LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

American Retirement Life Insurance Company

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

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

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

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

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

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

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

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

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

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

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

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DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	32,096	31,380		20,365	20,273
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	32,096	31,380	0	20,365	20,273
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	32,096	31,380	0	20,365	20,273

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

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

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

LIFE INSURANCE

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

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	9	82,298		(a)					9	82,298
21.	Issued during year									0	0
22.	Other changes to in force (Net)	-	65							0	65
23.	In force December 31 of current year	9	82,363	0	(a) 0	0	0	0	0	9	82,363

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	7,982,278	7,977,076		5,956,490	6,039,125
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	7,982,278	7,977,076	0	5,956,490	6,039,125
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,982,278	7,977,076	0	5,956,490	6,039,125

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

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	685				685
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	685	0	0	0	685
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,859				4,859
10. Matured endowments					0
11. Annuity benefits	295,902				295,902
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	300,761	0	0	0	300,761
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	4,859							1	4,859
Settled during current year:										
18.1 By payment in full	1	4,859							1	4,859
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	4,859	0	0	0	0	0	0	1	4,859
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	4,859	0	0	0	0	0	0	1	4,859
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	58	395,000		(a)					58	395,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	3,504							(1)	3,504
23. In force December 31 of current year	57	398,504	0	(a) 0	0	0	0	0	57	398,504

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,914,832	8,805,598		7,247,122	7,743,776
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	8,914,832	8,805,598	0	7,247,122	7,743,776
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,914,832	8,805,598	0	7,247,122	7,743,776

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

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

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

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	5,712,433	5,687,630		4,373,918	4,467,162
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	5,712,433	5,687,630	0	4,373,918	4,467,162
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,712,433	5,687,630	0	4,373,918	4,467,162

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

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	535,603	533,258		492,342	514,933
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	535,603	533,258	0	492,342	514,933
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	535,603	533,258	0	492,342	514,933

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

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	8,995				8,995
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	8,995	0	0	0	8,995
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	250				250
13.	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	250	0	0	0	250
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	18	131,802		(a)					18	131,802
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(14,557)							(2)	(14,557)
23.	In force December 31 of current year	16	117,245	0	(a) 0	0	0	0	0	16	117,245

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	16,508,784	16,518,382		14,853,112	15,049,377
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	16,508,784	16,518,382	0	14,853,112	15,049,377
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,508,784	16,518,382	0	14,853,112	15,049,377

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

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	73,062	73,322		45,868	47,471
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	73,062	73,322	0	45,868	47,471
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	73,062	73,322	0	45,868	47,471

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

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

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

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,854	7,829		3,880	3,957
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	7,854	7,829	0	3,880	3,957
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,854	7,829	0	3,880	3,957

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

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

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,418,714	1,412,683		1,178,742	1,206,376
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,418,714	1,412,683	0	1,178,742	1,206,376
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,418,714	1,412,683	0	1,178,742	1,206,376

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

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,826				1,826
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,826	0	0	0	1,826
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,000				5,000
10.	Matured endowments					0
11.	Annuity benefits	21,733				21,733
12.	Surrender values and withdrawals for life contracts	6,047				6,047
13.	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	32,780	0	0	0	32,780
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	3	5,000							3	5,000
	Settled during current year:										
18.1	By payment in full	3	5,000							3	5,000
18.2	By payment on compromised claims									0	0
18.3	Totals paid	3	5,000	0	0	0	0	0	0	3	5,000
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	3	5,000	0	0	0	0	0	0	3	5,000
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	8	69,694		(a)					8	69,694
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(3)	(39,340)							(3)	(39,340)
23.	In force December 31 of current year	5	30,354	0	(a) 0	0	0	0	0	5	30,354

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	13,936,899	13,895,049		9,736,159	10,102,507
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	13,936,899	13,895,049	0	9,736,159	10,102,507
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,936,899	13,895,049	0	9,736,159	10,102,507

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

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DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	11,224				11,224
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	11,224	0	0	0	11,224
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	18,759				18,759
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	18,759	0	0	0	18,759
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	21	142,754		(a)					21	142,754
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(4,482)							(1)	(4,482)
23.	In force December 31 of current year	20	138,272	0	(a) 0	0	0	0	0	20	138,272

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	10,735,343	10,724,120		8,037,625	8,174,901
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	10,735,343	10,724,120	0	8,037,625	8,174,901
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,735,343	10,724,120	0	8,037,625	8,174,901

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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	204,055				204,055
2. Annuity considerations	1,845				1,845
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	205,900	0	0	0	205,900
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	46,214				46,214
10. Matured endowments					0
11. Annuity benefits	1,285,216				1,285,216
12. Surrender values and withdrawals for life contracts	35,867				35,867
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	1,367,297	0	0	0	1,367,297
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year		(0)							0	(0)
17. Incurred during current year	13	51,208							13	51,208
Settled during current year:										
18.1 By payment in full	12	46,208							12	46,208
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	46,208	0	0	0	0	0	0	12	46,208
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	46,208	0	0	0	0	0	0	12	46,208
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	515	3,737,770		(a)					515	3,737,770
21. Issued during year									0	0
22. Other changes to in force (Net)	(38)	(368,712)							(38)	(368,712)
23. In force December 31 of current year	477	3,369,058	0	(a) 0	0	0	0	0	477	3,369,058

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	401,862,448	400,914,963		331,303,803	339,976,908
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	401,862,448	400,914,963	0	331,303,803	339,976,908
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	401,862,448	400,914,963	0	331,303,803	339,976,908

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

DIRECT BUSINESS IN GUAM DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,412	2,411		478	546
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,412	2,411	0	478	546
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,412	2,411	0	478	546

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

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	29,506	28,972		42,142	43,126
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)	29,506	28,972	0	42,142	43,126
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,506	28,972	0	42,142	43,126

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

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DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,249				1,249
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,249	0	0	0	1,249
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	5,000				5,000
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	5,000	0	0	0	5,000
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	8,608,697	8,562,305		7,900,277	8,192,086
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	8,608,697	8,562,305	0	7,900,277	8,192,086
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,608,697	8,562,305	0	7,900,277	8,192,086

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

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DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	180,747	179,901		158,585	166,678
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	180,747	179,901	0	158,585	166,678
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	180,747	179,901	0	158,585	166,678

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

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	20,260				20,260
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	20,260	0	0	0	20,260
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	12,589				12,589
10. Matured endowments					0
11. Annuity benefits	60,575				60,575
12. Surrender values and withdrawals for life contracts	1,030				1,030
13. 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	74,194	0	0	0	74,194
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	(1)	(5,000)							(1)	(5,000)
17. Incurred during current year	3	12,589							3	12,589
Settled during current year:										
18.1 By payment in full	3	12,589							3	12,589
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	12,589	0	0	0	0	0	0	3	12,589
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	12,589	0	0	0	0	0	0	3	12,589
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	(1)	(5,000)	0	0	0	0	0	0	(1)	(5,000)
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	40	251,000		(a)					40	251,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(38,322)							(4)	(38,322)
23. In force December 31 of current year	36	212,678	0	(a) 0	0	0	0	0	36	212,678

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	12,586,699	12,548,310		10,620,385	10,830,350
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	12,586,699	12,548,310	0	10,620,385	10,830,350
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,586,699	12,548,310	0	10,620,385	10,830,350

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

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

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

LIFE INSURANCE

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

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	1	5,000							1	5,000
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	11	110,000		(a)					11	110,000
21.	Issued during year									0	0
22.	Other changes to in force (Net)	-	(4,390)							0	(4,390)
23.	In force December 31 of current year	11	105,610	0	(a) 0	0	0	0	0	11	105,610

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	18,734,285	18,823,615		15,778,180	16,005,092
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	18,734,285	18,823,615	0	15,778,180	16,005,092
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,734,285	18,823,615	0	15,778,180	16,005,092

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

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

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

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year		0							0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	9	46,000		(a)					9	46,000
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year	8	41,000	0	(a) 0	0	0	0	0	8	41,000

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,649,222	10,657,673		10,164,187	10,277,416
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	10,649,222	10,657,673	0	10,164,187	10,277,416
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,649,222	10,657,673	0	10,164,187	10,277,416

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

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	7,522				7,522
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,522	0	0	0	7,522
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	8,446				8,446
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	8,446	0	0	0	8,446
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,262,700	9,248,364		8,396,679	8,496,872
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	9,262,700	9,248,364	0	8,396,679	8,496,872
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,262,700	9,248,364	0	8,396,679	8,496,872

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

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,660				2,660
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	2,660	0	0	0	2,660
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	41,322				41,322
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	41,322	0	0	0	41,322
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	6	27,928		(a)					6	27,928
21.	Issued during year									0	0
22.	Other changes to in force (Net)	-	(1)							0	(1)
23.	In force December 31 of current year	6	27,927	0	(a) 0	0	0	0	0	6	27,927

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	13,862,245	13,825,282		11,487,028	11,941,610
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	13,862,245	13,825,282	0	11,487,028	11,941,610
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,862,245	13,825,282	0	11,487,028	11,941,610

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

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

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

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2	11,359		(a)					2	11,359
21. Issued during year									0	0
22. Other changes to in force (Net)	-	55							0	55
23. In force December 31 of current year	2	11,414	0	(a) 0	0	0	0	0	2	11,414

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	101,707	102,963		40,729	44,198
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	101,707	102,963	0	40,729	44,198
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	101,707	102,963	0	40,729	44,198

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

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DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,972,617	1,968,945		1,642,987	1,673,444
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,972,617	1,968,945	0	1,642,987	1,673,444
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,972,617	1,968,945	0	1,642,987	1,673,444

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

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	52,435	52,267		18,732	20,592
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	52,435	52,267	0	18,732	20,592
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,435	52,267	0	18,732	20,592

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

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DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	227,611	227,881		164,705	173,782
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	227,611	227,881	0	164,705	173,782
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	227,611	227,881	0	164,705	173,782

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

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DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	126,874	126,716		138,989	144,856
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	126,874	126,716	0	138,989	144,856
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	126,874	126,716	0	138,989	144,856

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

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,445				1,445
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,445	0	0	0	1,445
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	61,673				61,673
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	61,673	0	0	0	61,673
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3	22,339		(a)					3	22,339
21. Issued during year									0	0
22. Other changes to in force (Net)	1	5,044							1	5,044
23. In force December 31 of current year	4	27,383	0	(a) 0	0	0	0	0	4	27,383

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,251,365	2,259,298		2,034,378	2,050,044
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,251,365	2,259,298	0	2,034,378	2,050,044
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,251,365	2,259,298	0	2,034,378	2,050,044

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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,533				4,533
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,533	0	0	0	4,533
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	8,135				8,135
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	8,135	0	0	0	8,135
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,952,000	8,946,971		7,002,675	7,136,005
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	8,952,000	8,946,971	0	7,002,675	7,136,005
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,952,000	8,946,971	0	7,002,675	7,136,005

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

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DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

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

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,745,717	4,719,210		3,783,074	3,952,789
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,745,717	4,719,210	0	3,783,074	3,952,789
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,745,717	4,719,210	0	3,783,074	3,952,789

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

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance					0
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	154,181				154,181
12. Surrender values and withdrawals for life contracts	6,275				6,275
13. 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	160,456	0	0	0	160,456
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	12	61,941		(a)					12	61,941
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(7,071)							(2)	(7,071)
23. In force December 31 of current year	10	54,870	0	(a) 0	0	0	0	0	10	54,870

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	12,833,840	12,797,465		10,615,434	10,842,721
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	12,833,840	12,797,465	0	10,615,434	10,842,721
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,833,840	12,797,465	0	10,615,434	10,842,721

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

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DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	213,797	211,804		213,009	220,448
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	213,797	211,804	0	213,009	220,448
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	213,797	211,804	0	213,009	220,448

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

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

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

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,137,321	8,098,367		7,810,822	8,087,566
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	8,137,321	8,098,367	0	7,810,822	8,087,566
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,137,321	8,098,367	0	7,810,822	8,087,566

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

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,301,779	3,255,316		2,106,637	2,244,846
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,301,779	3,255,316	0	2,106,637	2,244,846
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,301,779	3,255,316	0	2,106,637	2,244,846

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

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	273,791	273,889		223,820	233,066
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	273,791	273,889	0	223,820	233,066
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	273,791	273,889	0	223,820	233,066

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

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

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	4,661				4,661
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	4,661	0	0	0	4,661
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts					0
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	0	0	0	0	0
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	6	47,500		(a)					6	47,500
21.	Issued during year									0	0
22.	Other changes to in force (Net)	1	5,000							1	5,000
23.	In force December 31 of current year	7	52,500	0	(a) 0	0	0	0	0	7	52,500

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,342,887	3,307,519		2,976,067	3,130,701
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	3,342,887	3,307,519	0	2,976,067	3,130,701
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,342,887	3,307,519	0	2,976,067	3,130,701

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

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,401				2,401
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,401	0	0	0	2,401
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	16,027,225	15,978,825		12,419,716	12,874,564
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)	16,027,225	15,978,825	0	12,419,716	12,874,564
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,027,225	15,978,825	0	12,419,716	12,874,564

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

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

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

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	191,934	191,659		120,179	125,425
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	191,934	191,659	0	120,179	125,425
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	191,934	191,659	0	120,179	125,425

