999. Total Accident and Health					0	279,647
2399999. Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					0	535,647
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)					0	0
9999999 Totals - Life, Annuity and Accident and Health					0	535,647

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**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 Domi- ciliary Juris- diction	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		
65331	63-0124600	10/01/2015	Liberty National Life Insurance Company	NE	MCO/I	OL		0	0	176,856,925	0	0	0	0
0299999. General Account - Authorized U.S. Affiliates - Other							0	0	0	176,856,925	0	0	0	0
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	176,856,925	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	176,856,925	0	0	0	0
88099	75-1608507	03/01/2007	OPTIMUM RE INS CO	TX	CO/I	OL	31,934	8,289	7,563	1,737				
88099	75-1608507	08/01/2007	OPTIMUM RE INS CO	TX	YRT/I	OL	23,878,624	7,045	6,993	82,382				
0899999. General Account - Authorized U.S. Non-Affiliates							23,910,558	15,334	14,556	84,119	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							23,910,558	15,334	14,556	84,119	0	0	0	0
1199999. Total General Account Authorized							23,910,558	15,334	14,556	176,941,044	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							23,910,558	15,334	14,556	176,941,044	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							23,910,558	15,334	14,556	176,941,044	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0	0
9999999 - Totals							23,910,558	15,334	14,556	176,941,044	0	0	0	0

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**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 Domi- ciliary Juris- diction	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 Ccoinsurance Reserve	14 Funds Withheld Under Ccoinsurance
										11 Current Year	12 Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
61832 .. 52-0676509 .. 10/08/2010 .. Chesapeake Life Insurance Company .....	OK	OTH/I..	SD		2,302,578		104,321		2,973,276				
61832 .. 52-0676509 .. 10/08/2010 .. Chesapeake Life Insurance Company .....	OK	OTH/I..	A		648,171		28,023		610,779				
61832 .. 52-0676509 .. 10/08/2010 .. Chesapeake Life Insurance Company .....	OK	OTH/I..	OM		85,982		3,748		54,910				
0899999. General Account - Authorized U.S. Non-Affiliates							3,036,731		136,092		3,638,965		0
1099999. Total General Account - Authorized Non-Affiliates							3,036,731		136,092		3,638,965		0
1199999. Total General Account Authorized							3,036,731		136,092		3,638,965		0
1499999. Total General Account - Unauthorized U.S. Affiliates							0		0		0		0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0		0		0		0
1899999. Total General Account - Unauthorized Affiliates							0		0		0		0
2199999. Total General Account - Unauthorized Non-Affiliates							0		0		0		0
2299999. Total General Account Unauthorized							0		0		0		0
2599999. Total General Account - Certified U.S. Affiliates							0		0		0		0
2899999. Total General Account - Certified Non-U.S. Affiliates							0		0		0		0
2999999. Total General Account - Certified Affiliates							0		0		0		0
3299999. Total General Account - Certified Non-Affiliates							0		0		0		0
3399999. Total General Account Certified							0		0		0		0
3499999. Total General Account Authorized, Unauthorized and Certified							3,036,731		136,092		3,638,965		0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0		0		0		0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0		0		0		0
4199999. Total Separate Accounts - Authorized Affiliates							0		0		0		0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0		0		0		0
4599999. Total Separate Accounts Authorized							0		0		0		0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0		0		0		0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0		0		0		0
5299999. Total Separate Accounts - Unauthorized Affiliates							0		0		0		0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0		0		0		0
5699999. Total Separate Accounts Unauthorized							0		0		0		0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0		0		0		0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0		0		0		0
6399999. Total Separate Accounts - Certified Affiliates							0		0		0		0
6699999. Total Separate Accounts - Certified Non-Affiliates							0		0		0		0
6799999. Total Separate Accounts Certified							0		0		0		0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0		0		0		0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							3,036,731		136,092		3,638,965		0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0		0		0		0
9999999 - Totals							3,036,731		136,092		3,638,965		0