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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	14,362				14,362
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	14,362	0	0	0	14,362
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	15,507				15,507
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	15,507	0	0	0	15,507
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year		(0)							0	(0)
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	(0)	0	0	0	0	0	0	0	(0)
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	16	142,500		(a)					16	142,500
21.	Issued during year									0	0
22.	Other changes to in force (Net)	1	15,000							1	15,000
23.	In force December 31 of current year	17	157,500	0	(a) 0	0	0	0	0	17	157,500

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	17,289,843	17,285,656		14,666,496	14,946,256
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	17,289,843	17,285,656	0	14,666,496	14,946,256
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,289,843	17,285,656	0	14,666,496	14,946,256

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

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	6,683				6,683
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	6,683	0	0	0	6,683
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	10,076				10,076
10.	Matured endowments					0
11.	Annuity benefits	33,702				33,702
12.	Surrender values and withdrawals for life contracts	504				504
13.	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	44,282	0	0	0	44,282
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	2	10,076							2	10,076
	Settled during current year:										
18.1	By payment in full	2	10,076							2	10,076
18.2	By payment on compromised claims									0	0
18.3	Totals paid	2	10,076	0	0	0	0	0	0	2	10,076
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	2	10,076	0	0	0	0	0	0	2	10,076
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	22	128,624		(a)					22	128,624
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(18,502)							(2)	(18,502)
23.	In force December 31 of current year	20	110,122	0	(a) 0	0	0	0	0	20	110,122

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	9,532,476	9,526,238		8,152,199	8,283,855
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	9,532,476	9,526,238	0	8,152,199	8,283,855
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,532,476	9,526,238	0	8,152,199	8,283,855

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

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	152,383	152,286		119,499	124,315
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	152,383	152,286	0	119,499	124,315
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	152,383	152,286	0	119,499	124,315

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

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	18,133				18,133
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	18,133	0	0	0	18,133
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	952				952
13. 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	952	0	0	0	952
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	33	269,346		(a)					33	269,346
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(17,000)							(3)	(17,000)
23. In force December 31 of current year	30	252,346	0	(a) 0	0	0	0	0	30	252,346

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	37,488,748	37,444,784		27,414,721	27,935,769
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	37,488,748	37,444,784	0	27,414,721	27,935,769
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,488,748	37,444,784	0	27,414,721	27,935,769

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

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,573	4,579		363	223
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,573	4,579	0	363	223
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,573	4,579	0	363	223

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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	286,363	286,036		222,885	227,927
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)	286,363	286,036	0	222,885	227,927
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	286,363	286,036	0	222,885	227,927

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

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	7,777				7,777
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	7,777	0	0	0	7,777
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	1,267				1,267
13.	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	1,267	0	0	0	1,267
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	15	105,559		(a)					15	105,559
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(2)	(15,000)							(2)	(15,000)
23.	In force December 31 of current year	13	90,559	0	(a) 0	0	0	0	0	13	90,559

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	18,152,847	18,142,941		13,548,117	13,776,892
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	18,152,847	18,142,941	0	13,548,117	13,776,892
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,152,847	18,142,941	0	13,548,117	13,776,892

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

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

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

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	683,108	672,277		490,473	503,799
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	683,108	672,277	0	490,473	503,799
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	683,108	672,277	0	490,473	503,799

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

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DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

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

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	8,352				8,352
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,352	0	0	0	8,352
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	8,690				8,690
10. Matured endowments					0
11. Annuity benefits	422,111				422,111
12. Surrender values and withdrawals for life contracts	6,254				6,254
13. 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	437,055	0	0	0	437,055
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	8,684							1	8,684
Settled during current year:										
18.1 By payment in full	1	8,684							1	8,684
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	8,684	0	0	0	0	0	0	1	8,684
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	8,684	0	0	0	0	0	0	1	8,684
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	60	443,506		(a)					60	443,506
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(1,341)							(1)	(1,341)
23. In force December 31 of current year	59	442,165	0	(a) 0	0	0	0	0	59	442,165

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	25,661,310	25,604,687		20,206,638	20,805,024
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	25,661,310	25,604,687	0	20,206,638	20,805,024
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,661,310	25,604,687	0	20,206,638	20,805,024

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

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DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	24,177				24,177
2.	Annuity considerations	1,845				1,845
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	26,022	0	0	0	26,022
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	130,181				130,181
12.	Surrender values and withdrawals for life contracts	8,614				8,614
13.	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	138,795	0	0	0	138,795
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year	1	5,000							1	5,000
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	63	464,461		(a)					63	464,461
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(5)	(42,322)							(5)	(42,322)
23.	In force December 31 of current year	58	422,139	0	(a) 0	0	0	0	0	58	422,139

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	24,188,788	24,193,421		22,053,731	22,278,891
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	24,188,788	24,193,421	0	22,053,731	22,278,891
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	24,188,788	24,193,421	0	22,053,731	22,278,891

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

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	1,307				1,307
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	1,307	0	0	0	1,307
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	462				462
13.	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	462	0	0	0	462
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	4	20,020		(a)					4	20,020
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23.	In force December 31 of current year	3	15,020	0	(a) 0	0	0	0	0	3	15,020

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	4,231,268	4,221,023		3,592,742	3,749,517
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,231,268	4,221,023	0	3,592,742	3,749,517
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,231,268	4,221,023	0	3,592,742	3,749,517

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

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

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

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	22,639				22,639
2.	Annuity considerations					0
3.	Deposit-type contract funds		XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	22,639	0	0	0	22,639
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life insurance:					
6.1	Paid in cash or left on deposit					0
6.2	Applied to pay renewal premiums					0
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits					0
10.	Matured endowments					0
11.	Annuity benefits	11,076				11,076
12.	Surrender values and withdrawals for life contracts	4,212				4,212
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health					0
15.	Totals	15,288	0	0	0	15,288
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No.	8 Amount	9 No.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year									0	0
17.	Incurred during current year									0	0
	Settled during current year:										
18.1	By payment in full									0	0
18.2	By payment on compromised claims									0	0
18.3	Totals paid	0	0	0	0	0	0	0	0	0	0
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	0	0	0	0	0	0	0	0	0	0
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	47	407,020		(a)					47	407,020
21.	Issued during year									0	0
22.	Other changes to in force (Net)	(12)	(180,052)							(12)	(180,052)
23.	In force December 31 of current year	35	226,968	0	(a) 0	0	0	0	0	35	226,968

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)					
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	38,394,278	38,157,941		33,472,997	34,906,289
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	38,394,278	38,157,941	0	33,472,997	34,906,289
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	38,394,278	38,157,941	0	33,472,997	34,906,289

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

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

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

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,118	4,106		1,645	1,860
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	4,118	4,106	0	1,645	1,860
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,118	4,106	0	1,645	1,860

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

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	35,742	35,711		22,722	24,235
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	35,742	35,711	0	22,722	24,235
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,742	35,711	0	22,722	24,235

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

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	253,437	251,764		232,005	241,316
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	253,437	251,764	0	232,005	241,316
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	253,437	251,764	0	232,005	241,316

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

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

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

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,103,335	9,103,746		7,270,730	7,380,427
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	9,103,335	9,103,746	0	7,270,730	7,380,427
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,103,335	9,103,746	0	7,270,730	7,380,427

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

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

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

LIFE INSURANCE

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,531,693	6,507,029		5,632,254	5,804,594
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	6,531,693	6,507,029	0	5,632,254	5,804,594
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,531,693	6,507,029	0	5,632,254	5,804,594

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

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

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

LIFE INSURANCE

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

NONE

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,340,827	7,258,483		6,398,069	6,707,038
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	7,340,827	7,258,483	0	6,398,069	6,707,038
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,340,827	7,258,483	0	6,398,069	6,707,038

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	6,738
2. Current year's realized pre-tax capital gains/(losses) of $.....(128,730) transferred into the reserve net of taxes of $.....(27,032)	(101,698)
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)	(94,960)
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	(3,964)
6. Reserve as of December 31, current year (Line 4 minus Line 5)	(90,996)

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2018	1,527	(5,491)		(3,964)
2. 2019	1,520	(11,288)		(9,768)
3. 2020	1,557	(11,797)		(10,240)
4. 2021	1,584	(12,204)		(10,620)
5. 2022	1,025	(12,712)		(11,687)
6. 2023	443	(13,323)		(12,880)
7. 2024	130	(12,204)		(12,074)
8. 2025	(193)	(9,763)		(9,956)
9. 2026	(526)	(7,119)		(7,645)
10. 2027	(329)	(4,373)		(4,702)
11. 2028		(1,424)		(1,424)
12. 2029				0
13. 2030				0
14. 2031				0
15. 2032				0
16. 2033				0
17. 2034				0
18. 2035				0
19. 2036				0
20. 2037				0
21. 2038				0
22. 2039				0
23. 2040				0
24. 2041				0
25. 2042				0
26. 2043				0
27. 2044				0
28. 2045				0
29. 2046				0
30. 2047				0
31. 2048 and Later				0
32. Total (Lines 1 to 31)	6,738	(101,698)	0	(94,960)

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	455,478		455,478			0	455,478
2. Realized capital gains/(losses) net of taxes - General Account			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	170,322		170,322			0	170,322
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	625,800	0	625,800	0	0	0	625,800
9. Maximum reserve	833,685		833,685			0	833,685
10. Reserve objective	550,606		550,606			0	550,606
11. 20% of (Line 10 minus Line 8)	(15,039)	0	(15,039)	0	0	0	(15,039)
12. Balance before transfers (Lines 8 + 11)	610,761	0	610,761	0	0	0	610,761
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)	610,761	0	610,761	0	0	0	610,761

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	3,346,145	XXX	XXX	3,346,145	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	33,420,718	XXX	XXX	33,420,718	0.0004	13,368	0.0023	76,868	0.0030	100,262
3	2	High quality	77,717,718	XXX	XXX	77,717,718	0.0019	147,664	0.0058	450,763	0.0090	699,459
4	3	Medium quality	998,930	XXX	XXX	998,930	0.0093	9,290	0.0230	22,975	0.0340	33,964
5	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total unrated multi-class securities acquired by conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	
9		Total long-term bonds (sum of Lines 1 through 8)	115,483,511	XXX	XXX	115,483,511	XXX	170,322	XXX	550,606	XXX	833,685
		PREFERRED STOCKS										
10	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations	18,899,395	XXX	XXX	18,899,395	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
20	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total short-term bonds (sum of Lines 18 through 24)	18,899,395	XXX	XXX	18,899,395	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26		Exchange traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or near default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total derivative instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33)	134,382,906	XXX	XXX	134,382,906	XXX	170,322	XXX	550,606	XXX	833,685

Asset Valuation Reserve - Default
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	401,029,926	XXX		XXX		XXX		XXX		XXX	401,029,926	XXX		XXX		XXX		XXX
2.	Premiums earned	400,899,792	XXX		XXX		XXX		XXX		XXX	400,899,792	XXX		XXX		XXX		XXX
3.	Incurred claims	339,976,912	84.8	0	0.0	0	0.0	0	0.0	0	0.0	339,976,912	84.8	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses	847,253	0.2		0.0		0.0		0.0		0.0	847,253	0.2		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	340,824,165	85.0	0	0.0	0	0.0	0	0.0	0	0.0	340,824,165	85.0	0	0.0	0	0.0	0	0.0
6	Increase in contract reserves	3,140,576	0.8	0	0.0	0	0.0	0	0.0	0	0.0	3,140,576	0.8	0	0.0	0	0.0	0	0.0
7	Commissions (a)	62,670,343	15.6		0.0		0.0		0.0		0.0	62,670,343	15.6		0.0		0.0		0.0
8	Other general insurance expenses	36,237,527	9.0		0.0		0.0		0.0		0.0	36,237,527	9.0		0.0		0.0		0.0
9	Taxes, licenses and fees	9,368,032	2.3		0.0		0.0		0.0		0.0	9,368,032	2.3		0.0		0.0		0.0
10	Total other expenses incurred	108,275,902	27.0	0	0.0	0	0.0	0	0.0	0	0.0	108,275,902	27.0	0	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions	(90,185)	(0.0)	0	0.0	0	0.0	0	0.0	0	0.0	(90,185)	(0.0)	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	(51,250,666)	(12.8)	0	0.0	0	0.0	0	0.0	0	0.0	(51,250,666)	(12.8)	0	0.0	0	0.0	0	0.0
13.	Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds	(51,250,666)	(12.8)	0	0.0	0	0.0	0	0.0	0	0.0	(51,250,666)	(12.8)	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	Increase in Loading	(90,308)	(0.0)		0.0		0.0		0.0		0.0	(90,308)	(0.0)		0.0		0.0		0.0
1102.	Penalties	123	0.0		0.0		0.0		0.0		0.0	123	0.0		0.0		0.0		0.0
1103.		0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above)	(90,185)	(0.0)	0	0.0	0	0.0	0	0.0	0	0.0	(90,185)	(0.0)	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
		Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
	Total								
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	6,475,013					6,475,013			
2. Advance premiums	2,726,791					2,726,791			
3. Reserve for rate credits	0								
4. Total premium reserves, current year	9,201,804	0	0	0	0	9,201,804	0	0	0
5. Total premium reserves, prior year	8,557,798					8,557,798			
6. Increase in total premium reserves	644,006	0	0	0	0	644,006	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	5,057,832					5,057,832			
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	5,057,832	0	0	0	0	5,057,832	0	0	0
4. Total contract reserves, prior year	1,917,256					1,917,256			
5. Increase in contract reserves	3,140,576	0	0	0	0	3,140,576	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	40,742,844	0	0	0	0	40,742,844	0	0	0
2. Total prior year	32,069,735					32,069,735			
3. Increase	8,673,109	0	0	0	0	8,673,109	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	27,765,096					27,765,096			
1.2 On claims incurred during current year	303,538,707					303,538,707			
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	412,639					412,639			
2.2 On claims incurred during current year	40,330,205					40,330,205			
3. Test:									
3.1 Lines 1.1 and 2.1	28,177,735	0	0	0	0	28,177,735	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year	32,069,735					32,069,735			
3.3 Line 3.1 minus Line 3.2	(3,892,000)	0	0	0	0	(3,892,000)	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0								
B. Reinsurance Ceded:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0								

NONE

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims			339,976,912	339,976,912
2.	Beginning claim reserves and liabilities			32,069,735	32,069,735
3.	Ending claim reserves and liabilities			40,742,844	40,742,844
4.	Claims paid	0	0	331,303,803	331,303,803
B.	Assumed Reinsurance:				
5.	Incurred claims				0
6.	Beginning claim reserves and liabilities				0
7.	Ending claim reserves and liabilities				0
8.	Claims paid	0	0	0	0
C.	Ceded Reinsurance:				
9.	Incurred claims				0
10.	Beginning claim reserves and liabilities				0
11.	Ending claim reserves and liabilities				0
12.	Claims paid	0	0	0	0
D.	Net:				
13.	Incurred claims	0	0	339,976,912	339,976,912
14.	Beginning claim reserves and liabilities	0	0	32,069,735	32,069,735
15.	Ending claim reserves and liabilities	0	0	40,742,844	40,742,844
16.	Claims paid	0	0	331,303,803	331,303,803
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses			340,824,165	340,824,165
18.	Beginning reserves and liabilities			32,148,166	32,148,166
19.	Ending reserves and liabilities			40,882,250	40,882,250
20.	Paid claims and cost containment expenses	0	0	332,090,081	332,090,081

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

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

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
82627	06-0839705	01/01/1990	Swiss Re Life & Health America	IN	119,446	55,858
63312	13-1935920	08/31/2013	Great American Life Insurance Company	OH		3,000
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				119,446	58,858
1099999.	Total - Life and Annuity Non-Affiliates				119,446	58,858
1199999.	Total - Life and Annuity				119,446	58,858
2399999.	Total U.S.				119,446	58,858
9999999.	Total				119,446	58,858

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount In Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
82627	06-0839705	10/01/1990	Swiss Re Life & Health of America	IN	OTH/I	OA		208,802	223,806					
82627	06-0839705	01/01/1990	Swiss Re Life & Health of America	IN	OTH/I	OA		9,060,492	10,018,424	1,845				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	983,000	662,166	662,400					
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						983,000	9,931,460	10,904,630	1,845	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						983,000	9,931,460	10,904,630	1,845	0	0	0	0
1199999.	Total - General Account - Authorized						983,000	9,931,460	10,904,630	1,845	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						983,000	9,931,460	10,904,630	1,845	0	0	0	0
6999999.	Total U.S.						983,000	9,931,460	10,904,630	1,845	0	0	0	0
9999999.	Total						983,000	9,931,460	10,904,630	1,845	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-3190987	.07/01/2014	Cigna Global Reinsurance Company	BMU	CAT/G	A	15,171						
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						15,171	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						15,171	0	0	0	0	0	0
1199999.	Total - General Account - Authorized						15,171	0	0	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						15,171	0	0	0	0	0	0
7099999.	Total - Non-U.S.						15,171	0	0	0	0	0	0
9999999.	Total						15,171	0	0	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1 2018	2 2017	3 2016	4 2015	5 2014
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	17	15	14	24	5
2.	Commissions and reinsurance expense allowances	19	21	23	26	22
3.	Contract claims	1,311	1,156	1,259	1,363	1,571
4.	Surrender benefits and withdrawals for life contracts					
5.	Dividends to policyholders					
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts					
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	1	1
9.	Aggregate reserves for life and accident and health contracts	9,931	10,905	11,689	12,517	13,453
10.	Liability for deposit-type contracts					
11.	Contract claims unpaid	59	47	42	57	52
12.	Amounts recoverable on reinsurance	119	59	61	90	167
13.	Experience rating refunds due or unpaid					
14.	Policyholders' dividends (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due					
16.	Unauthorized reinsurance offset					
17.	Offset for reinsurance with certified reinsurers					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)					
20.	Trust agreements (T)					
21.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
22.	Multiple beneficiary trust					
23.	Funds deposited by and withheld from (F)					
24.	Letters of credit (L)					
25.	Trust agreements (T)					
26.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	119,128,164		119,128,164
2.	Reinsurance (Line 16)	130,031		130,031
3.	Premiums and considerations (Line 15)	548,489	102	548,591
4.	Net credit for ceded reinsurance	XXX	9,990,216	9,990,216
5.	All other admitted assets (balance)	4,127,357		4,127,357
6.	Total assets excluding Separate Accounts (Line 26)	123,934,041	9,990,318	133,924,359
7.	Separate Account assets (Line 27)			0
8.	Total assets (Line 28)	123,934,041	9,990,318	133,924,359
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	11,827,469	9,931,460	21,758,929
10.	Liability for deposit-type contracts (Line 3)			0
11.	Claim reserves (Line 4)	40,751,420	58,858	40,810,278
12.	Policyholder dividends/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	2,726,791		2,726,791
14.	Other contract liabilities (Line 9)			0
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)			0
16.	Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)			0
17.	Reinsurance with certified reinsurers (Line 24.02 inset amount)			0
18.	Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount)			0
19.	All other liabilities (balance)	5,553,428		5,553,428
20.	Total liabilities excluding Separate Accounts (Line 26)	60,859,108	9,990,318	70,849,426
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	60,859,108	9,990,318	70,849,426
23.	Capital & surplus (Line 38)	63,074,933	XXX	63,074,933
24.	Total liabilities, capital & surplus (Line 39)	123,934,041	9,990,318	133,924,359
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	9,931,460		
26.	Claim reserves	58,858		
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	9,990,318		
34.	Premiums and considerations	102		
35.	Reinsurance in unauthorized companies	0		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payables/offsets	102		
41.	Total net credit for ceded reinsurance	9,990,216		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama AL	5,678	-				5,678
2. Alaska AK	-	-				0
3. Arizona AZ	3,603	-				3,603
4. Arkansas AR	685	-				685
5. California CA	-	-				0
6. Colorado CO	8,995	-				8,995
7. Connecticut CT	-	-				0
8. Delaware DE	-	-				0
9. District of Columbia DC	-	-				0
10. Florida FL	1,826	-				1,826
11. Georgia GA	11,224	-				11,224
12. Hawaii HI	-	-				0
13. Idaho ID	-	-				0
14. Illinois IL	20,260	-				20,260
15. Indiana IN	8,547	-				8,547
16. Iowa IA	1,249	-				1,249
17. Kansas KS	3,079	-				3,079
18. Kentucky KY	7,522	-				7,522
19. Louisiana LA	2,660	-				2,660
20. Maine ME	-	-				0
21. Maryland MD	-	-				0
22. Massachusetts MA	649	-				649
23. Michigan MI	-	-				0
24. Minnesota MN	-	-				0
25. Mississippi MS	4,533	-				4,533
26. Missouri MO	1,445	-				1,445
27. Montana MT	1,663	-				1,663
28. Nebraska NE	5,220	-				5,220
29. Nevada NV	2,401	-				2,401
30. New Hampshire NH	-	-				0
31. New Jersey NJ	-	-				0
32. New Mexico NM	4,661	-				4,661
33. New York NY	-	-				0
34. North Carolina NC	-	-				0
35. North Dakota ND	-	-				0
36. Ohio OH	14,362	-				14,362
37. Oklahoma OK	6,683	-				6,683
38. Oregon OR	-	-				0
39. Pennsylvania PA	18,133	-				18,133
40. Rhode Island RI	-	-				0
41. South Carolina SC	7,777	-				7,777
42. South Dakota SD	2,208	-				2,208
43. Tennessee TN	8,352	-				8,352
44. Texas TX	24,177	1,845				26,022
45. Utah UT	1,307	-				1,307
46. Vermont VT	-	-				0
47. Virginia VA	22,639	-				22,639
48. Washington WA	-	-				0
49. West Virginia WV	1,343	-				1,343
50. Wisconsin WI	1,178	-				1,178
51. Wyoming WY		-				0
52. American Samoa AS						0
53. Guam GU						0
54. Puerto Rico PR						0
55. US Virgin Islands VI						0
56. Northern Mariana Islands MP						0
57. Canada CAN						0
58. Aggregate Other Alien OT						0
59. Totals	204,055	1,845	0	0	0	205,900

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0901	Cigna Group		46-4861112				CareCore National Intermediate Holdings, LLC.	DE	NIA	CareCore National Group, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		14-1831391				CareCore National, LLC	NY	NIA	CareCore National Intermediate Holdings, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	10144	20-1089572				CareCore NJ, LLC	NJ	IA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-3845847				CareNext Managed Care, LLC	NY	NIA	CareNext Post-Acute, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		47-2873703				CareNext Post-Acute, LLC	DE	NIA	CareCore National, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2681649				CarePlexus, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2562994				CARING 500 Ygnacio Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2318410				CARING 9171 Wilshire Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2563284				CARING Alta Woodson Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		37-1903297				CARING Capitol Hill GP LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		32-0570889				CARING Capitol Hill LP LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2318370				CARING Dulles Town Center Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2318233				CARING Heights at Bear Creek Investors LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2339522				CARING Mallory Square Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		83-2563138				CARING Soma Investor LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2604992				CCN NMO, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		33-1039759				CCN-WNY IPA, LLC	NY	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		34-1970892				Ceres Sales of Ohio, LLC	OH	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332403				CG Individual Tax Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332405				CG Life Pension Benefits Payments, Inc.	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1332401				CG LINA Pension Benefits Payments, Inc	DE	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-3481107				CG Mystic Center LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-3481241				CG Mystic Land LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CG Seventh Street LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	87.500	Cigna Corporation	N	
0901	Cigna Group		20-3870049				CG Skyline, LLC	DE	NIA	Connecticut General Life Insurance Company.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		82-1280312				CG/Wood ALTA 601, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-3281922				CGGL Chapman LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CGO PARTICIPATOS LTDA	BRA	NIA	Cigna Global Holdings, Inc	Ownership	99.780	Cigna Corporation	N	
0901	Cigna Group		59-3466707				Chiro Alliance Corporation	FL	NIA	Palladian Health of Florida, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		47-4235739				CI Perris 151, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	75.000	Cigna Corporation	N	
0901	Cigna Group		81-3389374				CIG-LEI Ygnacio Associates LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0901	Cigna Group		00-0000000				Cigna & CMB Health Services Company, Ltd	CHN	NIA	Cigna & CMB Life Insurance Company Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna & CMB Life Insurance Company Limited	CHN	IA	Life Insurance Company of North America	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				CIGNA 2000 UK Pension LTD	GBR	NIA	Cigna European Services (UK) Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-5402196				Cigna Affiliates Realty Investment Group LLC	DE	NIA	Connecticut General Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Alder Holdings, LLC	DE	NIA	Cigna Apac Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Apac Holdings, Ltd	BMU	NIA	Cigna Palmetto Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	13733	03-0452349				Cigna Arbor Life Insurance Company	CT	IA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1181787				Cigna Beechwood Holdings	BEL	NIA	Cigna Elmwood Holdings, SPRL	Ownership	51.000	Cigna Corporation	N	
0901	Cigna Group		94-3107309				Cigna Behavioral Health of California, Inc	CA	NIA	Cigna Behavioral Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		75-2751090				Cigna Behavioral Health of Texas, Inc.	TX	NIA	Cigna Behavioral Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		41-1648670				Cigna Behavioral Health, Inc	MN	NIA	Connecticut General Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Bellevue Alpha LLC	DE	NIA	Cigna Holdings Overseas, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		02-0515554				Cigna Benefit Technology Solutions, Inc	DE	NIA	Cigna Health Corporation	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		01-0947889		1489070		Cigna Benefits Financing, Inc	DE	NIA	Cigna Investments, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				Cigna Brokerage & Marketing (Thailand) Limited	THA	NIA	RHP Thailand Limited	Ownership	75.000	Cigna Corporation	N	
0901	Cigna Group						Cigna Cedar Holdings, Ltd	MLT	NIA	Cigna Apac Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		98-1137759				Cigna Chestnut Holdings, Ltd	GBR	NIA	Cigna Walnut Holdings, Ltd	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		27-3396038				Cigna Corporate Services, LLC	DE	NIA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		82-4991898		1739940	US	Cigna Corporation	DE	UIP	Publicly Traded	Ownership	100.000	Publicly Traded	N	
0901	Cigna Group		00-0000000				Cigna Data Services (Shanghai) Company Limited	CHN	NIA	Cigna Hong Kong Holdings Company Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		59-2600475				Cigna Dental Health Of California, Inc	CA	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11175	59-2675861				Cigna Dental Health Of Colorado, Inc	CO	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95380	59-2676987				Cigna Dental Health Of Delaware, Inc	DE	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52021	59-1611217				Cigna Dental Health Of Florida, Inc	FL	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		06-1351097				Cigna Dental Health of Illinois, Inc	IL	NIA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52024	59-2625350				Cigna Dental Health Of Kansas, Inc	KS	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	52108	59-2619589				Cigna Dental Health Of Kentucky, Inc	KY	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	48119	59-2740468				Cigna Dental Health Of Maryland, Inc	MD	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11160	06-1582068				Cigna Dental Health Of Missouri, Inc	MO	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	11167	59-2308062				Cigna Dental Health Of New Jersey, Inc	NJ	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	95179	56-1803464				Cigna Dental Health Of North Carolina, Inc	NC	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	47805	59-2579774				Cigna Dental Health Of Ohio, Inc	OH	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	47041	52-1220578				Cigna Dental Health Of Pennsylvania, Inc	PA	IA	Cigna Dental Health, Inc	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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

SCHEDULE Y

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

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

SCHEDULE Y

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

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

SCHEDULE Y

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

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

SCHEDULE Y

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

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

SCHEDULE Y

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

AUGUST FILING

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

EXPLANATIONS:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.
11.