Schedule S - Part 4

**N O N E**

Schedule S - Part 4 - Bank Footnote

**N O N E**

Schedule S - Part 5

**N O N E**

Schedule S - Part 5 - Bank Footnote

**N O N E**

**SCHEDULE S - PART 6**Five Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts .....	179,978	195,603	145,804	91,225	33,547
2. Commissions and reinsurance expense allowances .....	132,919	161,414	142,963	119,595	66,560
3. Contract claims .....	14,538	13,594	9,127	6,468	2,314
4. Surrender benefits and withdrawals for life contracts .....	0	0	0	0	0
5. Dividends to policyholders .....	0	0	0	0	0
6. Reserve adjustments on reinsurance ceded .....	38,914	41,307	27,106	10,499	532
7. Increase in aggregate reserve for life and accident and health contracts .....	1,121	868	628	490	360
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected .....	77	62	36	27	22
9. Aggregate reserves for life and accident and health contracts .....	3,790	2,670	1,801	1,174	684
10. Liability for deposit-type contracts .....	0	0	0	0	0
11. Contract claims unpaid .....	536	1,018	853	728	550
12. Amounts recoverable on reinsurance .....	0	4,083	2,360	1,878	703
13. Experience rating refunds due or unpaid .....	0	0	0	0	0
14. Policyholders' dividends (not included in Line 10) .....	0	0	0	0	0
15. Commissions and reinsurance expense allowances due .....	0	41,700	36,429	32,109	28,288
16. Unauthorized reinsurance offset .....	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers .....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F) .....	0	0	0	0	0
19. Letters of credit (L) .....	0	0	0	0	0
20. Trust agreements (T) .....	0	0	0	0	0
21. Other (O) .....	0	0	0	0	0
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple Beneficiary Trust .....	0	0	0	0	0
23. Funds deposited by and withheld from (F) .....	0	0	0	0	0
24. Letters of credit (L) .....	0	0	0	0	0
25. Trust agreements (T) .....	0	0	0	0	0
26. Other (O) .....	0	0	0	0	0

**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	1,159,957,368		1,159,957,368
2. Reinsurance (Line 16) .....	0	0	0
3. Premiums and considerations (Line 15) .....	9,643,958	77,363	9,721,321
4. Net credit for ceded reinsurance .....	XXX	4,248,675	4,248,675
5. All other admitted assets (balance) .....	27,214,602		27,214,602
6. Total assets excluding Separate Accounts (Line 26) .....	1,196,815,928	4,326,038	1,201,141,966
7. Separate Account assets (Line 27) .....	0		0
8. Total assets (Line 28) .....	1,196,815,928	4,326,038	1,201,141,966
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2) .....	1,026,755,784	3,790,391	1,030,546,175
10. Liability for deposit-type contracts (Line 3) .....			0
11. Claim reserves (Line 4) .....	27,197,186	535,647	27,732,833
12. Policyholder dividends/reserves (Lines 5 through 7) .....	0		0
13. Premium & annuity considerations received in advance (Line 8) .....	0		0
14. Other contract liabilities (Line 9) .....	1,312,593		1,312,593
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount) .....	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) .....	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount) .....	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount) .....			0
19. All other liabilities (balance) .....	16,108,532		16,108,532
20. Total liabilities excluding Separate Accounts (Line 26) .....	1,071,374,095	4,326,038	1,075,700,133
21. Separate Account liabilities (Line 27) .....			0
22. Total liabilities (Line 28) .....	1,071,374,095	4,326,038	1,075,700,133
23. Capital & surplus (Line 38) .....	125,441,833	XXX	125,441,833
24. Total liabilities, capital & surplus (Line 39) .....	1,196,815,928	4,326,038	1,201,141,966
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves .....	3,790,391		
26. Claim reserves .....	535,647		
27. Policyholder dividends/reserves .....	0		
28. Premium & annuity considerations received in advance .....	0		
29. Liability for deposit-type contracts .....	0		
30. Other contract liabilities .....	0		
31. Reinsurance ceded assets .....	0		
32. Other ceded reinsurance recoverables .....	0		
33. Total ceded reinsurance recoverables .....	4,326,038		
34. Premiums and considerations .....	77,363		
35. Reinsurance in unauthorized companies .....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers .....	0		
37. Reinsurance with Certified Reinsurers .....	0		
38. Funds held under reinsurance treaties with Certified Reinsurers .....	0		
39. Other ceded reinsurance payables/offsets .....	0		
40. Total ceded reinsurance payable/offsets .....	77,363		
41. Total net credit for ceded reinsurance .....	4,248,675		

**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	39,847	0			0	39,847
2. Alaska	AK	0	0			0	0
3. Arizona	AZ	99,487	0			0	99,487
4. Arkansas	AR	188,246	0			0	188,246
5. California	CA	63,498	0			0	63,498
6. Colorado	CO	57,588	0			0	57,588
7. Connecticut	CT	84	0			0	84
8. Delaware	DE	1,928	0			0	1,928
9. District of Columbia	DC	0	0			0	0
10. Florida	FL	75,291	0			0	75,291
11. Georgia	GA	125,334	0			0	125,334
12. Hawaii	HI	221	0			0	221
13. Idaho	ID	2,820	0			0	2,820
14. Illinois	IL	93,824	0			0	93,824
15. Indiana	IN	17,360	0			0	17,360
16. Iowa	IA	32,997	0			0	32,997
17. Kansas	KS	52,909	0			0	52,909
18. Kentucky	KY	125,285	0			0	125,285
19. Louisiana	LA	20,423	0			0	20,423
20. Maine	ME	1,116	0			0	1,116
21. Maryland	MD	2,556	0			0	2,556
22. Massachusetts	MA	1,250	0			0	1,250
23. Michigan	MI	2,509	0			0	2,509
24. Minnesota	MN	32,927	0			0	32,927
25. Mississippi	MS	17,562	0			0	17,562
26. Missouri	MO	58,135	0			0	58,135
27. Montana	MT	15,364	0			0	15,364
28. Nebraska	NE	16,709	0			0	16,709
29. Nevada	NV	10,370	0			0	10,370
30. New Hampshire	NH	11,072	0			0	11,072
31. New Jersey	NJ	3,092	0			0	3,092
32. New Mexico	NM	16,872	0			0	16,872
33. New York	NY	0	0			0	0
34. North Carolina	NC	134,769	0			0	134,769
35. North Dakota	ND	4,936	0			0	4,936
36. Ohio	OH	82,838	0			0	82,838
37. Oklahoma	OK	60,383	0			0	60,383
38. Oregon	OR	11,440	0			0	11,440
39. Pennsylvania	PA	20,979	0			0	20,979
40. Rhode Island	RI	0	0			0	0
41. South Carolina	SC	61,300	0			0	61,300
42. South Dakota	SD	16,008	0			0	16,008
43. Tennessee	TN	147,551	0			0	147,551
44. Texas	TX	1,562,307	0			0	1,562,307
45. Utah	UT	857	0			0	857
46. Vermont	VT	3,934	0			0	3,934
47. Virginia	VA	118,174	0			0	118,174
48. Washington	WA	107,880	0			0	107,880
49. West Virginia	WV	62,425	0			0	62,425
50. Wisconsin	WI	5,570	0			0	5,570
51. Wyoming	WY	11,222	0			0	11,222
52. American Samoa	AS	0	0			0	0
53. Guam	GU	0	0			0	0
54. Puerto Rico	PR	0	0			0	0
55. U.S. Virgin Islands	VI	0	0			0	0
56. Northern Mariana Islands	MP	0	0			0	0
57. Canada	CAN	0	0			0	0
58. Aggregate Other Alien	OT	0	0			0	0
59. Total		3,599,249	0	0	0	0	3,599,249

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**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 Domesticiliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
	Torchmark Corporation	00000	63-0780404		0000320335	NYSE	Torchmark Corporation	DE	UIP	Torchmark Corporation	Ownership	100.00	Torchmark Corporation	N	
		00000	20-5817522				TMK Buildings Corp	TX	NIA	Torchmark Corporation	Ownership	99.00	Torchmark Corporation	N	
		00000	20-5817632				TMK Properties LLP	TX	NIA	Torchmark Corporation	Ownership	100.00	Torchmark Corporation	N	
		00000	98-0230789				TMK Re Ltd	MI	IA	Torchmark Corporation	Ownership	100.00	Torchmark Corporation	N	
		00000	63-1235881				Torchmark Insurance Agency, Inc.	AL	NIA	Torchmark Corporation	Ownership	100.00	Torchmark Corporation	N	
		0290	Torchmark Corporation	65331	63-0124600		Liberty National Life Insurance Company	NE	IA	Torchmark Corporation	Ownership	100.00	Torchmark Corporation	N	
				00000	63-0031059		Brown-Service Funeral Homes Company Inc.	AL	NIA	Liberty National Life Insurance Company	Ownership	100.00	Torchmark Corporation	N	
				00000	63-0909884		Liberty National Auto Club Inc	AL	NIA	Liberty National Life Insurance Company	Ownership	100.00	Torchmark Corporation	N	
				0290	91472	63-0782739	Globe Life and Accident Insurance Company	NE	UDP	Torchmark Corporation	Ownership	100.00	Torchmark Corporation	N	
					00000	47-4172726	Globe Life Insurance Agency, Inc.	TX	NIA	Torchmark Corporation	Ownership	100.00	Torchmark Corporation	N	
					00000	73-1458991	Globe Marketing Services, Inc.	OK	NIA	Globe Life and Accident Insurance Company	Ownership	100.00	Torchmark Corporation	N	
					00000	73-1209844	Specialized Advertising Group, Inc.	TX	NIA	Torchmark Corporation	Ownership	100.00	Torchmark Corporation	N	
							Globe Marketing and Advertising Distributors, LLC		NIA	Globe Life and Accident Insurance Company	Ownership	100.00	Torchmark Corporation	N	
							American Income Life Insurance Company	IN	IA	Torchmark Corporation	Ownership	100.00	Torchmark Corporation	N	
							National Income Life Insurance Company	NY	IA	American Income Life Insurance Company	Ownership	100.00	Torchmark Corporation	N	
							AILIC Receivables Corporation	IN	NIA	Torchmark Corporation	Ownership	100.00	Torchmark Corporation	N	
							American Income Marketing Services, Inc.	TX	NIA	American Income Life Insurance Company	Ownership	100.00	Torchmark Corporation	N	
							United American Insurance Company	NE	IA	Torchmark Corporation	Ownership	100.00	Torchmark Corporation	N	
							Globe Life Insurance Company of New York	NY	IA	United American Insurance Company	Ownership	100.00	Torchmark Corporation	N	
							Family Heritage Life Insurance Company of America	OH	RE	Globe Life and Accident Insurance Company	Ownership	100.00	Torchmark Corporation	N	
							Royalton 6001 Ltd. (Joint Venture)	OH	DS	Family Heritage Life Insurance Company of America	Ownership	50.00	Torchmark Corporation	N	
							AILO 1, LLC	TX	NIA	American Income Life Insurance Company	Ownership	100.00	Torchmark Corporation	N	