BAR CODE:

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

13.

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

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

16.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

35.

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

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

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

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

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

41.

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

43.

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

45.

46.

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

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

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

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

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

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

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

Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Suspense	1,026	1,026	0	
2597. Summary of remaining write-ins for Line 25	1,026	1,026	0	0

Additional Write-ins for Exhibit 2:

	Insurance				5	6
	1	Accident and Health		4		
	Life	2 Cost Containment	3 All Other	All Other Lines of Business	Investment	Total
09.304. TPA Service Fees	35,435					35,435
09.305. Consulting Fees	20		40,556			40,576
09.306. Marketing Leads			442,351			442,351
09.307. Value Added Dental Select			774,928			774,928
09.397. Summary of remaining write-ins for Line 9.3	35,455	0	1,257,835	0	0	1,293,290

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Suspense	1,026	77,247	76,221
2597. Summary of remaining write-ins for Line 25	1,026	77,247	76,221

Overflow Page for Write-Ins

NONE

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-AL	F	NO	34000	12/28/2012				Medicare Supplement	1,940,676	1,392,407	71.7	733	242,782	165,085	68.0	92
YES	AR-MS-AA-G-AL	G	NO	34000	12/28/2012				Medicare Supplement	720,599	596,315	82.8	347	389,898	323,714	83.0	206
YES	AR-MS-AA-N-AL	N	NO	34000	12/28/2012				Medicare Supplement	231,594	249,408	107.7	146	66,797	39,414	59.0	44
YES	AR-MSD-AA-F-AL	F	NO	204000	01/17/2013				Medicare Supplement	370,360	336,862	91.0	134	167,460	89,893	53.7	62
YES	AR-MSD-AA-G-AL	G	NO	204000	01/17/2013				Medicare Supplement	195,981	242,692	123.8	89	199,323	196,491	98.6	99
YES	AR-MSD-AA-N-AL	N	NO	204000	01/17/2013				Medicare Supplement	62,845	28,185	44.8	42	59,973	54,055	90.1	39
YES	AR-MSX-AA-F-AL	F	NO	30500	03/27/2015				Medicare Supplement	-	-	0.0		1,426,510	1,107,353	77.6	625
YES	AR-MSX-AA-G-AL	G	NO	30500	03/27/2015				Medicare Supplement	3,409	141	4.1	2	1,300,200	860,704	66.2	688
YES	AR-MSX-AA-HDF-AL	F	NO	30500	03/27/2015				Medicare Supplement	712	7	1.0	1	78,777	17,037	21.6	97
YES	AR-MSX-AA-N-AL	N	NO	30500	03/27/2015				Medicare Supplement	5,205	377	7.2	3	558,830	353,215	63.2	332
0199999.	Total Policy Experience on Individual Policies									3,531,381	2,846,394	80.6	1,497	4,490,550	3,206,961	71.4	2,284

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-CR-A-AR	A	NO	34000	03/06/2013				Medicare Supplement	-	-	0.0		4,733	7,121	150.5	3
YES	AR-MS-CR-F-AR	F	NO	34000	03/06/2013				Medicare Supplement	544,766	501,574	92.1	234	194,241	215,784	111.1	85
YES	AR-MS-CR-G-AR	G	NO	34000	03/06/2013				Medicare Supplement	221,800	244,195	110.1	154	6,797,440	5,929,003	87.2	5,843
YES	AR-MS-CR-N-AR	N	NO	34000	03/06/2013				Medicare Supplement	61,959	51,271	82.7	41	41,636	18,000	43.2	27
YES	AR-MSD-CR-F-AR	F	NO	204000	04/02/2013				Medicare Supplement	155,923	105,081	67.4	65	97,377	85,820	88.1	45
YES	AR-MSD-CR-G-AR	G	NO	204000	04/02/2013				Medicare Supplement	64,180	208,803	325.3	43	358,299	265,346	74.1	301
YES	AR-MSD-CR-N-AR	N	NO	204000	04/02/2013				Medicare Supplement	31,964	30,654	95.9	21	10,318	5,639	54.7	8
YES	AR-MSX-CR-F-AR	F	NO	30500	05/22/2015				Medicare Supplement	-	-	0.0		112,028	83,288	74.3	48
YES	AR-MSX-CR-G-AR	G	NO	30500	05/22/2015				Medicare Supplement	-	-	0.0		63,884	45,959	71.9	31
YES	AR-MSX-CR-HDF-AR	F	NO	30500	05/22/2015				Medicare Supplement	-	-	0.0		20,750	9,332	45.0	26
YES	AR-MSX-CR-N-AR	N	NO	30500	05/22/2015				Medicare Supplement	-	-	0.0		68,665	30,023	43.7	42
0199999.	Total Policy Experience on Individual Policies									1,080,592	1,141,578	105.6	558	7,769,371	6,695,315	86.2	6,459

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-IA-F-AZ	F	NO	34000	04/03/2013				Medicare Supplement	609,105	534,551	87.8	239	114,160	79,665	69.8	43
YES	AR-MS-IA-G-AZ	G	NO	34000	04/03/2013				Medicare Supplement	249,350	198,846	79.7	117	147,105	83,933	57.1	60
YES	AR-MS-IA-N-AZ	N	NO	34000	04/03/2013				Medicare Supplement	54,653	42,214	77.2	34	25,967	12,475	48.0	12
YES	AR-MSD-IA-F-AZ	F	NO	204000	06/06/2013				Medicare Supplement	274,208	179,993	65.6	96	143,559	104,519	72.8	51
YES	AR-MSD-IA-G-AZ	G	NO	204000	06/06/2013				Medicare Supplement	208,831	151,869	72.7	93	110,475	101,997	92.3	51
YES	AR-MSD-IA-N-AZ	N	NO	204000	06/06/2013				Medicare Supplement	86,107	46,722	54.3	48	44,467	19,001	42.7	24
YES	AR-MSX-IA-F-AZ	F	NO	30500	04/07/2015				Medicare Supplement	-	-	0.0		1,824,456	1,435,893	78.7	748
YES	AR-MSX-IA-G-AZ	G	NO	30500	04/07/2015				Medicare Supplement	-	-	0.0		621,554	517,930	83.3	312
YES	AR-MSX-IA-HDF-AZ	F	NO	30500	04/07/2015				Medicare Supplement	-	-	0.0		180,946	61,400	33.9	201
YES	AR-MSX-IA-N-AZ	N	NO	30500	04/07/2015				Medicare Supplement	-	-	0.0		561,195	431,390	76.9	348
0199999.	Total Policy Experience on Individual Policies									1,482,254	1,154,195	77.9	627	3,773,884	2,848,203	75.5	1,850

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-CO	F	NO	34060	05/21/2013				Medicare Supplement	6,846,384	6,416,159	93.7	2,417	1,423,838	1,795,621	126.1	540
YES	AR-MS-AA-G-CO	G	NO	34060	05/21/2013				Medicare Supplement	2,148,570	1,673,028	77.9	1,079	2,421,758	2,365,179	97.7	1,419
YES	AR-MS-AA-N-CO	N	NO	34060	05/21/2013				Medicare Supplement	540,396	402,300	74.4	370	523,744	447,134	85.4	416
YES	AR-MSD-AA-F-CO	F	NO	204060	08/23/2013				Medicare Supplement	444,074	298,763	67.3	163	251,865	272,364	108.1	92
YES	AR-MSD-AA-G-CO	G	NO	204060	08/23/2013				Medicare Supplement	364,680	280,553	76.9	189	423,589	407,635	96.2	249
YES	AR-MSD-AA-N-CO	N	NO	204060	08/23/2013				Medicare Supplement	99,918	76,727	76.8	68	126,822	96,361	76.0	92
YES	AR-MSX-AA-F-CO	F	NO	30560	10/12/2015				Medicare Supplement	-	-	0.0		856,670	672,356	78.5	350
YES	AR-MSX-AA-G-CO	G	NO	30560	10/12/2015				Medicare Supplement	-	-	0.0		421,051	384,359	91.3	225
YES	AR-MSX-AA-HDF-CO	F	NO	30560	10/12/2015				Medicare Supplement	-	-	0.0		111,904	41,518	37.1	129
YES	AR-MSX-AA-N-CO	N	NO	30560	10/12/2015				Medicare Supplement	-	-	0.0		173,918	174,866	100.5	110
0199999.	Total Policy Experience on Individual Policies									10,444,022	9,147,530	87.6	4,286	6,735,159	6,657,393	98.8	3,622

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-DE	A	NO	34060	03/15/2013				Medicare Supplement	2,151	290	13.5	1	-	-	0.0	
YES	AR-MS-AA-F-DE	F	NO	34060	03/15/2013				Medicare Supplement	285,808	234,328	82.0	87	69,687	88,438	126.9	22
YES	AR-MS-AA-G-DE	G	NO	34060	03/15/2013				Medicare Supplement	119,256	108,153	90.7	47	116,476	146,769	126.0	53
YES	AR-MS-AA-N-DE	N	NO	34060	03/15/2013				Medicare Supplement	59,308	54,604	92.1	35	68,244	70,808	103.8	49
YES	AR-MSD-AA-A-DE	A	NO	204060	04/09/2013				Medicare Supplement	-	-	0.0		1,434	1,512	105.4	1
YES	AR-MSD-AA-F-DE	F	NO	204060	04/09/2013				Medicare Supplement	85,385	53,846	63.1	24	36,976	73,211	198.0	13
YES	AR-MSD-AA-G-DE	G	NO	204060	04/09/2013				Medicare Supplement	83,940	37,293	44.4	32	41,916	19,642	46.9	23
YES	AR-MSD-AA-N-DE	N	NO	204060	04/09/2013				Medicare Supplement	44,397	18,069	40.7	23	33,652	15,070	44.8	19
YES	AR-MSX-AA-F-DE	F	NO	30560	07/24/2015				Medicare Supplement	-	-	0.0		68,631	81,665	119.0	25
YES	AR-MSX-AA-G-DE	G	NO	30560	07/24/2015				Medicare Supplement	-	-	0.0		63,300	76,326	120.6	28
YES	AR-MSX-AA-HDF-DE	F	NO	30560	07/24/2015				Medicare Supplement	-	-	0.0		20,772	4,646	22.4	25
YES	AR-MSX-AA-N-DE	N	NO	30560	07/24/2015				Medicare Supplement	-	-	0.0		92,516	55,538	60.0	52
0199999.	Total Policy Experience on Individual Policies									680,245	506,583	74.5	249	613,604	633,625	103.3	310

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-IA-A-FL	A	NO	34060	01/10/2014				Medicare Supplement	43,097	78,486	182.1	9	65,884	87,877	133.4	13
YES	AR-MS-IA-F-FL	F	NO	34060	01/10/2014				Medicare Supplement	912,631	816,011	89.4	309	2,775,011	2,004,722	72.2	952
YES	AR-MS-IA-G-FL	G	NO	34060	01/10/2014				Medicare Supplement	585,308	402,835	68.8	224	2,883,737	2,017,644	70.0	1,226
YES	AR-MS-IA-N-FL	N	NO	34060	01/10/2014				Medicare Supplement	371,996	209,160	56.2	168	2,509,487	1,683,205	67.1	1,249
YES	AR-MSD-IA-A-FL	A	NO	204060	04/24/2014				Medicare Supplement	-	-	0.0		-	-	0.0	
YES	AR-MSD-IA-F-FL	F	NO	204060	04/24/2014				Medicare Supplement	243,794	212,714	87.3	78	575,982	441,917	76.7	203
YES	AR-MSD-IA-G-FL	G	NO	204060	04/24/2014				Medicare Supplement	165,148	91,479	55.4	60	633,545	435,595	68.8	279
YES	AR-MSD-IA-N-FL	N	NO	204060	04/24/2014				Medicare Supplement	85,546	22,908	26.8	38	300,957	198,623	66.0	140
0199999.	Total Policy Experience on Individual Policies									2,407,520	1,833,593	76.2	886	9,744,603	6,869,583	70.5	4,062

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-IA-F-GA	F	NO	34060	07/22/2013				Medicare Supplement	1,001,054	923,707	92.3	397	174,917	169,159	96.7	70
YES	AR-MS-IA-G-GA	G	NO	34060	07/22/2013				Medicare Supplement	432,151	322,511	74.6	213	247,612	138,463	55.9	116
YES	AR-MS-IA-N-GA	N	NO	34060	07/22/2013				Medicare Supplement	134,312	98,622	73.4	83	76,574	116,971	152.8	37
YES	AR-MSD-IA-F-GA	F	NO	204060	10/22/2013				Medicare Supplement	359,725	331,396	92.1	136	124,834	89,439	71.6	46
YES	AR-MSD-IA-G-GA	G	NO	204060	10/22/2013				Medicare Supplement	229,863	195,996	85.3	108	196,245	112,483	57.3	94
YES	AR-MSD-IA-N-GA	N	NO	204060	10/22/2013				Medicare Supplement	116,136	69,705	60.0	72	82,515	54,455	66.0	45
YES	AR-MSX-IA-F-GA	F	NO	30560	06/26/2015				Medicare Supplement	3,932	2,639	67.1	2	4,938,342	3,565,770	72.2	2,171
YES	AR-MSX-IA-G-GA	G	NO	30560	06/26/2015				Medicare Supplement	-	-	0.0		1,500,229	1,177,260	78.5	735
YES	AR-MSX-IA-HDF-GA	F	NO	30560	06/26/2015				Medicare Supplement	-	-	0.0		204,777	55,948	27.3	225
YES	AR-MSX-IA-N-GA	N	NO	30560	06/26/2015				Medicare Supplement	-	-	0.0		736,226	523,621	71.1	440
0199999.	Total Policy Experience on Individual Policies									2,277,173	1,944,576	85.4	1,011	8,282,271	6,003,569	72.5	3,979

360

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-IA	F	NO	34000	02/04/2013				Medicare Supplement	770,399	652,638	84.7	274	275,146	256,775	93.3	103
YES	AR-MS-AA-G-IA	G	NO	34000	02/04/2013				Medicare Supplement	94,296	95,221	101.0	56	5,402,072	5,445,558	100.8	4,358
YES	AR-MS-AA-N-IA	N	NO	34000	02/04/2013				Medicare Supplement	34,910	53,217	152.4	24	51,491	75,156	146.0	28
YES	AR-MSD-AA-F-IA	F	NO	204000	03/05/2013				Medicare Supplement	164,044	176,121	107.4	71	101,756	123,190	121.1	45
YES	AR-MSD-AA-G-IA	G	NO	204000	03/05/2013				Medicare Supplement	33,899	45,754	135.0	26	529,057	513,104	97.0	462
YES	AR-MSD-AA-N-IA	N	NO	204000	03/05/2013				Medicare Supplement	18,733	13,604	72.6	14	14,997	7,014	46.8	10
YES	AR-MSX-AA-F-IA	F	NO	30500	05/11/2015				Medicare Supplement	-	-	0.0		690,383	482,146	69.8	314
YES	AR-MSX-AA-G-IA	G	NO	30500	05/11/2015				Medicare Supplement	2,135	732	34.3	1	260,641	206,724	79.3	156
YES	AR-MSX-AA-HDF-IA	F	NO	30500	05/11/2015				Medicare Supplement	-	-	0.0		30,947	16,194	52.3	48
YES	AR-MSX-AA-N-IA	N	NO	30500	05/11/2015				Medicare Supplement	-	-	0.0		155,991	120,251	77.1	100
0199999.	Total Policy Experience on Individual Policies									1,118,416	1,037,287	92.7	466	7,512,481	7,246,112	96.5	5,624

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-IL	F	NO	34060	02/09/2013				Medicare Supplement	3,569,800	3,245,443	90.9	1,377	454,003	367,234	80.9	185
YES	AR-MS-AA-G-IL	G	NO	34060	02/09/2013				Medicare Supplement	639,942	523,082	81.7	286	253,399	240,195	94.8	124
YES	AR-MS-AA-N-IL	N	NO	34060	02/09/2013				Medicare Supplement	235,521	263,499	111.9	130	85,227	64,746	76.0	46
YES	AR-MSD-AA-F-IL	F	NO	204060	04/11/2013				Medicare Supplement	439,778	376,039	85.5	167	336,761	317,569	94.3	135
YES	AR-MSD-AA-G-IL	G	NO	204060	04/11/2013				Medicare Supplement	261,980	254,613	97.2	120	296,477	270,070	91.1	142
YES	AR-MSD-AA-N-IL	N	NO	204060	04/11/2013				Medicare Supplement	90,941	44,263	48.7	54	121,704	116,592	95.8	75
YES	AR-MSX-AA-F-IL	F	NO	30560	04/27/2015				Medicare Supplement	-	-	0.0		2,882,488	2,383,976	82.7	1,190
YES	AR-MSX-AA-G-IL	G	NO	30560	04/27/2015				Medicare Supplement	1,921	1,436	74.8	1	1,469,581	1,229,263	83.6	751
YES	AR-MSX-AA-HDF-IL	F	NO	30560	04/27/2015				Medicare Supplement	-	-	0.0		86,198	51,293	59.5	101
YES	AR-MSX-AA-N-IL	N	NO	30560	04/27/2015				Medicare Supplement	1,254	242	19.3	1	1,488,041	1,151,826	77.4	920
0199999.	Total Policy Experience on Individual Policies									5,241,137	4,708,617	89.8	2,136	7,473,879	6,192,764	82.9	3,669

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-IN	A	NO	34000	04/02/2013				Medicare Supplement	2,938	43	1.5	2	1,481	919	62.1	1
YES	AR-MS-AA-F-IN	F	NO	34000	04/02/2013				Medicare Supplement	10,036,940	8,581,360	85.5	4,424	1,984,457	1,650,430	83.2	975
YES	AR-MS-AA-G-IN	G	NO	34000	04/02/2013				Medicare Supplement	2,600,816	2,205,528	84.8	1,428	1,325,762	1,029,690	77.7	792
YES	AR-MS-AA-N-IN	N	NO	34000	04/02/2013				Medicare Supplement	1,164,154	962,174	82.7	746	439,929	322,929	73.4	272
YES	AR-MSD-AA-F-IN	F	NO	204000	07/23/2013				Medicare Supplement	570,489	542,290	95.1	231	330,233	368,276	111.5	146
YES	AR-MSD-AA-G-IN	G	NO	204000	07/23/2013				Medicare Supplement	341,496	270,405	79.2	175	251,465	171,615	68.2	135
YES	AR-MSD-AA-N-IN	N	NO	204000	07/23/2013				Medicare Supplement	88,627	52,466	59.2	54	64,492	52,826	81.9	47
0199999.	Total Policy Experience on Individual Policies									14,805,460	12,614,266	85.2	7,060	4,397,819	3,596,685	81.8	2,368

360

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-KS	F	NO	34060	05/29/2013				Medicare Supplement	6,697,668	6,465,514	96.5	2,606	424,887	399,859	94.1	180
YES	AR-MS-AA-G-KS	G	NO	34060	05/29/2013				Medicare Supplement	1,554,364	1,393,133	89.6	777	557,621	540,642	97.0	307
YES	AR-MS-AA-N-KS	N	NO	34060	05/29/2013				Medicare Supplement	635,384	688,933	108.4	409	124,077	115,655	93.2	85
YES	AR-MSD-AA-F-KS	F	NO	204060	08/05/2013				Medicare Supplement	299,181	276,012	92.3	116	94,568	73,248	77.5	36
YES	AR-MSD-AA-G-KS	G	NO	204060	08/05/2013				Medicare Supplement	186,332	165,303	88.7	93	149,109	137,938	92.5	72
YES	AR-MSD-AA-N-KS	N	NO	204060	08/05/2013				Medicare Supplement	67,068	43,923	65.5	45	40,905	38,054	93.0	24
0199999.	Total Policy Experience on Individual Policies									9,439,997	9,032,818	95.7	4,046	1,391,167	1,305,396	93.8	704

360

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-KY	F	NO	34060	01/16/2013				Medicare Supplement	4,381,975	4,017,376	91.7	1,690	1,436,100	1,819,135	126.7	481
YES	AR-MS-AA-G-KY	G	NO	34060	01/16/2013				Medicare Supplement	1,039,685	789,213	75.9	543	551,465	428,700	77.7	276
YES	AR-MS-AA-N-KY	N	NO	34060	01/16/2013				Medicare Supplement	372,075	296,660	79.7	236	306,331	221,723	72.4	173
YES	AR-MSD-AA-F-KY	F	NO	204060	02/21/2013				Medicare Supplement	484,703	364,692	75.2	183	255,911	294,787	115.2	90
YES	AR-MSD-AA-G-KY	G	NO	204060	02/21/2013				Medicare Supplement	201,438	141,287	70.1	102	184,225	125,952	68.4	88
YES	AR-MSD-AA-N-KY	N	NO	204060	02/21/2013				Medicare Supplement	79,567	50,405	63.3	52	39,997	51,755	129.4	27
0199999.	Total Policy Experience on Individual Policies									6,559,443	5,659,633	86.3	2,806	2,774,029	2,942,052	106.1	1,135

360

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-LA	A	NO	34060	01/23/2013				Medicare Supplement	-	-	0.0		2,240	2,303	102.8	1
YES	AR-MS-AA-F-LA	F	NO	34060	01/23/2013				Medicare Supplement	1,466,457	1,259,211	85.9	556	675,456	495,191	73.3	275
YES	AR-MS-AA-G-LA	G	NO	34060	01/23/2013				Medicare Supplement	422,624	474,368	112.2	259	7,031,716	6,395,476	91.0	5,572
YES	AR-MS-AA-N-LA	N	NO	34060	01/23/2013				Medicare Supplement	113,696	108,446	95.4	67	65,218	64,377	98.7	30
YES	AR-MSD-AA-F-LA	F	NO	204060	02/21/2013				Medicare Supplement	257,254	260,137	101.1	96	182,162	127,573	70.0	69
YES	AR-MSD-AA-G-LA	G	NO	204060	02/21/2013				Medicare Supplement	126,159	147,348	116.8	78	664,637	517,654	77.9	509
YES	AR-MSD-AA-N-LA	N	NO	204060	02/21/2013				Medicare Supplement	62,468	65,489	104.8	38	36,161	34,081	94.2	21
YES	AR-MSX-AA-A-LA	A	NO	30560	06/09/2015				Medicare Supplement	-	-	0.0		2,464	301	12.2	1
YES	AR-MSX-AA-F-LA	F	NO	30560	06/09/2015				Medicare Supplement	-	-	0.0		1,289,632	1,010,669	78.4	560
YES	AR-MSX-AA-G-LA	G	NO	30560	06/09/2015				Medicare Supplement	-	-	0.0		645,692	500,520	77.5	332
YES	AR-MSX-AA-HDF-LA	F	NO	30560	06/09/2015				Medicare Supplement	820	8	1.0	1	120,281	47,090	39.1	136
YES	AR-MSX-AA-N-LA	N	NO	30560	06/09/2015				Medicare Supplement	-	-	0.0		757,453	613,635	81.0	445
0199999.	Total Policy Experience on Individual Policies									2,449,478	2,315,007	94.5	1,095	11,473,112	9,808,870	85.5	7,951

360

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-MD	A	NO	34000	07/02/2013				Medicare Supplement	53,677	85,055	158.5	25	47,910	36,690	76.6	26
YES	AR-MS-AA-F-MD	F	NO	34000	07/02/2013				Medicare Supplement	378,147	273,858	72.4	119	90,837	98,292	108.2	30
YES	AR-MS-AA-G-MD	G	NO	34000	07/02/2013				Medicare Supplement	212,855	131,781	61.9	86	127,395	82,154	64.5	50
YES	AR-MS-AA-N-MD	N	NO	34000	07/02/2013				Medicare Supplement	112,529	197,203	175.2	55	31,392	17,177	54.7	15
YES	AR-MSD-AA-A-MD	A	NO	204060	09/26/2013				Medicare Supplement	8,543	3,562	41.7	4	15,709	8,421	53.6	7
YES	AR-MSD-AA-F-MD	F	NO	204000	09/26/2013				Medicare Supplement	187,861	105,564	56.2	56	151,469	90,444	59.7	50
YES	AR-MSD-AA-G-MD	G	NO	204000	09/26/2013				Medicare Supplement	151,880	114,180	75.2	59	103,361	80,264	77.7	45
YES	AR-MSD-AA-N-MD	N	NO	204000	09/26/2013				Medicare Supplement	85,085	52,926	62.2	40	100,383	90,653	90.3	53
0199999.	Total Policy Experience on Individual Policies									1,190,577	964,129	81.0	444	668,456	504,095	75.4	276

360

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-IA-F-MO	F	NO	34060	.04/11/2013			.07/01/2018	Medicare Supplement	673,210	632,316	93.9	230	266,778	232,268	87.1	91
YES	AR-MS-IA-G-MO	G	NO	34060	.04/11/2013			.07/01/2018	Medicare Supplement	77,393	77,056	99.6	36	130,383	79,986	61.3	58
YES	AR-MS-IA-N-MO	N	NO	34060	.04/11/2013			.07/01/2018	Medicare Supplement	168,461	109,039	64.7	87	87,933	83,415	94.9	43
YES	AR-MSD-IA-F-MO	F	NO	204060	.06/12/2013			.07/01/2018	Medicare Supplement	128,659	99,866	77.6	45	121,052	222,260	183.6	40
YES	AR-MSD-IA-G-MO	G	NO	204060	.06/12/2013			.07/01/2018	Medicare Supplement	81,604	123,153	150.9	37	141,735	65,931	46.5	64
YES	AR-MSD-IA-N-MO	N	NO	204060	.06/12/2013			.07/01/2018	Medicare Supplement	49,352	54,313	110.1	28	51,212	42,738	83.5	29
0199999.	Total Policy Experience on Individual Policies									1,178,679	1,095,743	93.0	463	799,093	726,598	90.9	325