Asterisk	Explanation

## ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

**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)
.00000	63-0780404	Torchmark Corporation	384,405,566	(84,263,566)			69,007,346				369,149,346	
77968	34-1626521	Family Heritage Life Insurance Company of America	(22,995,000)	20,000,000			(17,948,196)	39,798,624			18,855,428	
65331	63-0124600	Liberty National Life Insurance Company	(130,556,000)	55,000,000			(53,712,805)	(43,985,594)			(173,254,399)	(488,454,797)
91472	63-0782739	Globe Life and Accident Insurance Company	22,995,000	(25,858,000)			75,986,437	(63,016,117)			10,107,320	(30,522,220)
92916	73-1128555	United American Insurance Company	(63,480,353)	23,232,579			(33,747,325)	83,812,117			9,817,018	755,677,425
60577	74-1365936	American Income Life Insurance Company	(134,557,748)	11,888,987			(33,919,450)	(77,015,544)			(233,603,755)	(61,046,722)
74101	13-3156923	Globe Life Insurance Company of New York (formerly First United American Life Insurance Company)	(2,829,226)				(5,070,266)				(7,899,492)	
10093	22-3711800	National Income Life Insurance Company	(9,093,252)				(8,343,745)				(17,436,997)	
00000	98-0230789	TMK Re. , LTD	(32,000,000)					60,406,514			28,406,514	(175,653,686)
00000	20-5817632	TMK Properties. LP	(12,009,078)				7,748,004				(4,261,074)	
00000	20-5817522	TMK Buildings Corp	120,091								120,091	
9999999 Control Totals			0	0	0	0	0	0	XXX	0	0	0

**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

		Responses
<b>MARCH FILING</b>		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
<b>APRIL FILING</b>		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
<b>JUNE FILING</b>		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
<b>AUGUST FILING</b>		
11.	Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES
<p>The following supplemental reports are required to be filed as part of your annual statement filing <u>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.</u> If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.</p>		
<b>MARCH FILING</b>		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	YES
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	NO
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	.....	NO
34. Will the Worker's Compensation Carve-Out Supplement be filed by March 1?	.....	NO
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	.....	YES
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO
37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	.....	NO
38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	.....	NO
39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	.....	NO
40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	.....	NO

**APRIL FILING**

41. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	.....	YES
42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	.....	NO
43. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?	.....	YES
44. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	NO
45. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	.....	YES
46. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?	.....	NO
47. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?	.....	NO
48. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	.....	NO
49. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	.....	NO
50. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	.....	NO
51. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	.....	NO
52. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	.....	NO

**AUGUST FILING**

53. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	.....	NO
Explanations:		

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Bar Codes:  
13. Medicare Supplement Insurance Experience Exhibit [Document Identifier 360]