360

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-MS	A	NO	34060	.01/22/2013				Medicare Supplement	1,780	676	38.0	1	-	-	0.0	
YES	AR-MS-AA-F-MS	F	NO	34060	.01/22/2013				Medicare Supplement	3,503,255	2,878,448	82.2	1,451	457,801	387,790	84.7	195
YES	AR-MS-AA-G-MS	G	NO	34060	.01/22/2013				Medicare Supplement	449,012	316,003	70.4	223	283,850	198,626	70.0	132
YES	AR-MS-AA-N-MS	N	NO	34060	.01/22/2013				Medicare Supplement	268,291	241,109	89.9	151	142,195	95,536	67.2	68
YES	AR-MSD-AA-F-MS	F	NO	204060	.03/08/2013				Medicare Supplement	467,610	428,924	91.7	182	184,355	138,785	75.3	75
YES	AR-MSD-AA-G-MS	G	NO	204060	.03/08/2013				Medicare Supplement	108,621	96,954	89.3	54	105,048	43,726	41.6	53
YES	AR-MSD-AA-N-MS	N	NO	204060	.03/08/2013				Medicare Supplement	55,666	81,661	146.7	30	40,862	38,557	94.4	24
YES	AR-MSX-AA-F-MS	F	NO	30560	.06/23/2015				Medicare Supplement	1,847	762	41.3	1	1,486,059	1,181,074	79.5	698
YES	AR-MSX-AA-G-MS	G	NO	30500	.06/23/2015				Medicare Supplement	-	-	0.0		652,154	536,574	82.3	368
YES	AR-MSX-AA-HDF-MS	F	NO	30500	.06/23/2015				Medicare Supplement	-	-	0.0		67,034	26,447	39.5	81
YES	AR-MSX-AA-N-MS	N	NO	30500	.06/23/2015				Medicare Supplement	-	-	0.0		722,195	485,264	67.2	485
0199999.	Total Policy Experience on Individual Policies									4,856,082	4,044,537	83.3	2,093	4,141,553	3,132,379	75.6	2,179

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-MT	F	NO	34060	01/25/2013				Medicare Supplement	1,062,172	1,075,809	101.3	527	1,351,724	1,145,228	84.7	812
YES	AR-MS-AA-G-MT	G	NO	34060	01/25/2013				Medicare Supplement	322,720	264,549	82.0	171	824,379	595,464	72.2	669
YES	AR-MS-AA-N-MT	N	NO	34060	01/25/2013				Medicare Supplement	126,537	88,991	70.3	85	106,509	56,794	53.3	84
YES	AR-MSD-AA-F-MT	F	NO	204060	03/06/2013				Medicare Supplement	144,054	117,763	81.7	67	219,083	164,304	75.0	122
YES	AR-MSD-AA-G-MT	G	NO	204060	03/06/2013				Medicare Supplement	78,670	62,963	80.0	46	119,330	111,357	93.3	79
YES	AR-MSD-AA-N-MT	N	NO	204060	03/06/2013				Medicare Supplement	27,033	17,819	65.9	19	38,960	24,417	62.7	29
YES	AR-MSX-AA-F-MT	F	NO	30560	07/14/2015				Medicare Supplement	1,932	768	39.8	1	243,943	200,472	82.2	116
YES	AR-MSX-AA-G-MT	G	NO	30560	07/14/2015				Medicare Supplement	2,966	671	22.6	2	84,449	90,715	107.4	56
YES	AR-MSX-AA-HDF-MT	F	NO	30560	07/14/2015				Medicare Supplement	586	6	1.0	1	22,069	16,365	74.2	29
YES	AR-MSX-AA-N-MT	N	NO	30560	07/14/2015				Medicare Supplement	1,281	53	4.1	1	41,171	32,266	78.4	30
0199999.	Total Policy Experience on Individual Policies									1,767,951	1,629,392	92.2	920	3,051,617	2,437,382	79.9	2,026

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-NC	A	NO	34060	03/08/2013				Medicare Supplement	-	-	0.0		(420)	253	(60.2)	
YES	AR-MS-AA-F-NC	F	NO	34060	03/08/2013				Medicare Supplement	3,005,570	2,477,673	82.4	1,152	534,435	470,551	88.0	182
YES	AR-MS-AA-G-NC	G	NO	34060	03/08/2013				Medicare Supplement	763,305	539,489	70.7	358	415,006	340,802	82.1	211
YES	AR-MS-AA-N-NC	N	NO	34060	03/08/2013				Medicare Supplement	291,814	261,541	89.6	186	109,792	67,139	61.2	58
YES	AR-MSD-AA-F-NC	F	NO	204060	05/23/2013				Medicare Supplement	210,264	182,320	86.7	79	268,088	220,910	82.4	105
YES	AR-MSD-AA-G-NC	G	NO	204060	05/23/2013				Medicare Supplement	37,498	17,223	45.9	16	240,527	198,344	82.5	135
YES	AR-MSD-AA-N-NC	N	NO	204060	05/23/2013				Medicare Supplement	6,476	1,584	24.5	4	71,497	47,145	65.9	51
YES	AR-MSX-AA-F-NC	F	NO	30560	04/15/2015				Medicare Supplement	2,053	764	37.2	1	3,208,518	3,047,381	95.0	1,396
YES	AR-MSX-AA-G-NC	G	NO	30560	04/15/2015				Medicare Supplement	-	-	0.0		1,941,468	1,470,166	75.7	1,085
YES	AR-MSX-AA-HDF-NC	F	NO	30560	04/15/2015				Medicare Supplement	-	-	0.0		80,035	39,759	49.7	110
YES	AR-MSX-AA-N-NC	N	NO	30560	04/15/2015				Medicare Supplement	-	-	0.0		1,406,284	1,154,985	82.1	997
0199999.	Total Policy Experience on Individual Policies									4,316,980	3,480,594	80.6	1,796	8,275,230	7,057,435	85.3	4,330

360

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-ND	F	NO	34000	03/08/2013				Medicare Supplement	12,354	6,034	48.8	5	23,258	24,366	104.8	10
YES	AR-MS-AA-G-ND	G	NO	34000	03/08/2013				Medicare Supplement	3,154	3,308	104.9	2	41,880	84,410	201.6	29
YES	AR-MS-AA-N-ND	N	NO	34000	03/08/2013				Medicare Supplement	1,541	2,276	147.7	1	8,534	2,798	32.8	6
YES	AR-MSX-AA-F-ND	F	NO	30500	06/30/2015				Medicare Supplement	-	-	0.0		59,690	54,019	90.5	27
YES	AR-MSX-AA-G-ND	G	NO	30500	06/30/2015				Medicare Supplement	-	-	0.0		21,019	12,007	57.1	13
YES	AR-MSX-AA-N-ND	N	NO	30500	06/30/2015				Medicare Supplement	-	-	0.0		15,977	11,485	71.9	10
0199999.	Total Policy Experience on Individual Policies									17,049	11,618	68.1	8	170,358	189,085	111.0	95

360

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-NE	F	NO	34000	03/05/2013				Medicare Supplement	965,810	992,492	102.8	367	567,163	606,837	107.0	215
YES	AR-MS-AA-G-NE	G	NO	34000	03/05/2013				Medicare Supplement	109,578	129,779	118.4	59	3,915,739	4,075,716	104.1	3,171
YES	AR-MS-AA-N-NE	N	NO	34000	03/05/2013				Medicare Supplement	48,209	35,814	74.3	28	96,023	143,387	149.3	52
YES	AR-MSD-AA-F-NE	F	NO	204000	04/18/2013				Medicare Supplement	131,596	142,918	108.6	50	88,945	91,922	103.3	35
YES	AR-MSD-AA-G-NE	G	NO	204000	04/18/2013				Medicare Supplement	19,222	19,720	102.6	12	375,916	358,163	95.3	303
YES	AR-MSD-AA-N-NE	N	NO	204000	04/18/2013				Medicare Supplement	12,445	14,477	116.3	8	11,569	3,296	28.5	8
YES	AR-MSX-AA-F-NE	F	NO	30500	06/11/2015				Medicare Supplement	9,117	1,658	18.2	4	855,324	717,107	83.8	405
YES	AR-MSX-AA-G-NE	G	NO	30500	06/11/2015				Medicare Supplement	-	-	0.0		470,450	440,606	93.7	287
YES	AR-MSX-AA-HDF-NE	F	NO	30500	06/11/2015				Medicare Supplement	-	-	0.0		40,448	35,690	88.2	54
YES	AR-MSX-AA-N-NE	N	NO	30500	06/11/2015				Medicare Supplement	5,683	3,659	64.4	4	462,937	305,756	66.0	290
0199999.	Total Policy Experience on Individual Policies									1,301,660	1,340,517	103.0	532	6,884,514	6,778,480	98.5	4,820

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-IA-F-NH	F	NO	34000	09/20/2013				Medicare Supplement	129,912	59,654	45.9	52	37,729	19,481	51.6	17
YES	AR-MS-IA-G-NH	G	NO	34000	09/20/2013				Medicare Supplement	126,694	83,787	66.1	72	684,668	548,804	80.2	588
YES	AR-MS-IA-N-NH	N	NO	34000	09/20/2013				Medicare Supplement	61,357	42,226	68.8	38	115,751	90,830	78.5	105
YES	AR-MSD-IA-F-NH	F	NO	204000	12/04/2013				Medicare Supplement	142,197	75,285	52.9	58	35,054	35,257	100.6	13
YES	AR-MSD-IA-G-NH	G	NO	204000	12/04/2013				Medicare Supplement	80,643	123,498	153.1	45	285,221	184,799	64.8	200
YES	AR-MSD-IA-N-NH	N	NO	204000	12/04/2013				Medicare Supplement	60,239	46,208	76.7	38	92,852	53,377	57.5	69
YES	AR-MSX-IA-F-NH	F	NO	30500	11/24/2015				Medicare Supplement	-	-	0.0		458,907	292,805	63.8	154
YES	AR-MSX-IA-G-NH	G	NO	30500	11/24/2015				Medicare Supplement	-	-	0.0		726,068	428,042	59.0	277
YES	AR-MSX-IA-HDF-NH	F	NO	30500	11/24/2015				Medicare Supplement	-	-	0.0		57,300	12,857	22.4	55
YES	AR-MSX-IA-N-NH	N	NO	30500	11/24/2015				Medicare Supplement	-	-	0.0		217,168	157,602	72.6	98
0199999.	Total Policy Experience on Individual Policies									601,042	430,658	71.7	303	2,710,718	1,823,854	67.3	1,576

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-NM	F	NO	34000	01/02/2013				Medicare Supplement	402,471	297,831	74.0	180	199,646	161,027	80.7	107
YES	AR-MS-AA-G-NM	G	NO	34000	01/02/2013				Medicare Supplement	153,191	170,465	111.3	110	1,186,405	1,253,451	105.7	1,277
YES	AR-MS-AA-N-NM	N	NO	34000	01/02/2013				Medicare Supplement	40,334	17,802	44.1	28	27,885	11,735	42.1	19
YES	AR-MSD-AA-F-NM	F	NO	204000	02/21/2013				Medicare Supplement	189,153	136,932	72.4	82	96,852	103,641	107.0	54
YES	AR-MSD-AA-G-NM	G	NO	204000	02/21/2013				Medicare Supplement	69,599	77,645	111.6	56	264,150	241,555	91.4	265
YES	AR-MSD-AA-N-NM	N	NO	204000	02/21/2013				Medicare Supplement	49,122	79,999	162.9	37	10,241	11,472	112.0	9
YES	AR-MSX-AA-F-NM	F	NO	30500	06/03/2015				Medicare Supplement	2,130	4,241	199.1	1	389,914	357,151	91.6	196
YES	AR-MSX-AA-G-NM	G	NO	30500	06/03/2015				Medicare Supplement	-	-	0.0		161,231	158,317	98.2	108
YES	AR-MSX-AA-HDF-NM	F	NO	30500	06/03/2015				Medicare Supplement	-	-	0.0		15,850	4,533	28.6	24
YES	AR-MSX-AA-N-NM	N	NO	30500	06/03/2015				Medicare Supplement	-	-	0.0		101,844	114,385	112.3	72
0199999.	Total Policy Experience on Individual Policies									906,000	784,915	86.6	494	2,454,018	2,417,267	98.5	2,131

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-NV	F	NO	34000	01/29/2013				Medicare Supplement	3,841,508	3,056,078	79.6	1,398	1,550,838	1,206,593	77.8	637
YES	AR-MS-AA-G-NV	G	NO	34000	01/29/2013				Medicare Supplement	880,432	770,289	87.5	488	5,913,976	5,084,607	86.0	4,124
YES	AR-MS-AA-N-NV	N	NO	34000	01/29/2013				Medicare Supplement	620,432	435,019	70.1	387	380,348	229,320	60.3	283
YES	AR-MSD-AA-F-NV	F	NO	204000	03/01/2013				Medicare Supplement	268,059	201,256	75.1	95	159,972	123,940	77.5	65
YES	AR-MSD-AA-G-NV	G	NO	204000	03/01/2013				Medicare Supplement	157,133	125,646	80.0	90	468,110	384,378	82.1	296
YES	AR-MSD-AA-N-NV	N	NO	204000	03/01/2013				Medicare Supplement	58,828	73,067	124.2	37	53,343	36,655	68.7	37
YES	AR-MSX-AA-F-NV	F	NO	30500	09/17/2015				Medicare Supplement	6,591	2,123	32.2	3	1,224,182	1,041,125	85.0	499
YES	AR-MSX-AA-G-NV	G	NO	30500	09/17/2015				Medicare Supplement	6,003	2,892	48.2	3	626,038	473,405	75.6	334
YES	AR-MSX-AA-HDF-NV	F	NO	30500	09/17/2015				Medicare Supplement	-	-	0.0		79,458	13,585	17.1	97
YES	AR-MSX-AA-N-NV	N	NO	30500	09/17/2015				Medicare Supplement	1,370	1,172	85.5	1	434,079	274,948	63.3	265
0199999.	Total Policy Experience on Individual Policies									5,840,356	4,667,542	79.9	2,502	10,890,344	8,868,556	81.4	6,637

360

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-C-OH	C	NO	34000	03/12/2013				Medicare Supplement	212,808	215,550	101.3	74	21,965	50,944	231.9	7
YES	AR-MS-AA-F-OH	F	NO	34000	03/12/2013				Medicare Supplement	2,701,706	2,119,764	78.5	965	347,015	237,284	68.4	137
YES	AR-MS-AA-G-OH	G	NO	34000	03/12/2013				Medicare Supplement	2,796,482	2,337,921	83.6	1,236	560,397	399,134	71.2	275
YES	AR-MS-AA-N-OH	N	NO	34000	03/12/2013				Medicare Supplement	928,264	711,359	76.6	549	214,748	130,600	60.8	129
YES	AR-MSD-AA-F-OH	F	NO	204000	06/13/2013				Medicare Supplement	141,537	158,427	111.9	53	78,580	77,632	98.8	31
YES	AR-MSD-AA-G-OH	G	NO	204000	06/13/2013				Medicare Supplement	162,852	91,829	56.4	76	111,392	66,906	60.1	48
YES	AR-MSD-AA-N-OH	N	NO	204000	06/13/2013				Medicare Supplement	75,415	98,734	130.9	44	53,833	82,605	153.4	32
YES	AR-MSX-AA-A-OH	A	NO	30500	06/05/2015				Medicare Supplement	-	-	0.0		5	(126)	(2,520.0)	
YES	AR-MSX-AA-F-OH	F	NO	30500	06/05/2015				Medicare Supplement	2,300	582	25.3	1	4,045,659	3,758,823	92.9	1,542
YES	AR-MSX-AA-G-OH	G	NO	30500	06/05/2015				Medicare Supplement	1,775	306	17.2	1	1,916,958	1,889,328	98.6	907
YES	AR-MSX-AA-HDF-OH	F	NO	30500	06/05/2015				Medicare Supplement	1,378	9	0.7	2	246,096	161,503	65.6	284
YES	AR-MSX-AA-N-OH	N	NO	30500	06/05/2015				Medicare Supplement	3,012	2,657	88.2	2	2,738,844	2,281,683	83.3	1,592
0199999.	Total Policy Experience on Individual Policies									7,027,529	5,737,138	81.6	3,003	10,335,492	9,136,316	88.4	4,984

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-OK	A	NO	34060	01/07/2013				Medicare Supplement	1,649	2,731	165.6	1	10,121	13,642	134.8	5
YES	AR-MS-AA-F-OK	F	NO	34000	01/07/2013				Medicare Supplement	4,055,360	3,567,627	88.0	1,627	722,192	606,116	83.9	320
YES	AR-MS-AA-G-OK	G	NO	34000	01/07/2013				Medicare Supplement	496,289	555,359	111.9	235	504,111	433,577	86.0	263
YES	AR-MS-AA-N-OK	N	NO	34000	01/07/2013				Medicare Supplement	310,683	201,307	64.8	192	117,963	93,755	79.5	74
YES	AR-MSD-AA-A-OK	A	NO	204060	01/29/2013				Medicare Supplement	-	-	0.0		394	(320)	(81.2)	
YES	AR-MSD-AA-F-OK	F	NO	204000	01/29/2013				Medicare Supplement	424,584	374,960	88.3	179	235,705	178,111	75.6	107
YES	AR-MSD-AA-G-OK	G	NO	204000	01/29/2013				Medicare Supplement	85,612	53,715	62.7	44	191,385	161,721	84.5	105
YES	AR-MSD-AA-N-OK	N	NO	204000	01/29/2013				Medicare Supplement	68,205	58,660	86.0	43	55,248	67,360	121.9	38
YES	AR-MSX-AA-F-OK	F	NO	30500	05/18/2015				Medicare Supplement	3,770	4,138	109.8	2	1,307,583	1,201,557	91.9	690
YES	AR-MSX-AA-G-OK	G	NO	30500	05/18/2015				Medicare Supplement	-	-	0.0		542,208	420,354	77.5	358
YES	AR-MSX-AA-HDF-OK	F	NO	30500	05/18/2015				Medicare Supplement	-	-	0.0		41,576	12,883	31.0	55
YES	AR-MSX-AA-N-OK	N	NO	30500	05/18/2015				Medicare Supplement	1,164	1,846	158.6	1	424,243	341,779	80.6	328
0199999.	Total Policy Experience on Individual Policies									5,447,316	4,820,343	88.5	2,324	4,152,729	3,530,535	85.0	2,343

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-B-PA	B	NO	34060	03/22/2013				Medicare Supplement	29,810	27,109	90.9	12	1,431	30	2.1	1
YES	AR-MS-AA-F-PA	F	NO	34060	03/22/2013				Medicare Supplement	16,202,900	12,071,835	74.5	5,632	1,365,891	1,070,931	78.4	534
YES	AR-MS-AA-G-PA	G	NO	34060	03/22/2013				Medicare Supplement	6,518,568	5,070,695	77.8	2,815	1,587,810	1,274,767	80.3	800
YES	AR-MS-AA-N-PA	N	NO	34060	03/22/2013				Medicare Supplement	3,405,410	2,579,107	75.7	2,021	860,105	538,501	62.6	551
YES	AR-MSD-AA-F-PA	F	NO	204060	04/30/2013				Medicare Supplement	915,291	769,249	84.0	324	319,239	400,527	125.5	116
YES	AR-MSD-AA-G-PA	G	NO	204060	04/30/2013				Medicare Supplement	549,419	374,987	68.3	246	486,837	356,075	73.1	222
YES	AR-MSD-AA-N-PA	N	NO	204060	04/30/2013				Medicare Supplement	405,045	297,663	73.5	246	255,679	136,931	53.6	160
YES	AR-MSX-AA-B-PA	B	NO	30560	06/19/2015				Medicare Supplement	-	-	0.0		5,076	1,905	37.5	2
YES	AR-MSX-AA-F-PA	F	NO	30560	06/19/2015				Medicare Supplement	5,026	1,968	39.2	2	1,690,291	1,244,553	73.6	627
YES	AR-MSX-AA-G-PA	G	NO	30560	06/19/2015				Medicare Supplement	12,468	3,685	29.6	6	1,331,855	1,058,655	79.5	638
YES	AR-MSX-AA-HDF-PA	F	NO	30560	06/19/2015				Medicare Supplement	803	6	0.7	1	397,386	180,941	45.5	397
YES	AR-MSX-AA-N-PA	N	NO	30560	06/19/2015				Medicare Supplement	3,410	504	14.8	2	2,235,833	1,439,370	64.4	1,199
0199999.	Total Policy Experience on Individual Policies									28,048,150	21,196,808	75.6	11,307	10,537,433	7,703,186	73.1	5,247

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-RI	F	NO	34000	02/21/2013				Medicare Supplement	53,424	34,126	63.9	20	20,893	13,905	66.6	9
YES	AR-MS-AA-G-RI	G	NO	34000	02/21/2013				Medicare Supplement	17,885	11,356	63.5	8	59,050	39,052	66.1	34
YES	AR-MS-AA-N-RI	N	NO	34000	02/21/2013				Medicare Supplement	9,514	2,426	25.5	5	28,895	10,406	36.0	19
YES	AR-MSD-AA-F-RI	F	NO	204000	04/11/2013				Medicare Supplement	12,849	30,159	234.7	5	25,895	23,320	90.1	11
YES	AR-MSD-AA-G-RI	G	NO	204000	04/11/2013				Medicare Supplement	21,528	39,957	185.6	9	10,243	5,634	55.0	5
YES	AR-MSD-AA-N-RI	N	NO	204000	04/11/2013				Medicare Supplement	16,950	8,231	48.6	9	6,979	2,977	42.7	5
0199999.	Total Policy Experience on Individual Policies									132,150	126,255	95.5	56	151,955	95,294	62.7	83

360

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-SC	F	NO	34000	01/29/2013				Medicare Supplement	5,999,315	4,629,713	77.2	2,493	1,016,410	867,920	85.4	472
YES	AR-MS-AA-G-SC	G	NO	34000	01/29/2013				Medicare Supplement	2,448,590	1,861,009	76.0	1,226	600,372	406,924	67.8	324
YES	AR-MS-AA-N-SC	N	NO	34000	01/29/2013				Medicare Supplement	490,672	392,455	80.0	326	135,289	117,401	86.8	101
YES	AR-MSD-AA-A-SC	A	NO	204000	03/29/2013				Medicare Supplement	-	-	0.0		-	-	0.0	
YES	AR-MSD-AA-F-SC	F	NO	204000	03/29/2013				Medicare Supplement	611,721	486,902	79.6	250	279,707	249,011	89.0	122
YES	AR-MSD-AA-G-SC	G	NO	204000	03/29/2013				Medicare Supplement	374,921	329,985	88.0	185	203,295	183,890	90.5	112
YES	AR-MSD-AA-N-SC	N	NO	204000	03/29/2013				Medicare Supplement	96,030	58,196	60.6	63	52,420	36,724	70.1	38
YES	AR-MSX-AA-F-SC	F	NO	30560	04/20/2015				Medicare Supplement	4,115	4,298	104.4	2	3,183,102	2,518,729	79.1	1,393
YES	AR-MSX-AA-G-SC	G	NO	30560	04/20/2015				Medicare Supplement	1,622	83	5.1	1	1,521,662	1,028,270	67.6	816
YES	AR-MSX-AA-HDF-SC	F	NO	30560	04/20/2015				Medicare Supplement	56	(52)	(92.9)		173,172	57,567	33.2	214
YES	AR-MSX-AA-N-SC	N	NO	30560	04/20/2015				Medicare Supplement	5,469	6,621	121.1	4	1,153,770	867,344	75.2	757
0199999.	Total Policy Experience on Individual Policies									10,032,511	7,769,210	77.4	4,550	8,319,199	6,333,780	76.1	4,349

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-SD	F	NO	34060	12/27/2012				Medicare Supplement	225,390	208,312	92.4	86	37,851	38,963	102.9	16
YES	AR-MS-AA-G-SD	G	NO	34060	12/27/2012				Medicare Supplement	23,507	8,279	35.2	10	25,327	18,918	74.7	13
YES	AR-MS-AA-N-SD	N	NO	34060	12/27/2012				Medicare Supplement	9,617	16,061	167.0	5	3,402	2,203	64.8	1
YES	AR-MSD-AA-F-SD	F	NO	204060	01/24/2013				Medicare Supplement	37,119	31,506	84.9	14	11,221	6,963	62.1	4
YES	AR-MSD-AA-G-SD	G	NO	204060	01/24/2013				Medicare Supplement	9,174	11,573	126.1	4	9,600	15,182	158.1	6
YES	AR-MSD-AA-N-SD	N	NO	204060	01/24/2013				Medicare Supplement	2,990	389	13.0	2	9,724	5,324	54.8	6
YES	AR-MSX-AA-F-SD	F	NO	30560	04/16/2015				Medicare Supplement	-	-	0.0		96,860	42,958	44.4	47
YES	AR-MSX-AA-G-SD	G	NO	30560	04/16/2015				Medicare Supplement	-	-	0.0		60,185	45,392	75.4	35
YES	AR-MSX-AA-HDF-SD	F	NO	30560	04/16/2015				Medicare Supplement	-	-	0.0		14,714	1,736	11.8	19
YES	AR-MSX-AA-N-SD	N	NO	30560	04/16/2015				Medicare Supplement	-	-	0.0		73,432	57,529	78.3	53
0199999.	Total Policy Experience on Individual Policies									307,797	276,120	89.7	121	342,316	235,168	68.7	200