14. Trusteed Surplus Statement [Document Identifier 490]

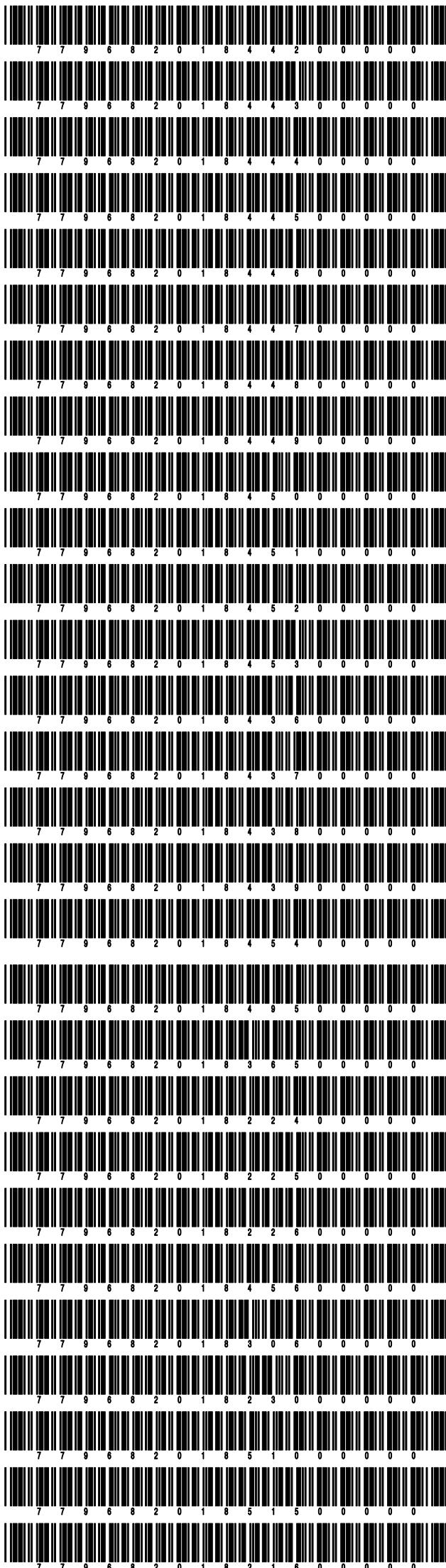
15. Participating Opinion for Exhibit 5 [Document Identifier 371]

16. Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]



## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

17. Actuarial Opinion on X-Factors [Document Identifier 442]
18. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]
19. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]
20. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]
21. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]
22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]
23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]
24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]
26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]
27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]
29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]
30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]
31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]
32. Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]
33. 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 [Document Identifier 454]
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]
35. Medicare Part D Coverage Supplement [Document Identifier 365]
36. Medicare Part D Coverage Supplement [Document Identifier 365]
37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]
38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]
39. Relief from the Requirements for Audit Committees [Document Identifier 226]
40. VM-20 Reserves Supplement [Document Identifier 456]
41. Long-Term Care Experience Reporting Forms [Document Identifier 306]
42. Credit Insurance Experience Exhibit [Document Identifier 230]
43. Analysis of Annuity Operations by Lines of Business [Document Identifier 510]
44. Analysis of Increase in Annuity Reserves During the Year [Document Identifier 515]
45. Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]



## **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

- 49. Supplemental Health Care Exhibit's Expense Allocation Report  
[Document Identifier 217]
- 50. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D  
[Document Identifier 435]
- 51. Supplemental Term and Universal Life Insurance Reinsurance Exhibit  
[Document Identifier 345]
- 52. Variable Annuities Supplement [Document Identifier 286]
- 53. Management's Report of Internal Control Over Financial Reporting  
[Document Identifier 223]



ANNUAL STATEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America  
**OVERFLOW PAGE FOR WRITE-INS**

Additional Write-ins for Exhibit 2 Line 9.3

	Insurance				5 Investment	6 Total		
	1 Life	Accident and Health		4 All Other Lines of Business				
		2 Cost Containment	3 All Other					
09.304. Consultant Fees .....			111,561			111,561		
09.305. Seminars .....			87,284			87,284		
09.306. Donations .....			56,691			56,691		
09.307. Office Services .....			29,107			29,107		
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	0	0	284,643	0	0	284,643		



SUPPLEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America

## SCHEDULE O SUPPLEMENT

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

Of The Family Heritage Life Insurance Company of America  
ADDRESS (City, State and Zip Code) Cleveland, OH 44147-3529  
NAIC Group Code 0290 NAIC Company Code 77968 Employer's Identification Number (FEIN) 34-1626521

### SUPPLEMENTAL SCHEDULE O - PART 1

#### Development of Incurred Losses

(\$000 Omitted)

#### Section A - Group Accident and Health

Years in Which Losses Were Incurred	Cumulative Net Amounts Paid Policyholders				
	1 2014	2 2015	3 2016	4 2017	5 2018(a)
1. Prior	127	20	2	2	2
2. 2014	421	250	36	13	3
3. 2015	XXX	474	290	11	18
4. 2016	XXX	XXX	753	362	53
5. 2017	XXX	XXX	XXX	697	297
6. 2018	XXX	XXX	XXX	XXX	804

#### Section B - Other Accident and Health

1. Prior	11,628	2,118	957	696	441
2. 2014	37,826	9,869	998	469	271
3. 2015	XXX	39,790	11,554	1,187	459
4. 2016	XXX	XXX	43,397	12,630	1,266
5. 2017	XXX	XXX	XXX	51,382	13,772
6. 2018	XXX	XXX	XXX	XXX	63,101

#### Section C - Credit Accident and Health

1. Prior	0	0	0	0	0
2. 2014	0	0	0	0	0
3. 2015	XXX	0	0	0	0
4. 2016	XXX	XXX	0	0	0
5. 2017	XXX	XXX	XXX	XXX	XXX
6. 2018	XXX	XXX	XXX	XXX	XXX

#### Section D -

1. Prior	0	0	0	0	0
2. 2014	0	0	0	0	0
3. 2015	XXX	0	0	0	0
4. 2016	XXX	XXX	0	0	0
5. 2017	XXX	XXX	XXX	XXX	XXX
6. 2018	XXX	XXX	XXX	XXX	XXX

#### Section E -

1. Prior	0	0	0	0	0
2. 2014	0	0	0	0	0
3. 2015	XXX	0	0	0	0
4. 2016	XXX	XXX	0	0	0
5. 2017	XXX	XXX	XXX	XXX	XXX
6. 2018	XXX	XXX	XXX	XXX	XXX

#### Section F -

1. Prior	0	0	0	0	0
2. 2014	0	0	0	0	0
3. 2015	XXX	0	0	0	0
4. 2016	XXX	XXX	0	0	0
5. 2017	XXX	XXX	XXX	XXX	XXX
6. 2018	XXX	XXX	XXX	XXX	XXX

#### Section G -

1. Prior	0	0	0	0	0
2. 2014	0	0	0	0	0
3. 2015	XXX	0	0	0	0
4. 2016	XXX	XXX	0	0	0
5. 2017	XXX	XXX	XXX	XXX	XXX
6. 2018	XXX	XXX	XXX	XXX	XXX

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

SUPPLEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America  
**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 2**

Development of Incurred Losses

(\$000 Omitted)

**Section A - Group Accident and Health**

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2014	2 2015	3 2016	4 2017	5 2018
1. Prior .....	0	0	0	0	0
2. 2014 .....	0	0	0	0	0
3. 2015 .....	XXX	0	0	0	0
4. 2016 .....	XXX	XXX	0	0	0
5. 2017 .....	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

**Section B - Other Accident and Health**

1. Prior .....	0	0	0	0	0
2. 2014 .....	0	0	0	0	0
3. 2015 .....	XXX	0	0	0	0
4. 2016 .....	XXX	XXX	0	0	0
5. 2017 .....	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

**Section C - Credit Accident and Health**

1. Prior .....	0	0	0	0	0
2. 2014 .....	0	0	0	0	0
3. 2015 .....	XXX	0	0	0	0
4. 2016 .....	XXX	XXX	0	0	0
5. 2017 .....	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

**Section D -**

1. Prior .....	0	0	0	0	0
2. 2014 .....	0	0	0	0	0
3. 2015 .....	XXX	0	0	0	0
4. 2016 .....	XXX	XXX	0	0	0
5. 2017 .....	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

**Section E -**

1. Prior .....	0	0	0	0	0
2. 2014 .....	0	0	0	0	0
3. 2015 .....	XXX	0	0	0	0
4. 2016 .....	XXX	XXX	0	0	0
5. 2017 .....	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

**Section F -**

1. Prior .....	0	0	0	0	0
2. 2014 .....	0	0	0	0	0
3. 2015 .....	XXX	0	0	0	0
4. 2016 .....	XXX	XXX	0	0	0
5. 2017 .....	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

**Section G -**

1. Prior .....	0	0	0	0	0
2. 2014 .....	0	0	0	0	0
3. 2015 .....	XXX	0	0	0	0
4. 2016 .....	XXX	XXX	0	0	0
5. 2017 .....	XXX	XXX	XXX		
6. 2018	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America  
**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 3**

Development of Incurred Losses

(\$000 Omitted)

**Section A - Group Accident and Health**

Years 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 .....	945	728	736	XXX	XXX
2. 2015 .....	XXX	1,214	826	813	XXX
3. 2016 .....	XXX	XXX	1,490	1,202	1,226
4. 2017 .....	XXX	XXX	XXX	1,771	1,089
5. 2018	XXX	XXX	XXX	XXX	2,011

**Section B - Other Accident and Health**

1. 2014 .....	50,753	49,947	49,641	XXX	XXX
2. 2015 .....	XXX	54,676	53,298	53,632	XXX
3. 2016 .....	XXX	XXX	60,874	58,220	58,521
4. 2017 .....	XXX	XXX	XXX	71,251	67,678
5. 2018	XXX	XXX	XXX	XXX	85,373

**Section C - Credit Accident and Health**

1. 2014 .....	0	0	0	XXX	XXX
2. 2015 .....	XXX	0	0	0	XXX
3. 2016 .....	XXX	XXX	0	0	0
4. 2017 .....	XXX	XXX	XXX	XXX	XXX
5. 2018	XXX	XXX	XXX	XXX	XXX

**Section D -**

1. 2014 .....	0	0	0	XXX	XXX
2. 2015 .....	XXX	0	0	0	XXX
3. 2016 .....	XXX	XXX	0	0	0
4. 2017 .....	XXX	XXX	XXX	XXX	XXX
5. 2018	XXX	XXX	XXX	XXX	XXX

**Section E -**

1. 2014 .....	0	0	0	XXX	XXX
2. 2015 .....	XXX	0	0	0	XXX
3. 2016 .....	XXX	XXX	0	0	0
4. 2017 .....	XXX	XXX	XXX	XXX	XXX
5. 2018	XXX	XXX	XXX	XXX	XXX

**Section F -**

1. 2014 .....	0	0	0	XXX	XXX
2. 2015 .....	XXX	0	0	0	XXX
3. 2016 .....	XXX	XXX	0	0	0
4. 2017 .....	XXX	XXX	XXX	XXX	XXX
5. 2018	XXX	XXX	XXX	XXX	XXX

**Section G -**

1. 2014 .....	0	0	0	XXX	XXX
2. 2015 .....	XXX	0	0	0	XXX
3. 2016 .....	XXX	XXX	0	0	0
4. 2017 .....	XXX	XXX	XXX	XXX	XXX
5. 2018	XXX	XXX	XXX	XXX	XXX

SUPPLEMENT FOR THE YEAR 2018 OF THE Family Heritage Life Insurance Company of America  
**SCHEDULE O SUPPLEMENT**

**SUPPLEMENTAL SCHEDULE O - PART 4**

Development of Incurred Losses

(\$000 Omitted)

**Section A - Group Accident and Health**

Years 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 .....	.0	0	0	0	0
2. 2015 .....	XXX	0	0	0	0
3. 2016 .....	XXX	XXX	0	0	0
4. 2017 .....	XXX	XXX	XXX	XXX	XXX
5. 2018 .....	XXX	XXX	XXX	XXX	XXX

**Section B - Other Accident and Health**

1. 2014 .....	.0	0	0	0
2. 2015 .....	XXX	0	0	0
3. 2016 .....	XXX	XXX	0	0
4. 2017 .....	XXX	XXX	XXX	XXX
5. 2018 .....	XXX	XXX	XXX	XXX

**Section C - Credit Accident and Health**

1. 2014 .....	.0	0	0	0
2. 2015 .....	XXX	0	0	0
3. 2016 .....	XXX	XXX	0	0
4. 2017 .....	XXX	XXX	XXX	XXX
5. 2018 .....	XXX	XXX	XXX	XXX

**Section D -**

1. 2014 .....	.0	0	0	0
2. 2015 .....	XXX	0	0	0
3. 2016 .....	XXX	XXX	0	0
4. 2017 .....	XXX	XXX	XXX	XXX
5. 2018 .....	XXX	XXX	XXX	XXX

**Section E -**

1. 2014 .....	.0	0	0	0
2. 2015 .....	XXX	0	0	0
3. 2016 .....	XXX	XXX	0	0
4. 2017 .....	XXX	XXX	XXX	XXX
5. 2018 .....	XXX	XXX	XXX	XXX

**Section F -**

1. 2014 .....	.0	0	0	0
2. 2015 .....	XXX	0	0	0
3. 2016 .....	XXX	XXX	0	0
4. 2017 .....	XXX	XXX	XXX	XXX
5. 2018 .....	XXX	XXX	XXX	XXX

**Section G -**

1. 2014 .....	.0	0	0	0
2. 2015 .....	XXX	0	0	0
3. 2016 .....	XXX	XXX	0	0
4. 2017 .....	XXX	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 .....	Development .....	1,541
2. Ordinary Life .....		
3. Individual Annuity .....		
4. Supplementary Contracts .....		
5. Credit Life .....		
6. Group Life .....		
7. Group Annuities .....		
8. Group Accident and Health .....	Development .....	1,394
9. Credit Accident and Health .....		
10. Other Accident and Health .....	Development .....	27,103
11. Total .....		30,038

## ALPHABETICAL INDEX

### ANNUAL STATEMENT BLANK

Analysis of Increase in Reserves During The Year	7
Analysis of Operations By Lines of Business	6
Asset Valuation Reserve Default Component	30
Asset Valuation Reserve Equity	32
Asset Valuation Reserve Replications (Synthetic) Assets	35
Asset Valuation Reserve	29
Assets	2
Cash Flow	5
Exhibit 1 - Part 1 - Premiums and Annuity Considerations for Life and Accident and Health Contracts	9
Exhibit 1 - Part 2 - Dividends and Coupons Applied, Reinsurance Commissions and Expense	10
Exhibit 2 - General Expenses	11
Exhibit 3 - Taxes, Licenses and Fees (Excluding Federal Income Taxes)	11
Exhibit 4 - Dividends or Refunds	11
Exhibit 5 - Aggregate Reserve for Life Contracts	12
Exhibit 5 - Interrogatories	13
Exhibit 5A - Changes in Bases of Valuation During The Year	13
Exhibit 6 - Aggregate Reserves for Accident and Health Contracts	14
Exhibit 7 - Deposit-Type Contracts	15
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 1	16
Exhibit 8 - Claims for Life and Accident and Health Contracts - Part 2	17
Exhibit of Capital Gains (Losses)	8
Exhibit of Life Insurance	25
Exhibit of Net Investment Income	8
Exhibit of Nonadmitted Assets	18
Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values	27
Five-Year Historical Data	22
Form for Calculating the Interest Maintenance Reserve (IMR)	28
General Interrogatories	20
Jurat Page	1
Liabilities, Surplus and Other Funds	3
Life Insurance (State Page)	24
Notes To Financial Statements	19
Overflow Page For Write-ins	55
Schedule A - Part 1	E01
Schedule A - Part 2	E02
Schedule A - Part 3	E03
Schedule A - Verification Between Years	SI02
Schedule B - Part 1	E04
Schedule B - Part 2	E05
Schedule B - Part 3	E06
Schedule B - Verification Between Years	SI02
Schedule BA - Part 1	E07
Schedule BA - Part 2	E08
Schedule BA - Part 3	E09
Schedule BA - Verification Between Years	SI03
Schedule D - Part 1	E10
Schedule D - Part 1A - Section 1	SI05
Schedule D - Part 1A - Section 2	SI08
Schedule D - Part 2 - Section 1	E11
Schedule D - Part 2 - Section 2	E12
Schedule D - Part 3	E13
Schedule D - Part 4	E14
Schedule D - Part 5	E15
Schedule D - Part 6 - Section 1	E16
Schedule D - Part 6 - Section 2	E16
Schedule D - Summary By Country	SI04
Schedule D - Verification Between Years	SI03
Schedule DA - Part 1	E17
Schedule DA - Verification Between Years	SI10

**ANNUAL STATEMENT BLANK (Continued)**

Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23
Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 2 - Verification Between Years .....	SI15
Schedule E - Part 3 - Special Deposits .....	E28
Schedule F .....	36
Schedule H - Accident and Health Exhibit - Part 1 .....	37
Schedule H - Part 2, Part 3 and Part 4 .....	38
Schedule H - Part 5 - Health Claims .....	39
Schedule S - Part 1 - Section 1 .....	40
Schedule S - Part 1 - Section 2 .....	41
Schedule S - Part 2 .....	42
Schedule S - Part 3 - Section 1 .....	43
Schedule S - Part 3 - Section 2 .....	44
Schedule S - Part 4 .....	45
Schedule S - Part 5 .....	46
Schedule S - Part 6 .....	47
Schedule S - Part 7 .....	48
Schedule T - Part 2 Interstate Compact .....	50
Schedule T - Premiums and Annuity Considerations .....	49
Schedule Y - Information Concerning Activities of Insurer Members of a Holding Company Group .....	51
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	52
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	53
Summary Investment Schedule .....	SI01
Summary of Operations .....	4
Supplemental Exhibits and Schedules Interrogatories .....	54