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-TN	A	NO	34060	03/21/2013				Medicare Supplement	15,698	25,791	164.3	2	7,669	14,883	194.1	2
YES	AR-MS-AA-F-TN	F	NO	34060	03/21/2013				Medicare Supplement	1,518,425	1,104,339	72.7	574	726,952	688,876	94.8	308
YES	AR-MS-AA-G-TN	G	NO	34060	03/21/2013				Medicare Supplement	339,436	320,604	94.5	212	5,531,630	4,712,110	85.2	3,972
YES	AR-MS-AA-N-TN	N	NO	34060	03/21/2013				Medicare Supplement	104,540	90,845	86.9	58	97,752	102,085	104.4	50
YES	AR-MSD-AA-F-TN	F	NO	204060	04/11/2013				Medicare Supplement	542,800	372,231	68.6	214	443,151	348,522	78.6	195
YES	AR-MSD-AA-G-TN	G	NO	204060	04/11/2013				Medicare Supplement	209,980	236,896	112.8	145	1,310,737	1,103,955	84.2	980
YES	AR-MSD-AA-N-TN	N	NO	204060	04/11/2013				Medicare Supplement	92,521	77,103	83.3	62	75,089	49,037	65.3	45
YES	AR-MSX-AA-F-TN	F	NO	30560	11/02/2015				Medicare Supplement	-	-	0.0		7,205,880	5,769,041	80.1	3,275
YES	AR-MSX-AA-G-TN	G	NO	30560	11/02/2015				Medicare Supplement	-	-	0.0		6,171,774	5,021,091	81.4	3,256
YES	AR-MSX-AA-HDF-TN	F	NO	30560	11/02/2015				Medicare Supplement	-	-	0.0		177,782	99,346	55.9	247
YES	AR-MSX-AA-N-TN	N	NO	30560	11/02/2015				Medicare Supplement	-	-	0.0		1,238,758	873,034	70.5	846
0199999.	Total Policy Experience on Individual Policies									2,823,400	2,227,809	78.9	1,267	22,987,174	18,781,980	81.7	13,176

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-TX	A	NO	34060	03/08/2013				Medicare Supplement	443,706	840,646	189.5	66	982,265	1,700,135	173.1	147
YES	AR-MS-AA-F-TX	F	NO	34000	03/08/2013				Medicare Supplement	12,579,213	10,999,813	87.4	5,044	1,539,531	1,402,962	91.1	679
YES	AR-MS-AA-G-TX	G	NO	34000	03/08/2013				Medicare Supplement	2,656,373	2,286,607	86.1	1,164	917,841	656,225	71.5	443
YES	AR-MS-AA-N-TX	N	NO	34000	03/08/2013				Medicare Supplement	745,608	525,120	70.4	401	182,191	147,454	80.9	93
YES	AR-MSD-AA-A-TX	A	NO	204060	04/08/2013				Medicare Supplement	38,515	53,784	139.6	4	165,918	305,488	184.1	24
YES	AR-MSD-AA-F-TX	F	NO	204000	04/08/2013				Medicare Supplement	1,453,060	1,359,476	93.6	571	585,947	566,914	96.8	241
YES	AR-MSD-AA-G-TX	G	NO	204000	04/08/2013				Medicare Supplement	796,962	526,225	66.0	356	482,499	444,325	92.1	224
YES	AR-MSD-AA-N-TX	N	NO	204000	04/08/2013				Medicare Supplement	324,509	257,298	79.3	179	191,625	141,988	74.1	117
0199999.	Total Policy Experience on Individual Policies									19,037,946	16,848,969	88.5	7,785	5,047,817	5,365,491	106.3	1,968

360

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-UT	F	NO	34000	01/17/2013				Medicare Supplement	572,046	452,015	79.0	223	153,707	173,693	113.0	71
YES	AR-MS-AA-G-UT	G	NO	34000	01/17/2013				Medicare Supplement	260,298	215,498	82.8	165	1,910,447	1,811,804	94.8	1,687
YES	AR-MS-AA-N-UT	N	NO	34000	01/17/2013				Medicare Supplement	48,465	27,384	56.5	29	109,007	83,756	76.8	80
YES	AR-MSD-AA-F-UT	F	NO	204000	04/11/2013				Medicare Supplement	65,808	50,565	76.8	27	21,888	21,157	96.7	10
YES	AR-MSD-AA-G-UT	G	NO	204000	04/11/2013				Medicare Supplement	42,624	27,873	65.4	29	140,814	165,191	117.3	123
YES	AR-MSD-AA-N-UT	N	NO	204000	04/11/2013				Medicare Supplement	9,344	6,070	65.0	6	4,593	1,348	29.3	2
YES	AR-MSX-AA-F-UT	F	NO	30500	04/24/2015				Medicare Supplement	-	-	0.0		343,949	283,298	82.4	144
YES	AR-MSX-AA-G-UT	G	NO	30500	04/24/2015				Medicare Supplement	-	-	0.0		142,914	144,939	101.4	81
YES	AR-MSX-AA-HDF-UT	F	NO	30500	04/24/2015				Medicare Supplement	-	-	0.0		45,987	22,614	49.2	54
YES	AR-MSX-AA-N-UT	N	NO	30500	04/24/2015				Medicare Supplement	-	-	0.0		331,018	261,136	78.9	193
0199999.	Total Policy Experience on Individual Policies									998,585	779,405	78.1	479	3,204,324	2,968,936	92.7	2,445

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-VA	A	NO	34060	10/26/2013				Medicare Supplement	1,791	410	22.9	1	-	-	0.0	
YES	AR-MS-AA-F-VA	F	NO	34060	10/26/2013				Medicare Supplement	9,957,852	9,015,434	90.5	4,897	6,444,291	5,622,897	87.3	3,618
YES	AR-MS-AA-G-VA	G	NO	34060	10/26/2013				Medicare Supplement	1,122,877	1,145,974	102.1	814	13,750,412	13,519,567	98.3	13,716
YES	AR-MS-AA-N-VA	N	NO	34060	10/26/2013				Medicare Supplement	524,139	464,166	88.6	462	1,587,568	1,344,671	84.7	1,717
YES	AR-MSX-AA-F-VA	F	NO	30560	12/31/2015				Medicare Supplement	-	-	0.0		3,460,285	2,913,683	84.2	1,777
YES	AR-MSX-AA-G-VA	G	NO	30560	12/31/2015				Medicare Supplement	-	-	0.0		1,079,415	860,704	79.7	706
YES	AR-MSX-AA-HDF-VA	F	NO	30560	12/31/2015				Medicare Supplement	-	-	0.0		72,722	46,305	63.7	101
YES	AR-MSX-AA-N-VA	N	NO	30560	12/31/2015				Medicare Supplement	-	-	0.0		715,863	525,555	73.4	499
0199999.	Total Policy Experience on Individual Policies									11,606,659	10,625,984	91.6	6,174	27,110,556	24,833,382	91.6	22,134

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	AR-BASCDWI.....	O.....	.....NO...	....34060.....	.06/05/2013	.....	.....	.....	Medicare Supplement.....	122,725	84,568	.....68.9	54	149,973	109,515	.....73.0	63
.....YES.....	AR-BASC-WI.....	O.....	.....NO...	....34060.....	.06/05/2013	.....	.....	.....	Medicare Supplement.....	5,007,333	4,041,701	.....80.7	1,951	738,683	605,837	.....82.0	310
.....YES.....	AR-BASCWIX.....	O.....	.....NO...	....30560.....	.03/18/2015	.....	.....	.....	Medicare Supplement.....	1,845	1,310	.....71.0	1	3,141,892	2,572,268	.....81.9	1,417
0199999.	Total Policy Experience on Individual Policies.....									5,131,903	4,127,579	.....80.4	2,006	4,030,548	3,287,620	.....81.6	1,790

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Company Code.....88366

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-A-WV	A	NO	34000	01/24/2013				Medicare Supplement	-	-	0.0		1,627	7	0.4	
YES	AR-MS-AA-F-WV	F	NO	34000	01/24/2013				Medicare Supplement	2,045,555	1,841,167	90.0	804	238,093	233,441	98.0	104
YES	AR-MS-AA-G-WV	G	NO	34000	01/24/2013				Medicare Supplement	208,000	233,942	112.5	137	1,350,063	1,307,998	96.9	1,212
YES	AR-MS-AA-N-WV	N	NO	34000	01/24/2013				Medicare Supplement	148,844	124,283	83.5	106	63,477	48,534	76.5	45
YES	AR-MSD-AA-F-WV	F	NO	204000	02/27/2013				Medicare Supplement	389,927	348,503	89.4	134	151,822	138,953	91.5	65
YES	AR-MSD-AA-G-WV	G	NO	204000	02/27/2013				Medicare Supplement	102,971	77,956	75.7	63	371,055	317,586	85.6	281
YES	AR-MSD-AA-N-WV	N	NO	204000	02/27/2013				Medicare Supplement	65,893	51,770	78.6	39	37,237	23,912	64.2	20
YES	AR-MSX-AA-F-WV	F	NO	30500	05/19/2015				Medicare Supplement	1,865	569	30.5	1	752,565	643,502	85.5	334
YES	AR-MSX-AA-G-WV	G	NO	30500	05/19/2015				Medicare Supplement	-	-	0.0		286,244	254,383	88.9	149
YES	AR-MSX-AA-HDF-WV	F	NO	30500	05/19/2015				Medicare Supplement	-	-	0.0		44,187	13,603	30.8	58
YES	AR-MSX-AA-N-WV	N	NO	30500	05/19/2015				Medicare Supplement	1,237	1,616	130.6	1	392,796	318,945	81.2	250
0199999.	Total Policy Experience on Individual Policies									2,964,292	2,679,806	90.4	1,285	3,689,166	3,300,864	89.5	2,518

GENERAL INTERROGATORIES

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

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

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

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

NAIC Company Code.....88366
Title.....Actuarial Manager.....Telephone Number.....512-807-4966

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017 & 2018			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	AR-MS-AA-F-WY	F	NO	34000	04/11/2013				Medicare Supplement	1,276,826	1,075,358	84.2	538	746,777	763,779	102.3	379
YES	AR-MS-AA-G-WY	G	NO	34000	04/11/2013				Medicare Supplement	160,061	140,632	87.9	104	2,926,939	2,767,095	94.5	2,643
YES	AR-MS-AA-N-WY	N	NO	34000	04/11/2013				Medicare Supplement	79,448	49,473	62.3	56	63,291	69,418	109.7	51
YES	AR-MSD-AA-F-WY	F	NO	204000	08/09/2013				Medicare Supplement	280,777	251,062	89.4	114	272,327	287,255	105.5	131
YES	AR-MSD-AA-G-WY	G	NO	204000	08/09/2013				Medicare Supplement	99,079	135,870	137.1	68	883,625	671,784	76.0	819
YES	AR-MSD-AA-N-WY	N	NO	204000	08/09/2013				Medicare Supplement	45,003	47,589	105.7	32	22,938	16,994	74.1	19
YES	AR-MSX-AA-F-WY	F	NO	30500	06/26/2015				Medicare Supplement	-	-	0.0		286,531	311,388	108.7	152
YES	AR-MSX-AA-G-WY	G	NO	30500	06/26/2015				Medicare Supplement	4,174	1,499	35.9	3	107,690	102,258	95.0	80
YES	AR-MSX-AA-HDF-WY	F	NO	30500	06/26/2015				Medicare Supplement	-	-	0.0		29,331	58,960	201.0	48
YES	AR-MSX-AA-N-WY	N	NO	30500	06/26/2015				Medicare Supplement	1,430	192	13.4	1	190,445	104,967	55.1	145
0199999.	Total Policy Experience on Individual Policies									1,946,798	1,701,675	87.4	916	5,529,894	5,153,898	93.2	4,467

GENERAL INTERROGATORIES

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

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

SCHEDULE O SUPPLEMENT

NONE

For the year ended December 31, 2018
(To be Filed by April 1)

Of The.....American Retirement Life Insurance Company
Address (City, State, Zip Code).....Cleveland, OH 44114
NAIC Group Code.....0901 NAIC Company Code.....88366 Employer's ID Number.....59-2760189

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

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

NONE

Section B - Other Accident and Health

1. Prior	8,873	8,917	8,920	8,928	8,928
2. 2014	74,793	86,420	86,522	86,537	86,534
3. 2015	XXX	133,096	149,452	149,607	149,590
4. 2016	XXX	XXX	181,332	204,220	204,334
5. 2017	XXX	XXX	XXX	257,957	285,628
6. 2018	XXX	XXX	XXX	XXX	303,539

Section C - Credit Accident and Health

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

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

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

NONE

Section B - Other Accident and Health

1. Prior					
2. 2014					
3. 2015	XXX	398			
4. 2016	XXX	XXX	530		
5. 2017	XXX	XXX	XXX	1,007	
6. 2018	XXX	XXX	XXX	XXX	847

Section C - Credit Accident and Health

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

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

NONE

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

Section B - Other Accident and Health

1. 2014	89,243	86,625	86,522	XXX	XXX
2. 2015	XXX	151,170	149,601	149,607	XXX
3. 2016	XXX	XXX	204,737	204,395	204,334
4. 2017	XXX	XXX	XXX	289,851	286,041
5. 2018	XXX	XXX	XXX	XXX	343,869

Section C - Credit Accident and Health

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

NONE

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

Section B - Other Accident and Health

1. 2014	89,243	86,625	86,522		
2. 2015	XXX	151,568	149,601	149,607	
3. 2016	XXX	XXX	205,267	204,395	204,334
4. 2017	XXX	XXX	XXX	290,858	286,041
5. 2018	XXX	XXX	XXX	XXX	344,716

Section C - Credit Accident and Health

NONE

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

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life	None	
2. Ordinary life	Standard Factor	9
3. Individual annuity	None	
4. Supplementary contracts	None	
5. Credit life	None	
6. Group life	None	
7. Group annuities	None	
8. Group accident and health	None	
9. Credit accident and health	None	
10. Other accident and health	Development	40,743
11. Total		40,752

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2018 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK