



ANNUAL STATEMENT

For the Year Ended December 31, 2019
of the Condition and Affairs of the

The Order Of United Commercial Travelers Of America

NAIC Group Code..... 0, 0
(Current Period) (Prior Period)

NAIC Company Code..... 56383

Employer's ID Number..... 31-4273120

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type: Fraternal Benefit Society

Incorporated/Organized..... October 4, 1890

Commenced Business..... January 16, 1888

Statutory Home Office
1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office
1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215
(Street and Number) (City or Town, State, Country and Zip Code)

800-848-0123
(Area Code) (Telephone Number)

Mail Address
1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records
1801 Watermark Drive Suite 100 .. Columbus .. OH .. US .. 43215
(Street and Number) (City or Town, State, Country and Zip Code)

800-848-0123
(Area Code) (Telephone Number)

Internet Web Site Address
www.uct.org

Statutory Statement Contact
Andrew Michael Swetnam
(Name)
aswetnam@uct.org
(E-Mail Address)

800-848-0123-1135
(Area Code) (Telephone Number) (Extension)
614-487-9675
(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Mary Frances Applegate #	UCT President	2. Stephen Randal Desselles	UCT Secretary/Treasurer
3. Kevin Clare Hecker	Chief Executive Officer	4.	
OTHER			
Kathryn Louise Chillinsky #	Vice-President, Membership & Communications	Kevin Joe Roberts #	Vice-President, Insurance Operations & Agent Services
Jeffrey Lee Smith MAAA, FCA	Consulting Actuary		

DIRECTORS OR TRUSTEES

Glenn Edward Suever	Stephen Randal Desselles	Mary Frances Applegate	David Allan Van Order #
Christopher Barry Phelan	David James Syrota	Dianna Jean Wolfe	Kenneth Eugene Milliser, Jr.
Stanna Kay Funk			

State of..... Ohio
County of..... Franklin

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.

Mary Frances Applegate
(Signature)
Mary Frances Applegate #
1. (Printed Name)
UCT President
(Title)

Stephen Randal Desselles
(Signature)
Stephen Randal Desselles
2. (Printed Name)
UCT Secretary/Treasurer
(Title)

Kevin Clare Hecker
(Signature)
Kevin Clare Hecker
3. (Printed Name)
Chief Executive Officer
(Title)

Subscribed and sworn to before me
This 25 day of February 2020
Denise Sharif

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



DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code.....0 NAIC Company Code.....56383

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR
NAIC Group Code.....0 NAIC Company Code.....56383

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	266	0	0	0	266
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	266	0	0	0	266
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	8,582	8,636	0	5,889	5,819
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	155	164	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	8,737	8,799	0	5,889	5,819
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	8,737	8,799	0	5,889	5,819

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR
NAIC Group Code....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,140	0	0	0	8,140
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	8,140	0	0	0	8,140
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	358	0	0	0	358
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	358	0	0	0	358

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	2	694	0	0	0	0	0	0	2	694
Settled during current year:										
18.1 By payment in full.....	2	694	0	0	0	0	0	0	2	694
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	2	694	0	0	0	0	0	0	2	694
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	2	694	0	0	0	0	0	0	2	694
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	19	285,522	0	(a).....0	0	0	0	0	19	285,522
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(1)	(347)	0	0	0	0	0	0	(1)	(347)
23. In force December 31 of current year.....	18	285,175	0	(a).....0	0	0	0	0	18	285,175

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	594,374	598,121	0	307,584	303,938
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	3,295	3,477	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	597,669	601,597	0	307,584	303,938
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	597,669	601,597	0	307,584	303,938

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,016	0	0	0	5,016
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	5,016	0	0	0	5,016
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	5,016	0	0	0	5,016
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,016	0	0	0	5,016

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	1	5,000	0	0	0	0	0	0	1	5,000
Settled during current year:										
18.1 By payment in full.....	1	5,000	0	0	0	0	0	0	1	5,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	8	74,418	0	(a).....0	0	0	0	0	8	74,418
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(1)	(5,000)	0	0	0	0	0	0	(1)	(5,000)
23. In force December 31 of current year.....	7	69,418	0	(a).....0	0	0	0	0	7	69,418

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,264,834	1,272,807	0	949,627	938,371
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	10,958	11,562	0	10,250	10,667
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,275,792	1,284,369	0	959,876	949,038
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,275,792	1,284,369	0	959,876	949,038

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,269	0	0	0	5,269
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	5,269	0	0	0	5,269
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	3,225	0	0	0	3,225
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	3,225	0	0	0	3,225

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	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.....	8	60,000	0	(a).....0	0	0	0	0	8	60,000
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(2)	(10,000)	0	0	0	0	0	0	(2)	(10,000)
23. In force December 31 of current year.....	6	50,000	0	(a).....0	0	0	0	0	6	50,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,284,288	1,292,384	0	881,802	871,349
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	2,271	2,396	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,286,559	1,294,779	0	881,802	871,349
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,286,559	1,294,779	0	881,802	871,349

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	40,497	0	0	0	40,497
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	40,497	0	0	0	40,497
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	134,636	0	0	0	134,636
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	11,712	0	0	0	11,712
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	146,348	0	0	0	146,348

DETAILS OF WRITE-INS

1301.	0	0	0	0	0
1302.	0	0	0	0	0
1303.	0	0	0	0	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. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	15,000	0	0	0	0	0	0	1	15,000
17. Incurred during current year.....	11	128,528	0	0	0	0	0	0	11	128,528
Settled during current year:										
18.1 By payment in full.....	10	133,353	0	0	0	0	0	0	10	133,353
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	10	133,353	0	0	0	0	0	0	10	133,353
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	10	133,353	0	0	0	0	0	0	10	133,353
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	10,175	0	0	0	0	0	0	2	10,175
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	131	1,482,733	0	(a).....0	0	0	0	0	131	1,482,733
21. Issued during year.....	2	20,000	0	0	0	0	0	0	2	20,000
22. Other changes to in force (Net).....	(12)	(163,135)	0	0	0	0	0	0	(12)	(163,135)
23. In force December 31 of current year.....	121	1,339,598	0	(a).....0	0	0	0	0	121	1,339,598

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	204,839	206,130	0	118,200	116,799
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	8,171	8,621	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	213,010	214,751	0	118,200	116,799
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	213,010	214,751	0	118,200	116,799

(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.



DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	971	0	0	0	971
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	971	0	0	0	971
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	21,643	0	0	0	21,643
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	126,295	0	0	0	126,295
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	147,938	0	0	0	147,938

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	18,327	0	0	0	0	0	0	1	18,327
17. Incurred during current year.....	5	3,482	0	0	0	0	0	0	5	3,482
Settled during current year:										
18.1 By payment in full.....	6	21,809	0	0	0	0	0	0	6	21,809
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	6	21,809	0	0	0	0	0	0	6	21,809
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	6	21,809	0	0	0	0	0	0	6	21,809
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.....	30	415,237	0	(a).....0	0	0	0	0	30	415,237
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(25)	(414,844)	0	0	0	0	0	0	(25)	(414,844)
23. In force December 31 of current year.....	5	393	0	(a).....0	0	0	0	0	5	393

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	405	407	0	18,328	18,111
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	549	579	0	61,571	64,081
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	954	987	0	79,898	82,191
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	954	987	0	79,898	82,191

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	862	0	0	0	862
2. Annuity considerations.....	5,500	0	0	0	5,500
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	6,362	0	0	0	6,362
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	8,908	0	0	0	8,908
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	13,918	0	0	0	13,918
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	22,826	0	0	0	22,826

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	1	8,831	0	0	0	0	0	0	1	8,831
Settled during current year:										
18.1 By payment in full.....	1	8,831	0	0	0	0	0	0	1	8,831
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	8,831	0	0	0	0	0	0	1	8,831
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	8,831	0	0	0	0	0	0	1	8,831
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	156,701	0	(a).....0	0	0	0	0	15	156,701
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(2)	(30,662)	0	0	0	0	0	0	(2)	(30,662)
23. In force December 31 of current year.....	13	126,039	0	(a).....0	0	0	0	0	13	126,039

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,962,157	1,974,525	0	1,570,521	1,551,905
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	2,899	3,059	0	822	855
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,965,056	1,977,584	0	1,571,343	1,552,760
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,965,056	1,977,584	0	1,571,343	1,552,760

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

The Order Of United Commercial Travelers Of America



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

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,503	0	0	0	4,503
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	4,503	0	0	0	4,503
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	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	102,630	0	(a).....0	0	0	0	0	6	102,630
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year.....	6	102,630	0	(a).....0	0	0	0	0	6	102,630

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	11,714	11,788	0	28,525	28,187
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	1,734	1,830	0	60	62
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	13,448	13,617	0	28,585	28,250
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	13,448	13,617	0	28,585	28,250

(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....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	39	0	0	0	39
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	39	0	0	0	39
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

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

NONE

DETAILS OF WRITE-INS					
1301. ....	.....0	.....0	.....0	.....0	.....0
1302. ....	.....0	.....0	.....0	.....0	.....0
1303. ....	.....0	.....0	.....0	.....0	.....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. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....2	.....1,472	.....0	.....0	.....0	.....0	.....0	.....0	.....2	.....1,472
17. Incurred during current year.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
Settled during current year:										
18.1 By payment in full.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.2 By payment on compromised claims.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.3 Totals paid.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.4 Reduction by compromise.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.5 Amount rejected.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.6 Total settlements.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.....2	.....1,472	.....0	.....0	.....0	.....0	.....0	.....0	.....2	.....1,472
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.....3	.....21,472	.....0	(a).....0	.....0	.....0	.....0	.....0	.....3	.....21,472
21. Issued during year.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
22. Other changes to in force (Net).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
23. In force December 31 of current year.....	.....3	.....21,472	.....0	(a).....0	.....0	.....0	.....0	.....0	.....3	.....21,472

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....0	.....0	.....0	.....0	.....0
24.1 Federal Employee Health Benefits Plan premium (b).....	.....0	.....0	.....0	.....0	.....0
24.2 Credit (group and individual).....	.....0	.....0	.....0	.....0	.....0
24.3 Collectively renewable policies/certificates (b).....	.....0	.....0	.....0	.....0	.....0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....0	.....0	.....0	.....0	.....0
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....0	.....0	.....0	.....0	.....0
25.2 Guaranteed renewable (b).....	.....8,478	.....8,532	.....0	.....330	.....326
25.3 Non-renewable for stated reasons only (b).....	.....0	.....0	.....0	.....0	.....0
25.4 Other accident only.....	.....54	.....57	.....0	.....0	.....0
25.5 All other (b).....	.....0	.....0	.....0	.....0	.....0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.....8,532	.....8,589	.....0	.....330	.....326
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.....8,532	.....8,589	.....0	.....330	.....326

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	50,750	0	0	0	50,750
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	50,750	0	0	0	50,750
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	113,117	0	0	0	113,117
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	2,327	0	0	0	2,327
12. Surrender values and withdrawals for life contracts.....	35,491	0	0	0	35,491
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	150,935	0	0	0	150,935

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	12,583	0	0	0	0	0	0	2	12,583
17. Incurred during current year.....	14	99,930	0	0	0	0	0	0	14	99,930
Settled during current year:										
18.1 By payment in full.....	16	112,513	0	0	0	0	0	0	16	112,513
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	16	112,513	0	0	0	0	0	0	16	112,513
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	16	112,513	0	0	0	0	0	0	16	112,513
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.....	223	3,024,827	0	(a).....0	0	0	0	0	223	3,024,827
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(19)	(277,207)	0	0	0	0	0	0	(19)	(277,207)
23. In force December 31 of current year.....	204	2,747,620	0	(a).....0	0	0	0	0	204	2,747,620

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	2,054,724	2,067,676	0	1,913,332	1,890,652
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	11,730	12,376	0	2,989	3,111
25.5 All other (b).....	33	31	0	106	106
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,066,487	2,080,083	0	1,916,427	1,893,869
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,066,487	2,080,083	0	1,916,427	1,893,869

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



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	24,016	0	0	0	24,016
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	24,016	0	0	0	24,016
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	32,120	0	0	0	32,120
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	3,128	0	0	0	3,128
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	35,248	0	0	0	35,248

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	7,000	0	0	0	0	0	0	1	7,000
17. Incurred during current year.....	3	25,000	0	0	0	0	0	0	3	25,000
Settled during current year:										
18.1 By payment in full.....	4	32,000	0	0	0	0	0	0	4	32,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	4	32,000	0	0	0	0	0	0	4	32,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	4	32,000	0	0	0	0	0	0	4	32,000
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.....	109	1,394,522	0	(a)	0	0	0	0	109	1,394,522
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(6)	(52,000)	0	0	0	0	0	0	(6)	(52,000)
23. In force December 31 of current year.....	103	1,342,522	0	(a)	0	0	0	0	103	1,342,522

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	344,359	346,530	0	305,924	302,298
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	2,096	2,211	0	1,247	1,298
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	346,454	348,741	0	307,172	303,596
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	346,454	348,741	0	307,172	303,596

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR
NAIC Group Code.....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	675,203	.....0	.....0	.....0	.....675,203
2. Annuity considerations.....	18,312	.....0	.....0	.....0	.....18,312
3. Deposit-type contract funds.....	.....0	.....XXX	.....0	.....XXX	.....0
4. Other considerations.....	.....0	.....0	.....0	.....0	.....0
5. Totals (Sum of Lines 1 to 4).....	693,515	.....0	.....0	.....0	.....693,515
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	.....0	.....0	.....0	.....0	.....0
6.2 Applied to pay renewal premiums.....	.....0	.....0	.....0	.....0	.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.....0	.....0	.....0	.....0	.....0
6.4 Other.....	.....0	.....0	.....0	.....0	.....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	.....0	.....0	.....0	.....0
7.2 Applied to provide paid-up annuities.....	.....0	.....0	.....0	.....0	.....0
7.3 Other.....	.....0	.....0	.....0	.....0	.....0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.....0	.....0	.....0	.....0	.....0
8. Grand Totals (Lines 6.5 + 7.4).....	.....0	.....0	.....0	.....0	.....0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,160,643	.....0	.....0	.....0	.....1,160,643
10. Matured endowments.....	2,713	.....0	.....0	.....0	.....2,713
11. Annuity benefits.....	516,537	.....0	.....0	.....0	.....516,537
12. Surrender values and withdrawals for life contracts.....	289,737	.....0	.....0	.....0	.....289,737
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....	.....0	.....0	.....0	.....0	.....0
15. Totals.....	1,969,631	.....0	.....0	.....0	.....1,969,631

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	28	176,853	.....0	.....0	.....0	.....0	.....0	.....0	28	176,853
17. Incurred during current year.....	142	1,024,245	.....0	.....0	.....0	.....0	.....0	.....0	142	1,024,245
Settled during current year:										
18.1 By payment in full.....	160	1,153,951	.....0	.....0	.....0	.....0	.....0	.....0	160	1,153,951
18.2 By payment on compromised claims.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.3 Totals paid.....	160	1,153,951	.....0	.....0	.....0	.....0	.....0	.....0	160	1,153,951
18.4 Reduction by compromise.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.5 Amount rejected.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.6 Total settlements.....	160	1,153,951	.....0	.....0	.....0	.....0	.....0	.....0	160	1,153,951
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	10	47,147	.....0	.....0	.....0	.....0	.....0	.....0	10	47,147
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,985	41,365,909	.....0	(a).....0	.....0	.....0	.....0	.....0	2,985	41,365,909
21. Issued during year.....	19	1,245,000	.....0	.....0	.....0	.....0	.....0	.....0	19	1,245,000
22. Other changes to in force (Net).....	(240)	(3,108,464)	.....0	.....0	.....0	.....0	.....0	.....0	(240)	(3,108,464)
23. In force December 31 of current year.....	2,764	39,502,445	.....0	(a).....0	.....0	.....0	.....0	.....0	2,764	39,502,445

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....0	.....0	.....0	.....0	.....0
24.1 Federal Employee Health Benefits Plan premium (b).....	.....0	.....0	.....0	.....0	.....0
24.2 Credit (group and individual).....	.....0	.....0	.....0	.....0	.....0
24.3 Collectively renewable policies/certificates (b).....	.....0	.....0	.....0	.....0	.....0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....0	.....0	.....0	.....0	.....0
Other Individual Policies:					
25.1 Non-cancelable (b).....	52	51	.....0	1,666	1,666
25.2 Guaranteed renewable (b).....	43,702,829	43,978,311	.....0	30,261,635	29,902,931
25.3 Non-renewable for stated reasons only (b).....	.....0	.....0	.....0	.....0	.....0
25.4 Other accident only.....	355,671	375,273	.....0	216,238	225,054
25.5 All other (b).....	109	103	.....0	106	106
25.6 Totals (Sum of Lines 25.1 to 25.5).....	44,058,660	44,353,738	.....0	30,479,644	30,129,757
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	44,058,660	44,353,738	.....0	30,479,644	30,129,757

(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....0

NAIC Company Code....56383

LIFE INSURANCE

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

DETAILS OF WRITE-INS

1301. ....	.....0	.....0	.....0	.....0	.....0
1302. ....	.....0	.....0	.....0	.....0	.....0
1303. ....	.....0	.....0	.....0	.....0	.....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. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
17. Incurred during current year.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
Settled during current year:										
18.1 By payment in full.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.2 By payment on compromised claims.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.3 Totals paid.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.4 Reduction by compromise.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.5 Amount rejected.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.6 Total settlements.....	.....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.....	.....0	.....0	.....0	(a).....0	.....0	.....0	.....0	.....0	.....0	.....0
21. Issued during year.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
22. Other changes to in force (Net).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
23. In force December 31 of current year.....	.....0	.....0	.....0	(a).....0	.....0	.....0	.....0	.....0	.....0	.....0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....0	.....0	.....0	.....0	.....0
24.1 Federal Employee Health Benefits Plan premium (b).....	.....0	.....0	.....0	.....0	.....0
24.2 Credit (group and individual).....	.....0	.....0	.....0	.....0	.....0
24.3 Collectively renewable policies/certificates (b).....	.....0	.....0	.....0	.....0	.....0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....0	.....0	.....0	.....0	.....0
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....0	.....0	.....0	.....0	.....0
25.2 Guaranteed renewable (b).....	389.....	392.....	.....0	.....0	.....0
25.3 Non-renewable for stated reasons only (b).....	.....0	.....0	.....0	.....0	.....0
25.4 Other accident only.....	100.....	106.....	.....0	.....0	.....0
25.5 All other (b).....	.....0	.....0	.....0	.....0	.....0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	489.....	497.....	.....0	.....0	.....0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	489.....	497.....	.....0	.....0	.....0

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

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR
NAIC Group Code.....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,462	0	0	0	6,462
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	6,462	0	0	0	6,462
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	25,812	0	0	0	25,812
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	633	0	0	0	633
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	26,445	0	0	0	26,445

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	20,000	0	0	0	0	0	0	2	20,000
17. Incurred during current year.....	2	5,657	0	0	0	0	0	0	2	5,657
Settled during current year:										
18.1 By payment in full.....	4	25,657	0	0	0	0	0	0	4	25,657
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	4	25,657	0	0	0	0	0	0	4	25,657
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	4	25,657	0	0	0	0	0	0	4	25,657
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	46	384,937	0	(a)	0	0	0	0	46	384,937
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(4)	(25,657)	0	0	0	0	0	0	(4)	(25,657)
23. In force December 31 of current year.....	42	359,280	0	(a)	0	0	0	0	42	359,280

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,244,509	1,252,354	0	571,452	564,678
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	7,971	8,410	0	6,192	6,445
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,252,480	1,260,764	0	577,645	571,123
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,252,480	1,260,764	0	577,645	571,123

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



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....0	.....0	.....0	.....0	.....0
24.1 Federal Employee Health Benefits Plan premium (b).....	.....0	.....0	.....0	.....0	.....0
24.2 Credit (group and individual).....	.....0	.....0	.....0	.....0	.....0
24.3 Collectively renewable policies/certificates (b).....	.....0	.....0	.....0	.....0	.....0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....0	.....0	.....0	.....0	.....0
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....0	.....0	.....0	.....0	.....0
25.2 Guaranteed renewable (b).....	2,437,552	2,452,918	.....0	1,965,371	1,942,075
25.3 Non-renewable for stated reasons only (b).....	.....0	.....0	.....0	.....0	.....0
25.4 Other accident only.....	1,427	1,505	.....0	.....0	.....0
25.5 All other (b).....	.....0	.....0	.....0	.....0	.....0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,438,979	2,454,423	.....0	1,965,371	1,942,075
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,438,979	2,454,423	.....0	1,965,371	1,942,075

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	34,978	0	0	0	34,978
2. Annuity considerations.....	8,312	0	0	0	8,312
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	43,290	0	0	0	43,290
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	21,156	0	0	0	21,156
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	770	0	0	0	770
12. Surrender values and withdrawals for life contracts.....	5,616	0	0	0	5,616
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	27,543	0	0	0	27,543

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	57	0	0	0	0	0	0	1	57
17. Incurred during current year.....	4	21,000	0	0	0	0	0	0	4	21,000
Settled during current year:										
18.1 By payment in full.....	5	21,057	0	0	0	0	0	0	5	21,057
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	5	21,057	0	0	0	0	0	0	5	21,057
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	5	21,057	0	0	0	0	0	0	5	21,057
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.....	206	2,898,125	0	(a).....0	0	0	0	0	206	2,898,125
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(11)	(116,557)	0	0	0	0	0	0	(11)	(116,557)
23. In force December 31 of current year.....	195	2,781,568	0	(a).....0	0	0	0	0	195	2,781,568

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,953,247	1,965,559	0	1,312,129	1,296,576
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	26,842	28,321	0	8,876	9,238
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,980,088	1,993,880	0	1,321,006	1,305,814
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,980,088	1,993,880	0	1,321,006	1,305,814

(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.....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	33,262	0	0	0	33,262
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	33,262	0	0	0	33,262
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	30,414	0	0	0	30,414
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	5,638	0	0	0	5,638
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	36,052	0	0	0	36,052

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	3	30,000	0	0	0	0	0	0	3	30,000
Settled during current year:										
18.1 By payment in full.....	3	30,000	0	0	0	0	0	0	3	30,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	3	30,000	0	0	0	0	0	0	3	30,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	3	30,000	0	0	0	0	0	0	3	30,000
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.....	109	1,908,299	0	(a).....0	0	0	0	0	109	1,908,299
21. Issued during year.....	4	185,000	0	0	0	0	0	0	4	185,000
22. Other changes to in force (Net).....	(4)	(80,000)	0	0	0	0	0	0	(4)	(80,000)
23. In force December 31 of current year.....	109	2,013,299	0	(a).....0	0	0	0	0	109	2,013,299

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	2,820,206	2,837,983	0	2,038,782	2,014,615
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	14,805	15,621	0	1,148	1,195
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,835,012	2,853,605	0	2,039,930	2,015,811
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,835,012	2,853,605	0	2,039,930	2,015,811

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,399	0	0	0	7,399
2. Annuity considerations.....	1,850	0	0	0	1,850
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	9,249	0	0	0	9,249
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	405,025	0	0	0	405,025
12. Surrender values and withdrawals for life contracts.....	2,389	0	0	0	2,389
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	407,415	0	0	0	407,415

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	42	314,736	0	(a).....0	0	0	0	0	42	314,736
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(4)	(21,500)	0	0	0	0	0	0	(4)	(21,500)
23. In force December 31 of current year.....	38	293,236	0	(a).....0	0	0	0	0	38	293,236

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	315,809	317,799	0	175,368	173,289
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	6,688	7,057	0	1,225	1,275
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	322,497	324,856	0	176,593	174,564
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	322,497	324,856	0	176,593	174,564

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	19,077	0	0	0	19,077
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	19,077	0	0	0	19,077
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	29,248	0	0	0	29,248
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	21,491	0	0	0	21,491
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	50,739	0	0	0	50,739

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	96	0	0	0	0	0	0	1	96
17. Incurred during current year.....	6	39,000	0	0	0	0	0	0	6	39,000
Settled during current year:										
18.1 By payment in full.....	6	29,096	0	0	0	0	0	0	6	29,096
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	6	29,096	0	0	0	0	0	0	6	29,096
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	6	29,096	0	0	0	0	0	0	6	29,096
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	95	1,583,168	0	(a)	0	0	0	0	95	1,583,168
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(8)	(43,096)	0	0	0	0	0	0	(8)	(43,096)
23. In force December 31 of current year.....	87	1,540,072	0	(a)	0	0	0	0	87	1,540,072

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	114,522	115,244	0	39,978	39,504
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	4,305	4,542	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	118,827	119,786	0	39,978	39,504
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	118,827	119,786	0	39,978	39,504

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR
NAIC Group Code....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	18,902	0	0	0	18,902
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	18,902	0	0	0	18,902
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	2,346	0	0	0	2,346
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	2,346	0	0	0	2,346

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	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.....	56	1,008,883	0	(a).....0	0	0	0	0	56	1,008,883
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(2)	(15,000)	0	0	0	0	0	0	(2)	(15,000)
23. In force December 31 of current year.....	54	993,883	0	(a).....0	0	0	0	0	54	993,883

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,323,092	1,331,432	0	704,540	696,188
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	2,394	2,526	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,325,485	1,333,957	0	704,540	696,188
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,325,485	1,333,957	0	704,540	696,188

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR
NAIC Group Code....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,517	0	0	0	3,517
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	3,517	0	0	0	3,517
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,529	0	0	0	2,529
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	2,567	0	0	0	2,567
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,096	0	0	0	5,096

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	1	2,500	0	0	0	0	0	0	1	2,500
Settled during current year:										
18.1 By payment in full.....	1	2,500	0	0	0	0	0	0	1	2,500
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	2,500	0	0	0	0	0	0	1	2,500
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	2,500	0	0	0	0	0	0	1	2,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	17	128,059	0	(a).....0	0	0	0	0	17	128,059
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(1)	(13,173)	0	0	0	0	0	0	(1)	(13,173)
23. In force December 31 of current year.....	16	114,886	0	(a).....0	0	0	0	0	16	114,886

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	44,830	45,112	0	16,809	16,609
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	8,527	8,997	0	10,000	10,408
25.5 All other (b).....	30	28	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	53,387	54,137	0	26,809	27,017
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	53,387	54,137	0	26,809	27,017

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	3,007	0	0	0	3,007
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	3,007	0	0	0	3,007
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	7	31,355	0	(a).....0	0	0	0	0	7	31,355
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year.....	7	31,355	0	(a).....0	0	0	0	0	7	31,355

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	34,680	34,898	0	25,340	25,040
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	2,086	2,201	0	411	428
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	36,765	37,099	0	25,751	25,468
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	36,765	37,099	0	25,751	25,468

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.....0	.....0	.....0	.....0	.....0
2. Annuity considerations.....	.....0	.....0	.....0	.....0	.....0
3. Deposit-type contract funds.....	.....0	XXX.....	.....0	XXX.....	.....0
4. Other considerations.....	.....0	.....0	.....0	.....0	.....0
5. Totals (Sum of Lines 1 to 4).....	.....0	.....0	.....0	.....0	.....0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	.....0	.....0	.....0	.....0	.....0
6.2 Applied to pay renewal premiums.....	.....0	.....0	.....0	.....0	.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.....0	.....0	.....0	.....0	.....0
6.4 Other.....	.....0	.....0	.....0	.....0	.....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	.....0	.....0	.....0	.....0
7.2 Applied to provide paid-up annuities.....	.....0	.....0	.....0	.....0	.....0
7.3 Other.....	.....0	.....0	.....0	.....0	.....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	.....0	.....0	.....0	.....0
10. Matured endowments.....	.....0	.....0	.....0	.....0	.....0
11. Annuity benefits.....	5,485.....	.....0	.....0	.....0	5,485.....
12. Surrender values and withdrawals for life contracts.....	.....0	.....0	.....0	.....0	.....0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....	.....0	.....0	.....0	.....0	.....0
15. Totals.....	5,485.....	.....0	.....0	.....0	5,485.....

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
17. Incurred during current year.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
Settled during current year:										
18.1 By payment in full.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.2 By payment on compromised claims.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.3 Totals paid.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.4 Reduction by compromise.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.5 Amount rejected.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
18.6 Total settlements.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	.....2	35,000.....	.....0	(a).....0	.....0	.....0	.....0	.....0	.....2	35,000.....
21. Issued during year.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
22. Other changes to in force (Net).....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
23. In force December 31 of current year.....	.....2	35,000.....	.....0	(a).....0	.....0	.....0	.....0	.....0	.....2	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....0	.....0	.....0	.....0	.....0
24.1 Federal Employee Health Benefits Plan premium (b).....	.....0	.....0	.....0	.....0	.....0
24.2 Credit (group and individual).....	.....0	.....0	.....0	.....0	.....0
24.3 Collectively renewable policies/certificates (b).....	.....0	.....0	.....0	.....0	.....0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....0	.....0	.....0	.....0	.....0
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....0	.....0	.....0	.....0	.....0
25.2 Guaranteed renewable (b).....	3,337.....	3,358.....	.....0	289.....	286.....
25.3 Non-renewable for stated reasons only (b).....	.....0	.....0	.....0	.....0	.....0
25.4 Other accident only.....	1,834.....	1,935.....	.....0	5,000.....	5,204.....
25.5 All other (b).....	.....0	.....0	.....0	.....0	.....0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,171.....	5,294.....	.....0	5,289.....	5,490.....
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,171.....	5,294.....	.....0	5,289.....	5,490.....

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	76,418	0	0	0	76,418
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	76,418	0	0	0	76,418
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	148,265	0	0	0	148,265
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	56,909	0	0	0	56,909
12. Surrender values and withdrawals for life contracts.....	10,901	0	0	0	10,901
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	216,075	0	0	0	216,075

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000	0	0	0	0	0	0	1	5,000
17. Incurred during current year.....	17	142,500	0	0	0	0	0	0	17	142,500
Settled during current year:										
18.1 By payment in full.....	18	147,500	0	0	0	0	0	0	18	147,500
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	18	147,500	0	0	0	0	0	0	18	147,500
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	18	147,500	0	0	0	0	0	0	18	147,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	363	5,966,966	0	(a).....0	0	0	0	0	363	5,966,966
21. Issued during year.....	1	25,000	0	0	0	0	0	0	1	25,000
22. Other changes to in force (Net).....	(24)	(237,132)	0	0	0	0	0	0	(24)	(237,132)
23. In force December 31 of current year.....	340	5,754,834	0	(a).....0	0	0	0	0	340	5,754,834

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	974,118	980,258	0	631,282	623,799
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	29,563	31,192	0	6,511	6,777
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,003,680	1,011,450	0	637,793	630,576
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,003,680	1,011,450	0	637,793	630,576

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,191	0	0	0	1,191
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	1,191	0	0	0	1,191
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	5,018	0	0	0	5,018
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,018	0	0	0	5,018

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000	0	0	0	0	0	0	1	5,000
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	1	5,000	0	0	0	0	0	0	1	5,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	15	232,355	0	(a).....0	0	0	0	0	15	232,355
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(2)	(34,889)	0	0	0	0	0	0	(2)	(34,889)
23. In force December 31 of current year.....	13	197,466	0	(a).....0	0	0	0	0	13	197,466

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	86,272	86,816	0	32,989	32,598
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	8,985	9,480	0	6,443	6,706
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	95,257	96,296	0	39,432	39,304
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	95,257	96,296	0	39,432	39,304

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR
NAIC Group Code....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	13,488	0	0	0	13,488
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	13,488	0	0	0	13,488
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	50,167	0	0	0	50,167
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	50,167	0	0	0	50,167

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	6	50,000	0	0	0	0	0	0	6	50,000
Settled during current year:										
18.1 By payment in full.....	6	50,000	0	0	0	0	0	0	6	50,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	6	50,000	0	0	0	0	0	0	6	50,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	6	50,000	0	0	0	0	0	0	6	50,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	68	542,221	0	(a).....0	0	0	0	0	68	542,221
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(6)	(50,000)	0	0	0	0	0	0	(6)	(50,000)
23. In force December 31 of current year.....	62	492,221	0	(a).....0	0	0	0	0	62	492,221

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	617,975	621,870	0	372,105	367,695
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	8,929	9,421	0	150	156
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	626,903	631,291	0	372,255	367,851
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	626,903	631,291	0	372,255	367,851

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	27,767	0	0	0	27,767
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	27,767	0	0	0	27,767
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	23,946	0	0	0	23,946
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	414	0	0	0	414
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	24,360	0	0	0	24,360

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000	0	0	0	0	0	0	1	10,000
17. Incurred during current year.....	3	23,578	0	0	0	0	0	0	3	23,578
Settled during current year:										
18.1 By payment in full.....	3	23,578	0	0	0	0	0	0	3	23,578
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	3	23,578	0	0	0	0	0	0	3	23,578
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	3	23,578	0	0	0	0	0	0	3	23,578
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	88	984,731	0	(a).....0	0	0	0	0	88	984,731
21. Issued during year.....	2	40,000	0	0	0	0	0	0	2	40,000
22. Other changes to in force (Net).....	(3)	(34,656)	0	0	0	0	0	0	(3)	(34,656)
23. In force December 31 of current year.....	87	990,075	0	(a).....0	0	0	0	0	87	990,075

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	3,059,148	3,078,431	0	2,242,799	2,216,214
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	2,031	2,143	0	50	52
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,061,179	3,080,575	0	2,242,849	2,216,266
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,061,179	3,080,575	0	2,242,849	2,216,266

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

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	434	0	0	0	434
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	434	0	0	0	434
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	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	15,396	0	(a).....0	0	0	0	0	2	15,396
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year.....	2	15,396	0	(a).....0	0	0	0	0	2	15,396

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	950,606	956,598	0	656,867	649,081
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	5,542	5,847	0	270	281
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	956,148	962,446	0	657,137	649,362
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	956,148	962,446	0	657,137	649,362

(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....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,401	0	0	0	12,401
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	12,401	0	0	0	12,401
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	45,165	0	0	0	45,165
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	3,761	0	0	0	3,761
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	48,926	0	0	0	48,926

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	4	45,000	0	0	0	0	0	0	4	45,000
Settled during current year:										
18.1 By payment in full.....	4	45,000	0	0	0	0	0	0	4	45,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	4	45,000	0	0	0	0	0	0	4	45,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	4	45,000	0	0	0	0	0	0	4	45,000
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.....	54	687,360	0	(a).....0	0	0	0	0	54	687,360
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(5)	(55,750)	0	0	0	0	0	0	(5)	(55,750)
23. In force December 31 of current year.....	49	631,610	0	(a).....0	0	0	0	0	49	631,610

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,184,351	1,191,817	0	715,626	707,143
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	6,126	6,463	0	20,000	20,815
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,190,477	1,198,280	0	735,626	727,958
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,190,477	1,198,280	0	735,626	727,958

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

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,821	0	0	0	4,821
2. Annuity considerations.....	2,000	0	0	0	2,000
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	6,821	0	0	0	6,821
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	5,082	0	0	0	5,082
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	198	0	0	0	198
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,280	0	0	0	5,280

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	1	5,000	0	0	0	0	0	0	1	5,000
Settled during current year:										
18.1 By payment in full.....	1	5,000	0	0	0	0	0	0	1	5,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	28	319,817	0	(a).....0	0	0	0	0	28	319,817
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(1)	(5,000)	0	0	0	0	0	0	(1)	(5,000)
23. In force December 31 of current year.....	27	314,817	0	(a).....0	0	0	0	0	27	314,817

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	804,605	809,677	0	539,252	532,860
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	3,449	3,639	0	50	52
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	808,054	813,316	0	539,302	532,912
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	808,054	813,316	0	539,302	532,912

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,953	0	0	0	9,953
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	9,953	0	0	0	9,953
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	277	0	0	0	277
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	718	0	0	0	718
12. Surrender values and withdrawals for life contracts.....	4,909	0	0	0	4,909
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,904	0	0	0	5,904

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	1	264	0	0	0	0	0	0	1	264
Settled during current year:										
18.1 By payment in full.....	1	264	0	0	0	0	0	0	1	264
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	264	0	0	0	0	0	0	1	264
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	264	0	0	0	0	0	0	1	264
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.....	31	363,020	0	(a).....0	0	0	0	0	31	363,020
21. Issued during year.....	1	300,000	0	0	0	0	0	0	1	300,000
22. Other changes to in force (Net).....	(3)	(19,036)	0	0	0	0	0	0	(3)	(19,036)
23. In force December 31 of current year.....	29	643,984	0	(a).....0	0	0	0	0	29	643,984

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	4,403,591	4,431,350	0	2,765,932	2,733,146
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	11,495	12,129	0	185	192
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	4,415,087	4,443,478	0	2,766,117	2,733,338
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	4,415,087	4,443,478	0	2,766,117	2,733,338

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	991	0	0	0	991
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	991	0	0	0	991
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	5,026	0	0	0	5,026
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	5,026	0	0	0	5,026

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000	0	0	0	0	0	0	1	5,000
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	1	5,000	0	0	0	0	0	0	1	5,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	5	19,067	0	(a).....0	0	0	0	0	5	19,067
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(1)	(5,000)	0	0	0	0	0	0	(1)	(5,000)
23. In force December 31 of current year.....	4	14,067	0	(a).....0	0	0	0	0	4	14,067

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	10,273	10,338	0	5,444	5,380
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	1,985	2,094	0	1,021	1,062
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	12,258	12,432	0	6,465	6,442
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	12,258	12,432	0	6,465	6,442

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code.....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,262	0	0	0	12,262
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	12,262	0	0	0	12,262
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	15,050	0	0	0	15,050
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	15,050	0	0	0	15,050

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	1	15,000	0	0	0	0	0	0	1	15,000
Settled during current year:										
18.1 By payment in full.....	1	15,000	0	0	0	0	0	0	1	15,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	15,000	0	0	0	0	0	0	1	15,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	15,000	0	0	0	0	0	0	1	15,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	64	476,465	0	(a).....0	0	0	0	0	64	476,465
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(1)	(28,059)	0	0	0	0	0	0	(1)	(28,059)
23. In force December 31 of current year.....	63	448,406	0	(a).....0	0	0	0	0	63	448,406

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	22,141	22,281	0	29,721	29,369
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	491	518	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	22,632	22,799	0	29,721	29,369
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	22,632	22,799	0	29,721	29,369

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR
NAIC Group Code.....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	234	0	0	0	234
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	234	0	0	0	234
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	23,679	23,828	0	15,700	15,514
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	113	119	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	23,792	23,948	0	15,700	15,514
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	23,792	23,948	0	15,700	15,514

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,993	0	0	0	1,993
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	1,993	0	0	0	1,993
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	403,354	405,897	0	249,166	246,213
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	1,098	1,159	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	404,452	407,055	0	249,166	246,213
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	404,452	407,055	0	249,166	246,213

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,698	0	0	0	1,698
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	1,698	0	0	0	1,698
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	2,095	0	0	0	2,095
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	2,095	0	0	0	2,095

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	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	15,250	0	(a).....0	0	0	0	0	3	15,250
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	0	(4,732)	0	0	0	0	0	0	0	(4,732)
23. In force December 31 of current year.....	3	10,518	0	(a).....0	0	0	0	0	3	10,518

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	49,647	49,960	0	29,635	29,283
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	13,440	14,180	0	24,430	25,426
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	63,087	64,141	0	54,065	54,710
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	63,087	64,141	0	54,065	54,710

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code.....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	57,343	0	0	0	57,343
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	57,343	0	0	0	57,343
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	84,360	0	0	0	84,360
10. Matured endowments.....	1,205	0	0	0	1,205
11. Annuity benefits.....	3,366	0	0	0	3,366
12. Surrender values and withdrawals for life contracts.....	17,989	0	0	0	17,989
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	106,919	0	0	0	106,919

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	13,000	0	0	0	0	0	0	2	13,000
17. Incurred during current year.....	15	78,529	0	0	0	0	0	0	15	78,529
Settled during current year:										
18.1 By payment in full.....	15	83,529	0	0	0	0	0	0	15	83,529
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	15	83,529	0	0	0	0	0	0	15	83,529
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	15	83,529	0	0	0	0	0	0	15	83,529
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	8,000	0	0	0	0	0	0	2	8,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	321	4,643,013	0	(a).....0	0	0	0	0	321	4,643,013
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(22)	(167,857)	0	0	0	0	0	0	(22)	(167,857)
23. In force December 31 of current year.....	299	4,475,156	0	(a).....0	0	0	0	0	299	4,475,156

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	52	51	0	0	0
25.2 Guaranteed renewable (b).....	1,107,470	1,114,451	0	743,869	735,052
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	41,935	44,246	0	23,001	23,939
25.5 All other (b).....	46	43	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,149,502	1,158,791	0	766,871	758,991
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,149,502	1,158,791	0	766,871	758,991

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	10,863	0	0	0	10,863
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	10,863	0	0	0	10,863
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	40,986	0	0	0	40,986
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	6,292	0	0	0	6,292
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	47,278	0	0	0	47,278

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	31,419	0	0	0	0	0	0	3	31,419
17. Incurred during current year.....	3	9,419	0	0	0	0	0	0	3	9,419
Settled during current year:										
18.1 By payment in full.....	6	40,838	0	0	0	0	0	0	6	40,838
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	6	40,838	0	0	0	0	0	0	6	40,838
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	6	40,838	0	0	0	0	0	0	6	40,838
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	574,949	0	(a).....0	0	0	0	0	47	574,949
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(7)	(58,277)	0	0	0	0	0	0	(7)	(58,277)
23. In force December 31 of current year.....	40	516,672	0	(a).....0	0	0	0	0	40	516,672

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	362,369	364,653	0	203,130	200,723
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	7,013	7,400	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	369,382	372,052	0	203,130	200,723
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	369,382	372,052	0	203,130	200,723

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	16,986	0	0	0	16,986
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	16,986	0	0	0	16,986
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	14,819	0	0	0	14,819
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	14,819	0	0	0	14,819

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	1	14,794	0	0	0	0	0	0	1	14,794
Settled during current year:										
18.1 By payment in full.....	1	14,794	0	0	0	0	0	0	1	14,794
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	14,794	0	0	0	0	0	0	1	14,794
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	14,794	0	0	0	0	0	0	1	14,794
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.....	37	1,396,054	0	(a).....0	0	0	0	0	37	1,396,054
21. Issued during year.....	2	50,000	0	0	0	0	0	0	2	50,000
22. Other changes to in force (Net).....	(2)	(39,794)	0	0	0	0	0	0	(2)	(39,794)
23. In force December 31 of current year.....	37	1,406,260	0	(a).....0	0	0	0	0	37	1,406,260

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,640,037	1,650,376	0	1,252,593	1,237,745
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	4,272	4,507	0	180	187
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,644,309	1,654,883	0	1,252,773	1,237,933
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,644,309	1,654,883	0	1,252,773	1,237,933

(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 PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	29,742	0	0	0	29,742
2. Annuity considerations.....	250	0	0	0	250
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	29,992	0	0	0	29,992
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	71,094	0	0	0	71,094
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	4,355	0	0	0	4,355
12. Surrender values and withdrawals for life contracts.....	2,115	0	0	0	2,115
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	77,564	0	0	0	77,564

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	8,972	0	0	0	0	0	0	3	8,972
17. Incurred during current year.....	13	61,330	0	0	0	0	0	0	13	61,330
Settled during current year:										
18.1 By payment in full.....	16	70,302	0	0	0	0	0	0	16	70,302
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	16	70,302	0	0	0	0	0	0	16	70,302
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	16	70,302	0	0	0	0	0	0	16	70,302
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	183	1,946,026	0	(a).....0	0	0	0	0	183	1,946,026
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(19)	(120,129)	0	0	0	0	0	0	(19)	(120,129)
23. In force December 31 of current year.....	164	1,825,897	0	(a).....0	0	0	0	0	164	1,825,897

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	1,666	1,666
25.2 Guaranteed renewable (b).....	612,582	616,444	0	426,344	421,291
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	18,264	19,271	0	5,311	5,527
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	630,846	635,714	0	433,320	428,484
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	630,846	635,714	0	433,320	428,484

(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.....0 NAIC Company Code.....56383

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,901	0	0	0	1,901
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	1,901	0	0	0	1,901
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,505	0	0	0	2,505
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	2,505	0	0	0	2,505

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	2	5,000	0	0	0	0	0	0	2	5,000
Settled during current year:										
18.1 By payment in full.....	1	2,500	0	0	0	0	0	0	1	2,500
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	2,500	0	0	0	0	0	0	1	2,500
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	2,500	0	0	0	0	0	0	1	2,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,500	0	0	0	0	0	0	1	2,500
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	11	96,804	0	(a).....0	0	0	0	0	11	96,804
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(1)	(2,500)	0	0	0	0	0	0	(1)	(2,500)
23. In force December 31 of current year.....	10	94,304	0	(a).....0	0	0	0	0	10	94,304

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	121	122	0	3,750	3,706
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	5,823	6,144	0	3,296	3,431
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,944	6,266	0	7,046	7,136
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,944	6,266	0	7,046	7,136

(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....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,316	0	0	0	4,316
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	4,316	0	0	0	4,316
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	13,043	0	0	0	13,043
10. Matured endowments.....	1,508	0	0	0	1,508
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	14,551	0	0	0	14,551

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	2	13,000	0	0	0	0	0	0	2	13,000
Settled during current year:										
18.1 By payment in full.....	2	13,000	0	0	0	0	0	0	2	13,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	2	13,000	0	0	0	0	0	0	2	13,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	2	13,000	0	0	0	0	0	0	2	13,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	25	344,934	0	(a).....0	0	0	0	0	25	344,934
21. Issued during year.....	1	25,000	0	0	0	0	0	0	1	25,000
22. Other changes to in force (Net).....	(4)	(114,508)	0	0	0	0	0	0	(4)	(114,508)
23. In force December 31 of current year.....	22	255,426	0	(a).....0	0	0	0	0	22	255,426

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	411,949	414,546	0	351,198	347,035
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	2,074	2,188	0	200	209
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	414,023	416,734	0	351,399	347,244
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	414,023	416,734	0	351,399	347,244

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	7,274	0	0	0	7,274
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	7,274	0	0	0	7,274
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	10,039	0	0	0	10,039
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	10,039	0	0	0	10,039

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	1	10,000	0	0	0	0	0	0	1	10,000
Settled during current year:										
18.1 By payment in full.....	1	10,000	0	0	0	0	0	0	1	10,000
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	1	10,000	0	0	0	0	0	0	1	10,000
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.....	31	254,058	0	(a).....0	0	0	0	0	31	254,058
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(2)	(35,000)	0	0	0	0	0	0	(2)	(35,000)
23. In force December 31 of current year.....	29	219,058	0	(a).....0	0	0	0	0	29	219,058

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	412,047	414,644	0	221,692	219,064
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	3,566	3,763	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	415,613	418,407	0	221,692	219,064
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	415,613	418,407	0	221,692	219,064

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	25,965	0	0	0	25,965
2. Annuity considerations.....	400	0	0	0	400
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	26,365	0	0	0	26,365
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	45,819	0	0	0	45,819
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	14,212	0	0	0	14,212
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	0	0	0	0
15. Totals.....	60,031	0	0	0	60,031

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	5,000	0	0	0	0	0	0	1	5,000
17. Incurred during current year.....	5	40,177	0	0	0	0	0	0	5	40,177
Settled during current year:										
18.1 By payment in full.....	6	45,177	0	0	0	0	0	0	6	45,177
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	6	45,177	0	0	0	0	0	0	6	45,177
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	6	45,177	0	0	0	0	0	0	6	45,177
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.....	112	890,479	0	(a).....0	0	0	0	0	112	890,479
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(9)	(71,532)	0	0	0	0	0	0	(9)	(71,532)
23. In force December 31 of current year.....	103	818,947	0	(a).....0	0	0	0	0	103	818,947

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	268,179	269,869	0	180,670	178,528
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	4,149	4,377	0	50	52
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	272,327	274,246	0	180,720	178,580
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	272,327	274,246	0	180,720	178,580

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	49,425	0	0	0	49,425
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	49,425	0	0	0	49,425
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	106,954	0	0	0	106,954
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	24,563	0	0	0	24,563
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	131,517	0	0	0	131,517

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	8,927	0	0	0	0	0	0	3	8,927
17. Incurred during current year.....	5	97,580	0	0	0	0	0	0	5	97,580
Settled during current year:										
18.1 By payment in full.....	8	106,507	0	0	0	0	0	0	8	106,507
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	8	106,507	0	0	0	0	0	0	8	106,507
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	8	106,507	0	0	0	0	0	0	8	106,507
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.....	202	3,533,312	0	(a).....0	0	0	0	0	202	3,533,312
21. Issued during year.....	6	600,000	0	0	0	0	0	0	6	600,000
22. Other changes to in force (Net).....	(15)	(667,116)	0	0	0	0	0	0	(15)	(667,116)
23. In force December 31 of current year.....	193	3,466,196	0	(a).....0	0	0	0	0	193	3,466,196

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,085,078	1,091,918	0	655,646	647,875
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	9,177	9,683	0	1,439	1,497
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,094,255	1,101,601	0	657,085	649,372
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,094,255	1,101,601	0	657,085	649,372

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR
NAIC Group Code.....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,345	0	0	0	1,345
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	1,345	0	0	0	1,345
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	694,110	698,485	0	503,269	497,303
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	2,053	2,166	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	696,162	700,651	0	503,269	497,303
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	696,162	700,651	0	503,269	497,303

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	17,260	0	0	0	17,260
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	17,260	0	0	0	17,260
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	26,374	0	0	0	26,374
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	2,504	0	0	0	2,504
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	0	0	0	0
15. Totals.....	28,878	0	0	0	28,878

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000	0	0	0	0	0	0	1	10,000
17. Incurred during current year.....	5	22,046	0	0	0	0	0	0	5	22,046
Settled during current year:										
18.1 By payment in full.....	5	27,046	0	0	0	0	0	0	5	27,046
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	5	27,046	0	0	0	0	0	0	5	27,046
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	5	27,046	0	0	0	0	0	0	5	27,046
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.....	97	1,073,301	0	(a).....0	0	0	0	0	97	1,073,301
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(5)	(30,023)	0	0	0	0	0	0	(5)	(30,023)
23. In force December 31 of current year.....	92	1,043,278	0	(a).....0	0	0	0	0	92	1,043,278

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	2,304,869	2,319,397	0	1,515,130	1,497,170
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	11,874	12,528	0	5,519	5,744
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	2,316,742	2,331,925	0	1,520,649	1,502,914
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	2,316,742	2,331,925	0	1,520,649	1,502,914

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code....0 NAIC Company Code.....56383

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....0	.....0	.....0	.....0	.....0
24.1 Federal Employee Health Benefits Plan premium (b).....	.....0	.....0	.....0	.....0	.....0
24.2 Credit (group and individual).....	.....0	.....0	.....0	.....0	.....0
24.3 Collectively renewable policies/certificates (b).....	.....0	.....0	.....0	.....0	.....0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....0	.....0	.....0	.....0	.....0
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....0	.....0	.....0	.....0	.....0
25.2 Guaranteed renewable (b).....	4,858	4,889	.....0	465	460
25.3 Non-renewable for stated reasons only (b).....	.....0	.....0	.....0	.....0	.....0
25.4 Other accident only.....	597	630	.....0	.....0	.....0
25.5 All other (b).....	.....0	.....0	.....0	.....0	.....0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	5,455	5,519	.....0	465	460
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	5,455	5,519	.....0	465	460

(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.....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	.....25	.....0	.....0	.....0	.....25
2. Annuity considerations.....	.....0	.....0	.....0	.....0	.....0
3. Deposit-type contract funds.....	.....0	.....XXX	.....0	.....XXX	.....0
4. Other considerations.....	.....0	.....0	.....0	.....0	.....0
5. Totals (Sum of Lines 1 to 4).....	.....25	.....0	.....0	.....0	.....25
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	.....0	.....0	.....0	.....0	.....0
6.2 Applied to pay renewal premiums.....	.....0	.....0	.....0	.....0	.....0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.....0	.....0	.....0	.....0	.....0
6.4 Other.....	.....0	.....0	.....0	.....0	.....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	.....0	.....0	.....0	.....0
7.2 Applied to provide paid-up annuities.....	.....0	.....0	.....0	.....0	.....0
7.3 Other.....	.....0	.....0	.....0	.....0	.....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	.....0	.....0	.....0	.....0
10. Matured endowments.....	.....0	.....0	.....0	.....0	.....0
11. Annuity benefits.....	.....0	.....0	.....0	.....0	.....0
12. Surrender values and withdrawals for life contracts.....	.....0	.....0	.....0	.....0	.....0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	.....0	.....0	.....0	.....0	.....0
14. All other benefits, except accident and health.....	.....0	.....0	.....0	.....0	.....0
15. Totals.....	.....0	.....0	.....0	.....0	.....0

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	.....0	.....0	.....0	.....0	.....0
24.1 Federal Employee Health Benefits Plan premium (b).....	.....0	.....0	.....0	.....0	.....0
24.2 Credit (group and individual).....	.....0	.....0	.....0	.....0	.....0
24.3 Collectively renewable policies/certificates (b).....	.....0	.....0	.....0	.....0	.....0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	.....0	.....0	.....0	.....0	.....0
Other Individual Policies:					
25.1 Non-cancelable (b).....	.....0	.....0	.....0	.....0	.....0
25.2 Guaranteed renewable (b).....	.....92,909	.....93,495	.....0	.....53,543	.....52,908
25.3 Non-renewable for stated reasons only (b).....	.....0	.....0	.....0	.....0	.....0
25.4 Other accident only.....	.....2,942	.....3,104	.....0	.....2,834	.....2,950
25.5 All other (b).....	.....0	.....0	.....0	.....0	.....0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.....95,851	.....96,599	.....0	.....56,377	.....55,858
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.....95,851	.....96,599	.....0	.....56,377	.....55,858

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code....0

NAIC Company Code....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	11,871	0	0	0	11,871
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	11,871	0	0	0	11,871
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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.....	21,697	0	0	0	21,697
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	588	0	0	0	588
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	22,286	0	0	0	22,286

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	4	21,406	0	0	0	0	0	0	4	21,406
Settled during current year:										
18.1 By payment in full.....	4	21,406	0	0	0	0	0	0	4	21,406
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	4	21,406	0	0	0	0	0	0	4	21,406
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	4	21,406	0	0	0	0	0	0	4	21,406
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.....	39	502,830	0	(a).....0	0	0	0	0	39	502,830
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(5)	(49,906)	0	0	0	0	0	0	(5)	(49,906)
23. In force December 31 of current year.....	34	452,924	0	(a).....0	0	0	0	0	34	452,924

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,950,640	1,962,935	0	1,503,249	1,485,431
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	20,849	21,998	0	456	475
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,971,489	1,984,934	0	1,503,706	1,485,906
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,971,489	1,984,934	0	1,503,706	1,485,906

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

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code....0

NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,713	0	0	0	9,713
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	9,713	0	0	0	9,713
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	2,327	0	0	0	2,327
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	2,327	0	0	0	2,327

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	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.....	20	842,877	0	(a).....0	0	0	0	0	20	842,877
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	(1)	(9,390)	0	0	0	0	0	0	(1)	(9,390)
23. In force December 31 of current year.....	19	833,487	0	(a).....0	0	0	0	0	19	833,487

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,094,350	1,101,249	0	689,644	681,470
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	6,207	6,549	0	5,050	5,256
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,100,557	1,107,797	0	694,694	686,726
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,100,557	1,107,797	0	694,694	686,726

(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.

The Order Of United Commercial Travelers Of America



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR
NAIC Group Code....0 NAIC Company Code.....56383

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	589	0	0	0	589
2. Annuity considerations.....	0	0	0	0	0
3. Deposit-type contract funds.....	0	XXX	0	XXX	0
4. Other considerations.....	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4).....	589	0	0	0	589
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	0	0	0	0	0
6.2 Applied to pay renewal premiums.....	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	0	0	0	0	0
6.4 Other.....	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities.....	0	0	0	0	0
7.3 Other.....	0	0	0	0	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	0	0	0	0
10. Matured endowments.....	0	0	0	0	0
11. Annuity benefits.....	0	0	0	0	0
12. Surrender values and withdrawals for life contracts.....	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....	0	0	0	0	0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year.....	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full.....	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims.....	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected.....	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements.....	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	15,000	0	(a).....0	0	0	0	0	1	15,000
21. Issued during year.....	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net).....	0	0	0	0	0	0	0	0	0	0
23. In force December 31 of current year.....	1	15,000	0	(a).....0	0	0	0	0	1	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	0	0	0	0	0
24.1 Federal Employee Health Benefits Plan premium (b).....	0	0	0	0	0
24.2 Credit (group and individual).....	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b).....	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees.....	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b).....	0	0	0	0	0
25.2 Guaranteed renewable (b).....	1,040,574	1,047,134	0	720,803	712,259
25.3 Non-renewable for stated reasons only (b).....	0	0	0	0	0
25.4 Other accident only.....	718	758	0	0	0
25.5 All other (b).....	0	0	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,041,292	1,047,891	0	720,803	712,259
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,041,292	1,047,891	0	720,803	712,259

(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.

The Order Of United Commercial Travelers Of America

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	76,685
2. Current year's realized pre-tax capital gains/(losses) of \$.....(6,913) transferred into the reserve net of taxes of \$.....0.....	(6,913)
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).....	69,772
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	9,284
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	60,488

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. 2019.....	10,601	(1,317)	0	9,284
2. 2020.....	5,876	(1,743)	0	4,133
3. 2021.....	5,333	(1,204)	0	4,129
4. 2022.....	5,575	(941)	0	4,634
5. 2023.....	5,906	(673)	0	5,233
6. 2024.....	6,290	(394)	0	5,896
7. 2025.....	6,371	(224)	0	6,147
8. 2026.....	6,213	(180)	0	6,033
9. 2027.....	5,443	(131)	0	5,312
10. 2028.....	5,070	(80)	0	4,990
11. 2029.....	4,511	(26)	0	4,485
12. 2030.....	3,204	0	0	3,204
13. 2031.....	2,102	0	0	2,102
14. 2032.....	1,536	0	0	1,536
15. 2033.....	1,243	0	0	1,243
16. 2034.....	947	0	0	947
17. 2035.....	567	0	0	567
18. 2036.....	160	0	0	160
19. 2037.....	(42)	0	0	(42)
20. 2038.....	(36)	0	0	(36)
21. 2039.....	(33)	0	0	(33)
22. 2040.....	(33)	0	0	(33)
23. 2041.....	(31)	0	0	(31)
24. 2042.....	(29)	0	0	(29)
25. 2043.....	(23)	0	0	(23)
26. 2044.....	(17)	0	0	(17)
27. 2045.....	(11)	0	0	(11)
28. 2046.....	(6)	0	0	(6)
29. 2047.....	(2)	0	0	(2)
30. 2048.....	0	0	0	0
31. 2049 and Later.....	0	0	0	0
32. Total (Lines 1 to 31).....	76,685	(6,913)	0	69,772

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	46,564	0	46,564	0	0	0	46,564
2. Realized capital gains/(losses) net of taxes - General Account.....	0	0	0	0	0	0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....	0	0	0	0	0	0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	0	0	0	0	0	0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....	0	0	0	0	0	0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....	0	0	0	0	0	0	0
7. Basic contribution.....	7,661	0	7,661	0	0	0	7,661
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	54,224	0	54,225	0	0	0	54,225
9. Maximum reserve.....	44,664	0	44,664	0	0	0	44,664
10. Reserve objective.....	23,935	0	23,935	0	0	0	23,935
11. 20% of (Line 10 minus Line 8).....	(6,058)	(0)	(6,058)	0	(0)	(0)	(6,058)
12. Balance before transfers (Lines 8 + 11).....	48,167	0	48,167	0	0	0	48,167
13. Transfers.....	0	0	0	0	0	0	0
14. Voluntary contribution.....	0	0	0	0	0	0	0
15. Adjustment down to maximum/up to zero.....	(3,503)	0	(3,503)	0	0	0	(3,503)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	44,664	0	44,664	0	0	0	44,664

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....	2,185,480	XXX	XXX	2,185,480	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....	7,725,086	XXX	XXX	7,725,086	0.0005	3,863	0.0016	12,360	0.0033	25,493
3	2	High quality.....	1,808,569	XXX	XXX	1,808,569	0.0021	3,798	0.0064	11,575	0.0106	19,171
4	3	Medium quality.....	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
5	4	Low quality.....	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
6	5	Lower quality.....	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
7	6	In or near default.....	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8		Total unrated multi-class securities acquired by conversion.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
9		Total long-term bonds (sum of Lines 1 through 8).....	11,719,135	XXX	XXX	11,719,135	XXX	7,661	XXX	23,935	XXX	44,664
		PREFERRED STOCKS										
10	1	Highest quality.....	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11	2	High quality.....	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12	3	Medium quality.....	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13	4	Low quality.....	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14	5	Lower quality.....	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15	6	In or near default.....	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16		Affiliated life with AVR.....	0	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.....	0	XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
20	2	High quality.....	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
21	3	Medium quality.....	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
22	4	Low quality.....	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
23	5	Lower quality.....	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
24	6	In or near default.....	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25		Total short-term bonds (sum of Lines 18 through 24).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		DERIVATIVE INSTRUMENTS										
26		Exchange traded.....	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27	1	Highest quality.....	0	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28	2	High quality.....	0	XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29	3	Medium quality.....	0	XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30	4	Low quality.....	0	XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31	5	Lower quality.....	0	XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32	6	In or near default.....	0	XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33).....	11,719,135	XXX	XXX	11,719,135	XXX	7,661	XXX	23,935	XXX	44,664

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.....	12,548,275	XXX....	.....0	XXX....	.....0	XXX....	.....0	XXX....	.....38	XXX....	.....11,907,719	XXX..	.....0	XXX....	.....640,409	XXX....	.....109	XXX..	.....XXX..
2.	Premiums earned.....	12,286,340	XXX....	.....0	XXX....	.....0	XXX....	.....0	XXX....	.....51	XXX....	.....11,925,997	XXX..	.....0	XXX....	.....360,189	XXX....	.....103	XXX..	.....XXX..
3.	Incurred claims.....	8,139,500	66.2	.....0	0.0	.....0	0.0	.....0	0.0	.....1,666	3,266.7	.....7,912,674	66.3	.....0	0.0	.....225,054	62.5	.....106	102.9	.....102.9
4.	Cost containment expenses.....	0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	8,139,500	66.2	.....0	0.0	.....0	0.0	.....0	0.0	.....1,666	3,266.7	.....7,912,674	66.3	.....0	0.0	.....225,054	62.5	.....106	102.9	.....102.9
6.	Increase in contract reserves.....	(15,796)	(0.1)	.....0	0.0	.....0	0.0	.....0	0.0	.....(36)	(70.6)	.....(11,944)	(0.1)	.....0	0.0	.....(3,657)	(1.0)	.....(159)	(154.4)	.....(154.4)
7.	Commissions (a).....	(853,607)	(6.9)	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....(853,607)	(7.2)	.....0	0.0	.....0	0.0	.....0	0.0	.....0.0
8.	Other general insurance expenses.....	5,712,135	46.5	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....5,670,076	47.5	.....0	0.0	.....42,059	11.7	.....0	0.0	.....0.0
9.	Taxes, licenses and fees.....	250,212	2.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....248,370	2.1	.....0	0.0	.....1,842	0.5	.....0	0.0	.....0.0
10.	Total other expenses incurred.....	5,108,740	41.6	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....5,064,839	42.5	.....0	0.0	.....43,901	12.2	.....0	0.0	.....0.0
11.	Aggregate write-ins for deductions.....	0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0.0
12.	Gain from underwriting before dividends or refunds.....	(946,104)	(7.7)	.....0	0.0	.....0	0.0	.....0	0.0	.....(1,579)	(3,096.1)	.....(1,039,572)	(8.7)	.....0	0.0	.....94,891	26.3	.....156	151.5	.....151.5
13.	Dividends or refunds.....	0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0.0
14.	Gain from underwriting after dividends or refunds.....	(946,104)	(7.7)	.....0	0.0	.....0	0.0	.....0	0.0	.....(1,579)	(3,096.1)	.....(1,039,572)	(8.7)	.....0	0.0	.....94,891	26.3	.....156	151.5	.....151.5
DETAILS OF WRITE-INS																				
1101.	.....	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	.....0.0
1102.	.....	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	.....0.0
1103.	.....	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	.....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	.....0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above).	0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0	0.0	.....0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	514,839	.....0	.....0	.....0	.....4	412,570	.....0	102,210	.....55
2. Advance premiums.....	105,597	.....0	.....0	.....0	.....0	64,076	.....0	41,515	.....6
3. Reserve for rate credits.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. Total premium reserves, current year.....	620,436	.....0	.....0	.....0	.....4	476,646	.....0	143,725	.....61
5. Total premium reserves, prior year.....	658,502	.....0	.....0	.....0	.....17	494,925	.....0	163,505	.....55
6. Increase in total premium reserves.....	(38,066)	.....0	.....0	.....0	(13)	(18,279)	.....0	(19,780)	.....6
B. Contract Reserves:									
1. Additional reserves (a).....	400,423	.....0	.....0	.....0	.....83	380,387	.....0	19,917	.....36
2. Reserve for future contingent benefits.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. Total contract reserves, current year.....	400,423	.....0	.....0	.....0	.....83	380,387	.....0	19,917	.....36
4. Total contract reserves, prior year.....	416,219	.....0	.....0	.....0	.....119	392,331	.....0	23,574	.....195
5. Increase in contract reserves.....	(15,796)	.....0	.....0	.....0	(36)	(11,944)	.....0	(3,657)	.....(159)
C. Claim Reserves and Liabilities:									
1. Total current year.....	1,002,245	.....0	.....0	.....0	.....0	929,787	.....0	72,458	.....0
2. Total prior year.....	1,013,5230000	949,8810	63,6420
3. Increase.....	(11,278)0000	(20,094)0	8,8160

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	890,693	.....0	.....0	.....0	.....0	761,088	.....0	129,605	.....0
1.2 On claims incurred during current year.....	7,260,085	.....0	.....0	.....0	.....1,666	7,171,680	.....0	86,633	.....106
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	12,026	.....0	.....0	.....0	.....0	11,157	.....0	869	.....0
2.2 On claims incurred during current year.....	990,219	.....0	.....0	.....0	.....0	918,630	.....0	71,589	.....0
3. Test:									
3.1 Lines 1.1 and 2.1.....	902,719	.....0	.....0	.....0	.....0	772,245	.....0	130,474	.....0
3.2 Claim reserves and liabilities, December 31, prior year.....	1,013,523	.....0	.....0	.....0	.....0	949,881	.....0	63,642	.....0
3.3 Line 3.1 minus Line 3.2.....	(110,804)	.....0	.....0	.....0	.....0	(177,636)	.....0	66,832	.....0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
2. Premiums earned.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
3. Incurred claims.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
4. Commissions.....	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0	.....0
B. Reinsurance Ceded:									
1. Premiums written.....	31,811,159	.....0	.....0	.....0	.....0	31,796,076	.....0	15,083	.....0
2. Premiums earned.....	32,067,397	.....0	.....0	.....0	.....0	32,052,314	.....0	15,083	.....0
3. Incurred claims.....	21,990,257	.....0	.....0	.....0	.....0	21,990,257	.....0	.....0	.....0
4. Commissions.....	3,443,825	.....0	.....0	.....0	.....0	3,443,825	.....0	.....0	.....0

(a) Includes \$62,270 premium deficiency reserve.

The Order Of United Commercial Travelers Of America
SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....	0	0	30,129,757	30,129,757
2. Beginning claim reserves and liabilities.....	0	0	3,956,209	3,956,209
3. Ending claim reserves and liabilities.....	0	0	3,606,322	3,606,322
4. Claims paid.....	0	0	30,479,644	30,479,644
B. Assumed Reinsurance:				
5. Incurred claims.....	0	0	0	0
6. Beginning claim reserves and liabilities.....	0	0	0	0
7. Ending claim reserves and liabilities.....	0	0	0	0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....	0	0	21,990,257	21,990,257
10. Beginning claim reserves and liabilities.....	0	0	2,942,686	2,942,686
11. Ending claim reserves and liabilities.....	0	0	2,604,076	2,604,076
12. Claims paid.....	0	0	22,328,867	22,328,867
D. Net:				
13. Incurred claims.....	0	0	8,139,500	8,139,500
14. Beginning claim reserves and liabilities.....	0	0	1,013,523	1,013,523
15. Ending claim reserves and liabilities.....	0	0	1,002,246	1,002,246
16. Claims paid.....	0	0	8,150,777	8,150,777
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....	0	0	8,139,500	8,139,500
18. Beginning reserves and liabilities.....	0	0	1,013,523	1,013,523
19. Ending reserves and liabilities.....	0	0	1,002,245	1,002,245
20. Paid claims and cost containment expenses.....	0	0	8,150,778	8,150,778

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	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
88340.....	59-2859797....	12/31/1997	Hannover Life Reinsurance Company of America.....	FL.....	.....133,067	.....0
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				.....133,067	.....0
1099999.	Total - Life and Annuity Non-Affiliates.....				.....133,067	.....0
1199999.	Total - Life and Annuity.....				.....133,067	.....0
2399999.	Total U.S.....				.....133,067	.....0
9999999.	Total.....				.....133,067	.....0

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
88099.....	75-1608507....	01/01/1994	Optimum Re Insurance Comapny.....	TX.....	YRT/I.....	OL.....	.....2,075,165	.....30,183	.....30,137	.....0	.....0	.....0	.....0	.....0
88099.....	75-1608507....	06/29/1997	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	.....2,038,041	.....728,284	.....766,186	.....40,835	.....0	.....0	.....0	.....0
88340.....	59-2859797....	12/31/1997	Hannover Life Reinsurance Company of America.....	FL.....	CO/I.....	OL.....	.....25,372,103	.....8,328,667	.....8,778,160	.....466,614	.....0	.....0	.....0	.....0
88340.....	59-2859797....	12/31/1997	Hannover Life Reinsurance Company of America.....	FL.....	CO/I.....	FA.....	.....0	.....1,960,626	.....2,289,931	.....12,171	.....0	.....0	.....0	.....0
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						.....29,485,309	.....11,047,760	.....11,864,414	.....519,620	.....0	.....0	.....0	.....0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						.....29,485,309	.....11,047,760	.....11,864,414	.....519,620	.....0	.....0	.....0	.....0
1199999.	Total - General Account - Authorized.....						.....29,485,309	.....11,047,760	.....11,864,414	.....519,620	.....0	.....0	.....0	.....0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						.....29,485,309	.....11,047,760	.....11,864,414	.....519,620	.....0	.....0	.....0	.....0
6999999.	Total U.S.....						.....29,485,309	.....11,047,760	.....11,864,414	.....519,620	.....0	.....0	.....0	.....0
9999999.	Total.....						.....29,485,309	.....11,047,760	.....11,864,414	.....519,620	.....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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
86258.....	13-2572994....	.12/31/1998	Gen Re Life Corporation.....	CT.....	QA/I.....	MS.....	.....31,057,245	.....1,507,486	.....7,152,431	.....0	.....0	.....0	.....0
70688.....	36-6071399....	.12/31/2001	Transamerica Financtial Life Insurance Company.....	NY.....	QA/I.....	MS.....	.....33,603	.....3,668	.....19,387	.....0	.....0	.....0	.....0
66346.....	58-0828824....	.07/07/2009	Muinch American Reinsurance Compnay.....	GA.....	QA/I.....	STM.....	.....748,284	.....50,416	.....164,500	.....0	.....0	.....0	.....0
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						.....31,839,132	.....1,561,570	.....7,336,318	.....0	.....0	.....0	.....0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						.....31,839,132	.....1,561,570	.....7,336,318	.....0	.....0	.....0	.....0
1199999.	Total - General Account - Authorized.....						.....31,839,132	.....1,561,570	.....7,336,318	.....0	.....0	.....0	.....0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000.....	AA-1440076...	.02/01/2005	Sirius International Insurance Company.....	SWE.....	SSL/I.....	A.....	.....15,083	.....0	.....0	.....0	.....0	.....0	.....0
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates.....						.....15,083	.....0	.....0	.....0	.....0	.....0	.....0
2199999.	Total - General Account - Unauthorized - Non-Affiliates.....						.....15,083	.....0	.....0	.....0	.....0	.....0	.....0
2299999.	Total - General Account - Unauthorized.....						.....15,083	.....0	.....0	.....0	.....0	.....0	.....0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						.....31,854,215	.....1,561,570	.....7,336,318	.....0	.....0	.....0	.....0
6999999.	Total - U.S.....						.....31,839,132	.....1,561,570	.....7,336,318	.....0	.....0	.....0	.....0
7099999.	Total - Non-U.S.....						.....15,083	.....0	.....0	.....0	.....0	.....0	.....0
9999999.	Total.....						.....31,854,215	.....1,561,570	.....7,336,318	.....0	.....0	.....0	.....0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols. 5 + 6 + 7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000.....	AA-1440076	.02/01/2005	Sirius International Insurance Compnay.....	.....0	.....0	.....0	.....0	.....0	0.....	.....0	.....0	.....0	.....0	.....0
2099999.	Total - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates.....			.....0	.....0	.....0	.....0	.....0	XXX.....	.....0	.....0	.....0	.....0	.....0
2199999.	Total - General Account - Accident and Health - Non-Affiliates.....			.....0	.....0	.....0	.....0	.....0	XXX.....	.....0	.....0	.....0	.....0	.....0
2299999.	Total - General Account - Accident and Health.....			.....0	.....0	.....0	.....0	.....0	XXX.....	.....0	.....0	.....0	.....0	.....0
2399999.	Total - General Account.....			.....0	.....0	.....0	.....0	.....0	XXX.....	.....0	.....0	.....0	.....0	.....0
3699999.	Total - Non-U.S.....			.....0	.....0	.....0	.....0	.....0	XXX.....	.....0	.....0	.....0	.....0	.....0
9999999.	Total.....			.....0	.....0	.....0	.....0	.....0	XXX.....	.....0	.....0	.....0	.....0	.....0

SCHEDULE S - PART 5

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

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

NONE

SCHEDULE S - PART 6

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

		1	2	3	4	5
		2019	2018	2017	2016	2015
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	32,374	36,558	41,080	46,105	53,128
2.	Commissions and reinsurance expense allowances.....	3,543	3,966	4,599	5,287	6,632
3.	Contract claims.....	23,221	26,755	30,423	32,772	45,352
4.	Surrender benefits and withdrawals for life contracts.....	133	191	177	300	168
5.	Dividends to policyholders and refunds to members.....	0	0	0	0	0
6.	Reserve adjustments on reinsurance ceded.....	0	0	0	0	0
7.	Increase in aggregate reserves for life and accident and health contracts.....	(1,847)	(1,216)	(1,413)	(2,190)	2,903
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	242	254	279	338	360
9.	Aggregate reserves for life and accident and health contracts.....	19,946	21,793	23,010	24,422	13,804
10.	Liability for deposit-type contracts.....	18	22	4	7	0
11.	Contract claims unpaid.....	2,701	3,107	3,405	3,928	6,789
12.	Amounts recoverable on reinsurance.....	189	402	495	189	368
13.	Experience rating refunds due or unpaid.....	0	0	0	0	0
14.	Policyholders' dividends and refunds to members (not included in Line 10).....	0	0	0	0	0
15.	Commissions and reinsurance expense allowances due.....	0	0	0	0	0
16.	Unauthorized reinsurance offset.....	0	0	0	0	0
17.	Offset for reinsurance with certified reinsurers.....	0	0	0	0	0
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F).....	0	0	0	0	0
19.	Letters of credit (L).....	0	0	0	0	0
20.	Trust agreements (T).....	0	0	0	0	0
21.	Other (O).....	0	0	0	0	0
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple beneficiary trust.....	0	0	0	0	0
23.	Funds deposited by and withheld from (F).....	0	0	0	0	0
24.	Letters of credit (L).....	0	0	0	0	0
25.	Trust agreements (T).....	0	0	0	0	0
26.	Other (O).....	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	13,565,793	0	13,565,793
2. Reinsurance (Line 16).....	252,319	0	252,319
3. Premiums and considerations (Line 15).....	86,190	241,562	327,752
4. Net credit for ceded reinsurance.....	XXX	22,802,409	22,802,409
5. All other admitted assets (balance).....	158,602	0	158,602
6. Total assets excluding Separate Accounts (Line 26).....	14,062,904	23,043,971	37,106,875
7. Separate Account assets (Line 27).....	0	0	0
8. Total assets (Line 28).....	14,062,904	23,043,971	37,106,875
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	3,554,073	19,945,648	23,499,721
10. Liability for deposit-type contracts (Line 3).....	17,568	0	17,568
11. Claim reserves (Line 4).....	1,024,735	2,701,355	3,726,090
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7).....	0	0	0
13. Premium & annuity considerations received in advance (Line 8).....	106,245	396,968	503,213
14. Other contract liabilities (Line 9).....	60,488	0	60,488
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....	0	0	0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....	0	0	0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....	0	0	0
19. All other liabilities (balance).....	1,726,878	0	1,726,878
20. Total liabilities excluding Separate Accounts (Line 26).....	6,489,987	23,043,971	29,533,958
21. Separate Account liabilities (Line 27).....	0	0	0
22. Total liabilities (Line 28).....	6,489,987	23,043,971	29,533,958
23. Capital & surplus (Line 38).....	7,572,917	XXX	7,572,917
24. Total liabilities, capital & surplus (Line 39).....	14,062,904	23,043,971	37,106,875
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	19,945,648		
26. Claim reserves.....	2,701,355		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	396,968		
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.....	23,043,971		
34. Premiums and considerations.....	241,562		
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.....	241,562		
41. Total net credit for ceded reinsurance.....	22,802,409		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only				6
			1	2	3	4	
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts
							Totals
1.	Alabama.....	AL	8,140	0	0	0	8,140
2.	Alaska.....	AK	266	0	0	0	266
3.	Arizona.....	AZ	5,269	0	0	0	5,269
4.	Arkansas.....	AR	5,016	0	0	0	5,016
5.	California.....	CA	40,497	0	0	0	40,497
6.	Colorado.....	CO	862	5,500	0	0	6,362
7.	Connecticut.....	CT	4,503	0	0	0	4,503
8.	Delaware.....	DE	0	0	0	0	0
9.	District of Columbia.....	DC	39	0	0	0	39
10.	Florida.....	FL	50,750	0	0	0	50,750
11.	Georgia.....	GA	24,016	0	0	0	24,016
12.	Hawaii.....	HI	0	0	0	0	0
13.	Idaho.....	ID	0	0	0	0	0
14.	Illinois.....	IL	34,978	8,312	0	498	43,787
15.	Indiana.....	IN	33,262	0	0	0	33,262
16.	Iowa.....	IA	6,462	0	0	0	6,462
17.	Kansas.....	KS	7,399	1,850	0	0	9,249
18.	Kentucky.....	KY	19,077	0	0	0	19,077
19.	Louisiana.....	LA	18,902	0	0	0	18,902
20.	Maine.....	ME	0	0	0	0	0
21.	Maryland.....	MD	3,007	0	0	0	3,007
22.	Massachusetts.....	MA	3,517	0	0	0	3,517
23.	Michigan.....	MI	76,418	0	0	0	76,418
24.	Minnesota.....	MN	1,191	0	0	0	1,191
25.	Mississippi.....	MS	27,767	0	0	0	27,767
26.	Missouri.....	MO	13,488	0	0	0	13,488
27.	Montana.....	MT	434	0	0	0	434
28.	Nebraska.....	NE	9,953	0	0	0	9,953
29.	Nevada.....	NV	1,993	0	0	0	1,993
30.	New Hampshire.....	NH	991	0	0	0	991
31.	New Jersey.....	NJ	12,262	0	0	0	12,262
32.	New Mexico.....	NM	234	0	0	0	234
33.	New York.....	NY	1,698	0	0	0	1,698
34.	North Carolina.....	NC	12,401	0	0	0	12,401
35.	North Dakota.....	ND	4,821	2,000	0	0	6,821
36.	Ohio.....	OH	57,343	0	0	0	57,343
37.	Oklahoma.....	OK	10,863	0	0	0	10,863
38.	Oregon.....	OR	16,986	0	0	0	16,986
39.	Pennsylvania.....	PA	29,742	250	0	0	29,992
40.	Rhode Island.....	RI	1,901	0	0	0	1,901
41.	South Carolina.....	SC	4,316	0	0	0	4,316
42.	South Dakota.....	SD	7,274	0	0	0	7,274
43.	Tennessee.....	TN	25,965	400	0	0	26,365
44.	Texas.....	TX	49,425	0	0	0	49,425
45.	Utah.....	UT	1,345	0	0	0	1,345
46.	Vermont.....	VT	0	0	0	0	0
47.	Virginia.....	VA	17,260	0	0	0	17,260
48.	Washington.....	WA	25	0	0	0	25
49.	West Virginia.....	WV	9,713	0	0	0	9,713
50.	Wisconsin.....	WI	11,871	0	0	0	11,871
51.	Wyoming.....	WY	589	0	0	0	589
52.	American Samoa.....	AS	0	0	0	0	0
53.	Guam.....	GU	0	0	0	0	0
54.	Puerto Rico.....	PR	0	0	0	0	0
55.	US Virgin Islands.....	VI	0	0	0	0	0
56.	Northern Mariana Islands.....	MP	0	0	0	0	0
57.	Canada.....	CAN	971	0	0	0	971
58.	Aggregate Other Alien.....	OT	0	0	0	0	0
59.	Totals.....		675,203	18,312	0	498	694,013

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
0.....	56383...	31-4273120..	.....0	.....0	.....	The Order of United Commercial Travelers of America	OH.....	RE.....	The Order of United Commercial Travelers of America	Board.....	.....0.000	The Order of United Commercial Travelers of America	.....N.....	0.....
0.....	0.....	31-1486573..	.....0	.....0	.....	UCT Charities.....	OH.....	OTH.....	The Order of United Commercial Travelers of America	Other.....	.....0.000	The Order of United Commercial Travelers of America	.....N.....	1.....
0.....	0.....	83-3057701..	.....0	.....0	.....	UCT Insurance Oversight Board LLC.....	OH.....	DS.....	The Order of United Commercial Travelers of America	Ownership.....	....100.000	The Order of United Commercial Travelers of America	.....N.....	0.....

Aster Explanation

1	This entity is a 501(c)(3) charitable organization that provides scholarships. The Borad of Directors of UCT Charities is appointed by the Bpard of The Order of United Commercial Travelers of America.
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SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
56383.....	31-4273120.....	The Order of United Commercial Travelers of America.....	.....0	.....0	.....0	.....0	.....6,000	.....0	.....	.....0	.....6,000	.....0
0.....	31-1486573.....	UCT Charities.....	.....0	.....0	.....0	.....0	.....(6,000)	.....0	.....	.....0	.....(6,000)	.....0
56383.....	31-4273120.....	The Order of United Commercial Travelers of America.....	.....0	.....0	.....0	.....0	.....(60,000)	.....0	.....	.....0	.....(60,000)	.....0
0.....	83-3057701.....	UCT Insurance Oversight Board LLC.....	.....0	.....0	.....0	.....0	.....60,000	.....0	.....	.....0	.....60,000	.....0
9999999.	Control Totals.....		.....0	.....0	.....0	.....0	.....0	.....0	XXX	.....0	.....0	.....0

The Order Of United Commercial Travelers Of America

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
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? (Not applicable to fraternal benefit societies)	NO
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? (Not applicable to fraternal benefit societies)	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? (Not applicable to fraternal benefit societies)	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
APRIL FILING		
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	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
46.	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
47.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
48.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
50.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

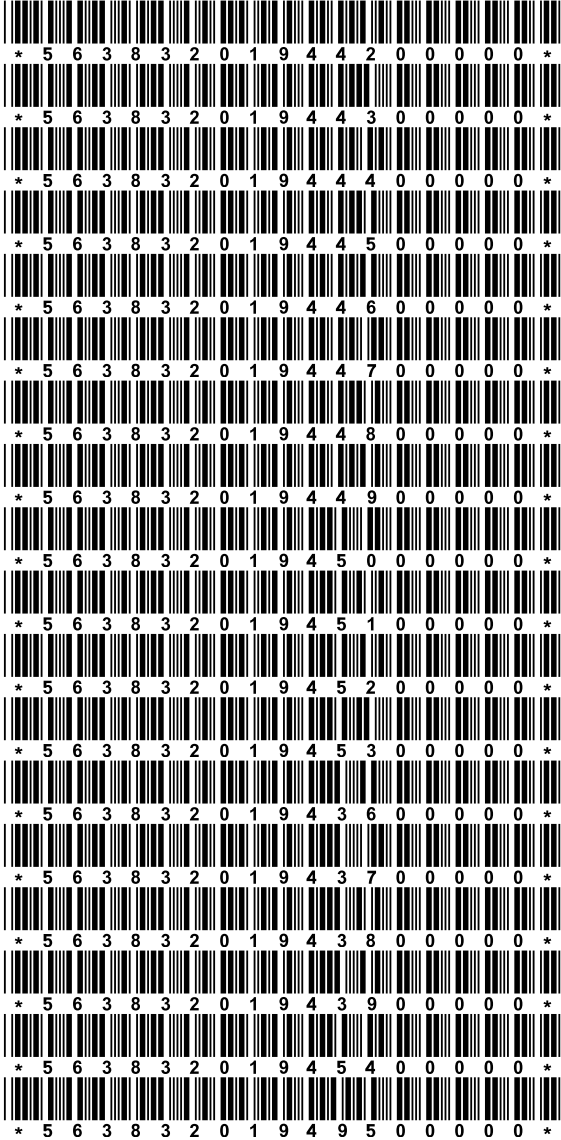
EXPLANATIONS:

BAR CODE:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

1.
2.
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8.
9.
10.
11.
12. The data for this supplement is not required to be filed.
13.
14. The data for this supplement is not required to be filed.
15. 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.
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28. The data for this supplement is not required to be filed.
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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.
35.



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.

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



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



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



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



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



44.

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



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



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.



The Order Of United Commercial Travelers Of America
Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3				
	Life	Cost Containment	All Other	of Business	Investment	Fraternal	Total
09.304. Agent Services.....	.....3,059	.....0	.....43,431	.....0	.....0	.....0	.....46,490
09.305. Temporary Employees.....	.....3,656	.....0	.....51,899	.....0	.....0	.....0	.....55,555
09.306. Claims Outsourcing.....	.....33,208	.....0	.....471,476	.....0	.....0	.....0	.....504,684
09.307. Depreciation - Leasehold Improvements.....	.....18	.....0	.....252	.....0	.....0	.....0	.....270
09.308. Record Storage.....	.....1,188	.....0	.....16,872	.....0	.....0	.....553	.....18,613
09.309. Widows & Orphans and Fraternal Fund Foundation.....	.....0	.....0	.....0	.....0	.....0	.....40,269	.....40,269
09.310. UCT Foundation.....	.....0	.....0	.....0	.....0	.....0	.....900	.....900
09.311. Charitable Contributions.....	.....26	.....0	.....374	.....0	.....0	.....0	.....400
09.312. UCT Events.....	.....121	.....0	.....1,721	.....0	.....0	.....0	.....1,843
09.313. Canada Discontinuation.....	.....(15,034)	.....0	.....(213,440)	.....0	.....0	.....0	.....(228,473)
09.314. Lodge Supplies.....	.....0	.....0	.....0	.....0	.....0	.....2,710	.....2,710
09.397. Summary of remaining write-ins for Line 9.3.....	.....26,243	.....0	.....372,585	.....0	.....0	.....44,432	.....443,261

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Alabama



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(B)-91.....	B.....	.....NO...	...346.....	.02/07/1995	.....	.....	.07/01/1997	PLAN B ISSUE AGE.....	.....3,773	.....9,358	.....248.0	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)91.....	C.....	.....NO...	...346.....	.02/07/1995	.....	.....	.07/01/1997	PLAN C ISSUE AGE.....	.....22,872	.....21,771	.....95.2	.....5	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.02/07/1995	.....	.....	.07/01/1997	PLAN F ISSUE AGE.....	.....9,299	.....3,422	.....36.8	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-04.....	C.....	.....NO...	...346.....	.03/12/2004	.....	.....	.12/31/2005	PLAN C ATTAINED AGE.....	.....3,941	.....4,660	.....118.2	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS AC 06.....	C.....	.....NO...	...346.....	.08/20/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....28,691	.....12,767	.....44.5	.....6	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06.....	F.....	.....NO...	...346.....	.08/20/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....395,710	.....171,137	.....43.2	.....90	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06.....	G.....	.....NO...	...346.....	.08/20/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....33,630	.....35,529	.....105.6	.....8	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAF2010.....	F.....	.....NO...	...346.....	.04/19/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....2,284	.....(331)	.....(14.5)	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAG2010.....	G.....	.....NO...	...346.....	.04/19/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....2,802	.....184	.....6.6	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAN2010.....	N.....	.....NO...	...346.....	.04/19/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....2,667	.....11	.....0.4	.....1	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....505,669	.....258,508	.....51.1	.....115	.....0	.....0	.....0.0	.....0

360.AL

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Arkansas



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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	MS IF 06 AR.....	F.....	.....NO...	...346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	.....1,232,007	.....903,803	.....73.4	.....312	......0	......0	.....0.0	......0
.....YES.....	MS IG 06 AR.....	G.....	.....NO...	...346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	.....105,579	.....49,516	.....46.9	.....30	......0	......0	.....0.0	......0
.....YES.....	MSIAG2010 AR.....	G.....	.....NO...	...34.....	.05/20/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	.....3,398	.....4,249	.....125.0	.....1	......0	......0	.....0.0	......0
0199999.	Total Policy Experience on Individual Policies.....									.....1,340,984	.....957,568	.....71.4	.....343	......0	......0	.....0.0	......0

360.AR

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Arizona



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(F) 00 AZ.....	F.....	.....NO...	...346.....	.08/31/2000	.....	.....	.02/03/2006	PLAN F ATTAINED AGE.....	.....5,039	.....1,701	.....33.8	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS IF 06 AZ.....	F.....	.....NO...	...346.....	.02/03/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	.....1,207,397	.....816,776	.....67.6	.....275	.....0	.....0	.....0.0	.....0
.....YES.....	MS IG 06 AZ.....	G.....	.....NO...	...346.....	.02/03/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	.....54,206	.....20,242	.....37.3	.....14	.....0	.....0	.....0.0	.....0
.....YES.....	MSIAF2010 AZ.....	F.....	.....NO...	...346.....	.05/20/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....9,560	.....7,238	.....75.7	.....2	.....0	.....3,309	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....1,276,202	.....845,956	.....66.3	.....292	.....0	.....3,309	.....0.0	.....0

360.AZ

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....California



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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																	
.....N/A.....	MS-88.....	P.....	.....NO...	...246.....	.02/25/1988	.....	.08/08/1991	.08/01/1992	PRE-STANDARD.....	.....3,075	.....5,506	.....179.1	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN C ISSUE AGE.....	.....3,495	.....10,358	.....296.4	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.02/24/1992	.....	.....	.02/02/2006	PLAN F ISSUE AGE.....	.....18,922	.....11,615	.....61.4	.....3	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....25,492	.....27,479	.....107.8	.....3	.....0	.....0	.....0.0	.....0

360.CA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Colorado



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(F)-02 CO.....	F.....	.....NO...	...346.....	.04/29/2002	.....	.....	.03/15/2006	PLAN F ATTAINED AGE.....	.....65,120	.....64,383	.....98.9	.....18	.....0	.....0	.....0.0	.....0
.....YES.....	MS(G)-03 CO.....	G.....	.....NO...	...346.....	.10/10/2003	.....	.....	.03/15/2006	PLAN G ATTAINED AGE.....	.....15,700	.....17,166	.....109.3	.....5	.....0	.....0	.....0.0	.....0
.....YES.....	MS AB 06 CO.....	B.....	.....NO...	...346.....	.03/15/2006	.....	.....	.05/31/2010	PLAN B ATTAINED AGE.....	.....2,556	.....2,142	.....83.8	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06 CO.....	F.....	.....NO...	...346.....	.03/15/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....887,846	.....602,875	.....67.9	.....260	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06 CO.....	G.....	.....NO...	...346.....	.03/15/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....223,770	.....220,851	.....98.7	.....72	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAF2010 CO.....	F.....	.....NO...	...346.....	.07/06/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....179,022	.....106,451	.....59.5	.....60	.....0	.....3,897	.....0.0	.....0
.....YES.....	MS AAG2010 CO.....	G.....	.....NO...	...346.....	.07/06/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....205	.....(151)	.....(73.7)	.....0	.....2,550	.....(41)	.....(1.6)	.....0
.....YES.....	MS AAN2010 CO.....	N.....	.....NO...	...346.....	.07/06/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....10,197	.....10,863	.....106.5	.....5	.....0	.....112	.....0.0	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....1,384,416	.....1,024,580	.....74.0	.....421	.....2,550	.....3,968	.....155.6	.....1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Connecticut

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	NONE				Policies Issued Through 2016		Policies Issued in 2017, 2018 & 2019		
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

360.CT

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OFDistrict of Columbia

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019					
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	NONE	11 Policy Marketing Trade Name	12 Premiums Earned	13 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		17 Number of Covered Lives
												12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

360.DC

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Delaware



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	NONE				Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019		
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives	
											12	13			16	17		
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned		

360.DE

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Florida



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(A)-91.....	A.....	.....NO...	...346.....	.04/17/1992	.....	.....	.07/01/2004	PLAN A ISSUE AGE.....	.....45,946	.....20,079	.....43.7	.....21	.....0	.....0	.....0.0	.....0
.....YES.....	MS(B)-91.....	B.....	.....NO...	...346.....	.04/08/1992	.....	.....	.07/01/2004	PLAN B ISSUE AGE.....	.....101,718	.....103,194	.....101.5	.....39	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.01/27/1994	.....	.....	.07/01/2004	PLAN C ISSUE AGE.....	.....927,751	.....928,786	.....100.1	.....332	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.04/23/1992	.....	.....	.07/01/2004	PLAN F ISSUE AGE.....	.....1,097,365	.....1,041,179	.....94.9	.....374	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....2,172,780	.....2,093,238	.....96.3	.....766	.....0	.....0	.....0.0	.....0

360.FL

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Georgia



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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																	
.....N/A.....	MS-88.....	P.....	.....NO...	...246.....	.05/24/1988	.....	.05/23/1991	.01/01/1992	PRE-STANDARD.....	.....1,939	.....0	.....0.0	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(A)-91.....	A.....	.....NO...	...346.....	.02/15/1994	.....	.....	.01/13/2006	PLAN A ISSUE AGE.....	.....2,971	.....1,387	.....46.7	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(B)-91.....	B.....	.....NO...	...346.....	.02/15/1994	.....	.....	.01/13/2006	PLAN B ISSUE AGE.....	.....17,900	.....1,094	.....6.1	.....5	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.02/15/1994	.....	.....	.01/13/2006	PLAN C ISSUE AGE.....	.....38,106	.....35,046	.....92.0	.....7	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.02/15/1994	.....	.....	.01/13/2006	PLAN F ISSUE AGE.....	.....45,739	.....61,107	.....133.6	.....8	.....0	.....0	.....0.0	.....0
.....YES.....	MS IC 06 GA.....	C.....	.....NO...	...346.....	.01/23/2006	.....	.....	.05/31/2010	PLAN C ISSUE AGE.....	.....0	.....(5)	.....0.0	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MSIAF2010 GA.....	F.....	.....NO...	...346.....	.10/23/2013	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....0	.....0	.....0.0	.....0	.....7,086	.....4,617	.....65.2	.....5
.....YES.....	MSIAG2010 GA.....	G.....	.....NO...	...346.....	.10/23/2013	.....	.....	.....	PLAN G ISSUE AGE (2010).....	.....0	.....0	.....0.0	.....0	.....53,635	.....36,186	.....67.5	.....53
0199999.	Total Policy Experience on Individual Policies.....									.....106,655	.....98,629	.....92.5	.....22	.....60,721	.....40,803	.....67.2	.....58

360.GA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Hawaii

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017, 2018 & 2019			
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	NONE Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

360.HI

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Iowa



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(C)-91.....	C.....	.....NO...	...346.....	.03/15/1995	.....	.....	.08/03/2000	PLAN C ISSUE AGE.....	.....(186)	.....2,016	.....(1,083.9)	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.03/15/1995	.....	.....	.08/03/2000	PLAN F ISSUE AGE.....	.....48,481	.....24,914	.....51.4	.....6	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06.....	F.....	.....NO...	...346.....	.09/09/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....272,551	.....178,892	.....65.6	.....50	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 08.....	G.....	.....NO...	...346.....	.07/30/2008	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....12,427	.....3,501	.....28.2	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAF2010.....	F.....	.....NO...	...346.....	.05/25/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....4,761	.....19,349	.....406.4	.....1	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....338,034	.....228,672	.....67.6	.....59	.....0	.....0	.....0.0	.....0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Idaho



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS IF 06 ID.....	F.....	.....NO...	...346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN F ISSUE AGE.....	.....1,861,254	.....1,308,758	.....70.3	.....443	.....0	.....0	.....0.0	.....0
.....YES.....	MS IG 06 ID.....	G.....	.....NO...	...346.....	.06/06/2006	.....	.....	.05/31/2010	PLAN G ISSUE AGE.....	.....387,127	.....487,202	.....125.9	.....119	.....0	.....0	.....0.0	.....0
.....YES.....	MSIAF2010	F.....	.....NO...	...346.....	.07/29/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....12,168	.....2,645	.....21.7	.....3	.....0	.....148	.....0.0	.....0
.....YES.....	MSIAG2010.....	G.....	.....NO...	...346.....	.07/29/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	.....2,767	.....422	.....15.3	.....1	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....2,263,316	.....1,799,027	.....79.5	.....566	.....0	.....148	.....0.0	.....0

360.ID

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Illinois



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(C)-91.....	C.....	.....NO...	...346.....	.10/07/1993	.....	.....	.02/05/2001	PLAN C ISSUE AGE.....	.....29,268	.....12,502	.....42.7	.....5	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.01/15/1992	.....	.....	.02/05/2001	PLAN F ISSUE AGE.....	.....146,523	.....57,745	.....39.4	.....24	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-00.....	F.....	.....NO...	...346.....	.02/05/2001	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....10,033	.....2,075	.....20.7	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS AD 06 IL.....	D.....	.....NO...	...346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	.....4,797	.....1,410	.....29.4	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06 IL.....	F.....	.....NO...	...346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....675,648	.....411,357	.....60.9	.....138	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06 IL.....	G.....	.....NO...	...346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....156,297	.....113,036	.....72.3	.....37	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAF 2010 IL.....	F.....	.....NO...	...346.....	.05/22/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....37,522	.....28,648	.....76.3	.....8	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAG 2010IL.....	G.....	.....NO...	...346.....	.05/22/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....10,767	.....22,424	.....208.3	.....3	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAN 2010IL.....	N.....	.....NO...	...346.....	.05/22/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....0	.....0	.....0.0	.....0	.....6,261	.....14,888	.....237.8	.....3
0199999.	Total Policy Experience on Individual Policies.....									.....1,070,855	.....649,196	.....60.6	.....218	.....6,261	.....14,888	.....237.8	.....3

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(A)-91.....	A.....	.....NO...	...346.....	.03/28/1994	.....	.....	.10/16/2000	PLAN A ISSUE AGE.....	.....2,517	.....195	.....7.7	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.03/28/1994	.....	.....	.10/16/2000	PLAN C ISSUE AGE.....	.....52,926	.....19,553	.....36.9	.....11	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.03/28/1994	.....	.....	.10/16/2000	PLAN F ISSUE AGE.....	.....99,893	.....55,623	.....55.7	.....20	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-00.....	C.....	.....NO...	...346.....	.10/16/2000	.....	.....	.12/31/2005	PLAN C ATTAINED AGE.....	.....9,883	.....10,934	.....110.6	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-00.....	F.....	.....NO...	...346.....	.10/16/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....138,185	.....85,350	.....61.8	.....29	.....0	.....0	.....0.0	.....0
.....YES.....	MS(G)-03.....	G.....	.....NO...	...346.....	.10/10/2003	.....	.....	.12/31/2005	PLAN G ATTAINED AGE.....	.....52,661	.....25,941	.....49.3	.....14	.....0	.....0	.....0.0	.....0
.....YES.....	MS AB 06.....	B.....	.....NO...	...346.....	.12/27/2005	.....	.....	.05/31/2010	PLAN B ATTAINED AGE.....	.....0	.....424	.....0.0	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MS AC 06.....	C.....	.....NO...	...346.....	.12/27/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....19,838	.....32,983	.....166.3	.....5	.....0	.....0	.....0.0	.....0
.....YES.....	MS AD 06.....	D.....	.....NO...	...346.....	.12/27/2005	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	.....3,986	.....87	.....2.2	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06.....	F.....	.....NO...	...346.....	.12/27/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....848,190	.....546,989	.....64.5	.....188	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06.....	G.....	.....NO...	...346.....	.12/27/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....1,220,340	.....971,628	.....79.6	.....332	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAF 2010.....	F.....	.....NO...	...34.....	.05/28/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....19,525	.....4,137	.....21.2	.....5	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAG 2010.....	G.....	.....NO...	...34.....	.05/28/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....14,842	.....3,885	.....26.2	.....4	.....2,249	.....95	.....4.2	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....2,482,786	.....1,757,729	.....70.8	.....612	.....2,249	.....95	.....4.2	.....1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Kansas



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(A)-91.....	A.....	.....NO...	...346.....	.01/03/1995	.....	.....	.11/05/2007	PLAN A ISSUE AGE.....	.....0	.....(180)	.....0.0	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.01/03/1995	.....	.....	.11/05/2007	PLAN C ISSUE AGE.....	.....104,141	.....47,046	.....45.2	.....20	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.05/06/1992	.....	.....	.11/05/2007	PLAN F ISSUE AGE.....	.....42,181	.....24,244	.....57.5	.....6	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAF2010 KS.....	F.....	.....NO...	...346.....	.08/17/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....10,012	.....3,051	.....30.5	.....3	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....156,334	.....74,161	.....47.4	.....29	.....0	.....0	.....0.0	.....0

360.KS

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Kentucky



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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																	
.....N/A.....	MS-88.....	P.....	.....NO...	...246.....	.01/26/1988	.....	.02/01/1991	.01/01/1992	PRE-STANDARD.....	.....1,900	.....1,272	.....66.9	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(A)-91.....	A.....	.....NO...	...346.....	.03/11/1992	.....	.....	.01/03/2001	PLAN A ISSUE AGE.....	.....2,936	.....(995)	.....(33.9)	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.12/02/1993	.....	.....	.01/03/2001	PLAN C ISSUE AGE.....	.....24,333	.....13,526	.....55.6	.....4	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.05/06/1992	.....	.....	.01/03/2001	PLAN F ISSUE AGE.....	.....40,501	.....(1,031)	.....(2.5)	.....7	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAC2010 KY.....	C.....	.....NO...	...346.....	.07/20/2010	.....	.....	.....	PLAN C ATTAINED (2010).....	.....(50)	.....24	.....(48.0)	.....0	.....9,473	.....10,356	.....109.3	.....3
.....YES.....	MSAAF2010 KY.....	F.....	.....NO...	...346.....	.07/20/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....2,564	.....288	.....11.2	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAG2010 KY.....	G.....	.....NO...	...346.....	.07/20/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....0	.....0	.....0.0	.....0	.....3,400	.....939	.....27.6	.....2
0199999.	Total Policy Experience on Individual Policies.....									.....72,184	.....13,084	.....18.1	.....14	.....12,872	.....11,295	.....87.7	.....5

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Louisiana



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(C)-91.....	C.....	.....NO...	...346.....	.11/15/1993	.....	.....	.05/24/2001	PLAN C ISSUE AGE.....	.....4,782	.....4,032	.....84.3	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.08/14/1992	.....	.....	.05/24/2001	PLAN F ISSUE AGE.....	.....12,154	.....10	.....0.1	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS(G)-04 LA.....	G.....	.....NO...	...346.....	.02/20/2004	.....	.....	.02/16/2006	PLAN G ATTAINED AGE.....	.....5,267	.....3,688	.....70.0	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS AC 06 LA.....	C.....	.....NO...	...346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....5,986	.....2,486	.....41.5	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS AD 06 LA.....	D.....	.....NO...	...346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	.....(5,486)	.....(191)	.....3.5	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06 LA.....	F.....	.....NO...	...346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....1,166,260	.....617,985	.....53.0	.....178	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06 LA.....	G.....	.....NO...	...346.....	.02/16/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....162,327	.....63,993	.....39.4	.....30	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAF2010 LA.....	F.....	.....NO...	...346.....	.06/25/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....0	.....(107)	.....0.0	.....0	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....1,351,290	.....691,895	.....51.2	.....213	.....0	.....0	.....0.0	.....0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Massachusetts

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017, 2018 & 2019				
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	NONE	Policy Marketing Trade Name	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
												12	13			16	17	
												Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	

360.MA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Maryland

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	NONE				Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019		
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives	
											12	13			16	17		
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned		

360.MD

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Maine

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017, 2018 & 2019				
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	NONE	11 Policy Marketing Trade Name	12 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
												13 Percent of Premiums Earned	16 Amount			17 Percent of Premiums Earned		
																	12 Amount		13 Percent of Premiums Earned	16 Amount	17 Percent of Premiums Earned

360.ME

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Michigan



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(C)-91.....	C.....	.....NO...	...346.....	.08/19/1993	.....	.....	.08/01/2000	PLAN C ISSUE AGE.....	.....36,142	.....9,027	.....25.0	.....6	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.05/04/1992	.....	.....	.08/01/2000	PLAN F ISSUE AGE.....	.....18,380	.....13,260	.....72.1	.....3	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-00.....	C.....	.....NO...	...346.....	.08/01/2000	.....	.....	.12/31/2005	PLAN C ATTAINED AGE.....	.....17,892	.....2,021	.....11.3	.....3	.....0	.....0	.....0.0	.....0
.....YES.....	MS(D)-00.....	D.....	.....NO...	...346.....	.08/01/2000	.....	.....	.12/31/2005	PLAN D ATTAINED AGE.....	.....10,677	.....1,914	.....17.9	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-00.....	F.....	.....NO...	...346.....	.08/01/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....0	.....(112)	.....0.0	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MS AC 06.....	C.....	.....NO...	...346.....	.12/09/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....21,596	.....8,590	.....39.8	.....4	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06.....	F.....	.....NO...	...346.....	.12/09/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....311,693	.....218,265	.....70.0	.....60	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06.....	G.....	.....NO...	...346.....	.12/09/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....190,518	.....137,073	.....71.9	.....41	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAF2010.....	F.....	.....NO...	...34.....	.04/23/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....0	.....(189)	.....0.0	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAN2010.....	N.....	.....NO...	...34.....	.04/23/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....1,055	.....(235)	.....(22.3)	.....0	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....607,953	.....389,613	.....64.1	.....119	.....0	.....0	.....0.0	.....0

GENERAL INTERROGATORIES

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

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

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Minnesota

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	NONE				Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019		
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives	
											12	13			16	17		
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned		

360.MN

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Missouri



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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																	
.....N/A.....	MS-88.....	P.....	.....NO...	...246.....	.02/16/1998	.....	.01/23/1991	.07/30/1992	PRE-STANDARD.....	.....3,516	.....5,684	.....161.7	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(B)-91.....	B.....	.....NO...	...346.....	.01/14/1992	.....	.....	.12/31/2005	PLAN B ISSUE AGE.....	.....3,907	.....54	.....1.4	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.11/10/1993	.....	.....	.12/31/2005	PLAN C ISSUE AGE.....	.....27,693	.....22,452	.....81.1	.....5	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.06/01/1992	.....	.....	.12/31/2005	PLAN F ISSUE AGE.....	.....13,659	.....10,173	.....74.5	.....3	.....0	.....0	.....0.0	.....0
.....YES.....	MSIAB2010.....	B.....	.....NO...	...346.....	.08/10/2010	.....	.....	.....	PLAN B ISSUE AGE (2010).....	.....2,426	.....5,072	.....209.1	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MSIAC2010.....	C.....	.....NO...	...346.....	.08/10/2010	.....	.....	.....	PLAN C ISSUE AGE (2010).....	.....10,366	.....9,337	.....90.1	.....2	.....0	.....8,435	.....0.0	.....0
.....YES.....	MSIAD2010.....	D.....	.....NO...	...346.....	.08/10/2010	.....	.....	.....	PLAN D ISSUE AGE (2010).....	.....43,070	.....48,649	.....113.0	.....15	.....0	.....2,576	.....0.0	.....0
.....YES.....	MSIAF2010.....	F.....	.....NO...	...346.....	.08/10/2010	.....	.....	.....	PLAN F ISSUE AGE (2010).....	.....73,463	.....56,834	.....77.4	.....25	.....0	.....1,246	.....0.0	.....0
.....YES.....	MSIAG2010.....	G.....	.....NO...	...346.....	.08/10/2010	.....	.....	.....	PLAN G ISSUE AGE (2010).....	.....49,781	.....13,649	.....27.4	.....18	.....3,140	.....15,577	.....496.1	.....1
.....YES.....	MSIAN2010.....	N.....	.....NO...	...346.....	.08/10/2010	.....	.....	.....	PLAN N ISSUE AGE (2010).....	.....58,693	.....43,394	.....73.9	.....25	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....286,574	.....215,298	.....75.1	.....96	.....3,140	.....27,834	.....886.4	.....1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Mississippi



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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																	
.....N/A.....	MS-88.....	P.....	.....NO...	...246.....	.01/22/1988	.....	.12/26/1990	.07/01/1992	PRE-STANDARD.....	.....4,833	.....6	.....0.1	.....1	.....0	.....0	.....0.0	.....0
...YES.....	MS(C)-91MS.....	C.....	.....NO...	...346.....	.08/16/1996	.....	.....	.08/18/2000	PLAN C ISSUE AGE.....	.....5,346	.....(136)	.....(2.5)	.....1	.....0	.....0	.....0.0	.....0
...YES.....	MS(F)-91 MS.....	F.....	.....NO...	...346.....	.08/16/1996	.....	.....	.08/18/2000	PLAN F ISSUE AGE.....	.....27,366	.....5,597	.....20.5	.....4	.....0	.....0	.....0.0	.....0
...YES.....	MS(C)-00 MS.....	C.....	.....NO...	...346.....	.08/18/2000	.....	.12/04/2002	.12/31/2005	PLAN C ATTAINED AGE.....	.....4,145	.....3,315	.....80.0	.....1	.....0	.....0	.....0.0	.....0
...YES.....	MS(F)-00 MS.....	F.....	.....NO...	...346.....	.08/18/2000	.....	.12/04/2002	.12/31/2005	PLAN F ATTAINED AGE.....	.....5,220	.....3,843	.....73.6	.....1	.....0	.....0	.....0.0	.....0
...YES.....	MS AB 06 MS.....	B.....	.....NO...	...346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN B ATTAINED AGE.....	.....0	.....18	.....0.0	.....0	.....0	.....0	.....0.0	.....0
...YES.....	MS AC 06 MS.....	C.....	.....NO...	...346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....60,876	.....92,281	.....151.6	.....10	.....0	.....0	.....0.0	.....0
...YES.....	MS AD 06 MS.....	D.....	.....NO...	...346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	.....11,035	.....1,390	.....12.6	.....2	.....0	.....0	.....0.0	.....0
...YES.....	MS AF 06 MS.....	F.....	.....NO...	...346.....	.09/12/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....2,838,994	.....1,977,042	.....69.6	.....513	.....0	.....0	.....0.0	.....0
...YES.....	MS G 06 MS.....	G.....	.....NO...	...346.....	.12/14/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....69,931	.....42,562	.....60.9	.....14	.....0	.....0	.....0.0	.....0
...YES.....	MSAAC2010 MS.....	C.....	.....NO...	...346.....	.07/21/2010	.....	.....	.....	PLAN C ATTAINED AGE (2010).....	.....33,176	.....59,307	.....178.8	.....5	.....0	.....0	.....0.0	.....0
...YES.....	MSAAF2010 MS.....	F.....	.....NO...	...346.....	.07/21/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....10,461	.....26,441	.....252.8	.....2	.....0	.....0	.....0.0	.....0
...YES.....	MSAAG2010 MS.....	G.....	.....NO...	...346.....	.07/21/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....4,034	.....328	.....8.1	.....1	.....0	.....0	.....0.0	.....0
...YES.....	MSAAN2010 MS.....	N.....	.....NO...	...346.....	.07/21/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....2,885	.....2,118	.....73.4	.....1	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....3,078,302	.....2,214,111	.....71.9	.....556	.....0	.....0	.....0.0	.....0

GENERAL INTERROGATORIES

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

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

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Montana



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS AC 06 MT.....	C.....	.....NO...	...346.....	.01/17/2006	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....7,427	.....1,766	.....23.8	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS AD 06 MT.....	D.....	.....NO...	...346.....	.01/17/2006	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	.....7,220	.....7,436	.....103.0	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06 MT.....	F.....	.....NO...	...346.....	.01/17/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....814,583	.....543,903	.....66.8	.....204	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06 MT.....	G.....	.....NO...	...346.....	.01/17/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....69,600	.....61,817	.....88.8	.....21	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAC 2010 MT.....	C.....	.....NO...	...346.....	.07/12/2010	.....	.....	.....	PLAN C ATTAINED AGE (2010).....	.....3,353	.....823	.....24.5	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAF 2010 MT.....	F.....	.....NO...	...34.....	.07/12/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....14,366	.....5,273	.....36.7	.....3	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....916,549	.....621,018	.....67.8	.....233	.....0	.....0	.....0.0	.....0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....North Carolina



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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																	
.....N/A.....	MS-88.....	P.....	.....NO...	...246.....	.10/24/1989	.....	.....	.01/01/1992	PRE-STANDARD.....	.....3,541	.....2,584	.....73.0	.....1	.....0	.....0	.....0.0	.....0
....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.07/22/1994	.....	.....	.02/16/2001	PLAN C ISSUE AGE.....	.....20,639	.....16,513	.....80.0	.....3	.....0	.....0	.....0.0	.....0
....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.07/22/1994	.....	.....	.02/16/2001	PLAN F ISSUE AGE.....	.....7,577	.....378	.....5.0	.....1	.....0	.....0	.....0.0	.....0
....YES.....	MS AC 06 NC.....	C.....	.....NO...	...346.....	.01/23/2006	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....93,976	.....99,406	.....105.8	.....15	.....0	.....0	.....0.0	.....0
....YES.....	MS AD 06 NC.....	D.....	.....NO...	...346.....	.01/23/2006	.....	.....	.05/31/2010	PLAN D ATTAINED AGE.....	.....4,911	.....1,250	.....25.5	.....1	.....0	.....0	.....0.0	.....0
....YES.....	MS AF 06 NC.....	F.....	.....NO...	...346.....	.01/23/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....618,169	.....295,094	.....47.7	.....103	.....0	.....0	.....0.0	.....0
....YES.....	MS AG 08 NC.....	G.....	.....NO...	...346.....	.08/22/2008	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....160,015	.....81,508	.....50.9	.....38	.....0	.....0	.....0.0	.....0
....YES.....	MS AAC 2010 NC.....	C.....	.....NO...	...346.....	.06/01/2010	.....	.....	.....	PLAN C ATTAINED AGE (2010).....	.....6,688	.....13,302	.....198.9	.....1	.....0	.....0	.....0.0	.....0
....YES.....	MS AAG 2010 NC.....	G.....	.....NO...	...34.....	.06/01/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....2,881	.....2,563	.....89.0	.....1	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....918,396	.....512,598	.....55.8	.....164	.....0	.....0	.....0.0	.....0

360.NC

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....North Dakota

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017, 2018 & 2019			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO.....	...246.....	.12/30/1989	.....	.01/15/1991	.01/01/1992	PRE-STANDARD.....	.....3,778	.....1,568	.....41.5	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(B)-91.....	B.....	.....NO.....	...346.....	.08/09/1993	.....	.....	.08/08/2000	PLAN B ISSUE AGE.....	.....1,423	.....4,969	.....349.2	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO.....	...346.....	.08/09/1993	.....	.....	.08/08/2000	PLAN C ISSUE AGE.....	.....16,709	.....2,941	.....17.6	.....4	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO.....	...346.....	.11/18/1992	.....	.....	.08/08/2000	PLAN F ISSUE AGE.....	.....24,692	.....3,410	.....13.8	.....5	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-00.....	F.....	.....NO.....	...346.....	.08/08/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....4,044	.....4,100	.....101.4	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS AC 06 ND.....	C.....	.....NO.....	...346.....	.10/31/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....12,989	.....3,205	.....24.7	.....3	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06 ND.....	F.....	.....NO.....	...346.....	.10/31/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....711,965	.....475,543	.....66.8	.....174	.....0	.....0	.....0.0	.....0
.....YES.....	MSG 06 ND.....	G.....	.....NO.....	...346.....	.01/05/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....3,005	.....3,138	.....104.4	.....1	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....778,605	.....498,874	.....64.1	.....189	.....0	.....0	.....0.0	.....0

GENERAL INTERROGATORIES

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

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

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Nebraska



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017, 2018 & 2019			
										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																	
.....N/A.....	MS-88.....	P.....	.....NO...	...246.....	.05/01/1989	.....	.02/28/1991	.05/01/1992	PRE-STANDARD.....	.....2,521	.....916	.....36.3	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(B)-91.....	B.....	.....NO...	...346.....	.05/22/1995	.....	.....	.10/04/2000	PLAN B ISSUE AGE.....	.....4,324	.....19	.....0.4	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.05/22/1995	.....	.....	.10/04/2000	PLAN F ISSUE AGE.....	.....17,541	.....367	.....2.1	.....3	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-00.....	F.....	.....NO...	...346.....	.10/04/2000	.....	.....	.01/05/2006	PLAN F ATTAINED AGE.....	.....10,194	.....1,060	.....10.4	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS AC 06.....	C.....	.....NO...	...346.....	.01/05/2006	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....4,896	.....2,413	.....49.3	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06.....	F.....	.....NO...	...346.....	.01/05/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....3,306,561	.....2,383,201	.....72.1	.....622	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06.....	G.....	.....NO...	...346.....	.01/05/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....49,449	.....30,082	.....60.8	.....11	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAF 2010 NE.....	F.....	.....NO...	...34.....	.06/28/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....0	.....(698)	.....0.0	.....0	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....3,395,486	.....2,417,360	.....71.2	.....641	.....0	.....0	.....0.0	.....0

360.NE

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....New Hampshire

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123



1	2	3	4	5	6	7	8	9	NONE				Policies Issued Through 2016		Policies Issued in 2017, 2018 & 2019		
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

360.NH

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....New Jersey

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	NONE				Policies Issued Through 2016		Policies Issued in 2017, 2018 & 2019		
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

360.NJ

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....New Mexico

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	NONE				Policies Issued Through 2016		Policies Issued in 2017, 2018 & 2019		
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

360.NM

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Nevada



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MSE 06 NV.....	E.....	.....NO...	...346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	.....274	.....(265)	.....(96.7)	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MSF 06 NV.....	F.....	.....NO...	...346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....234,120	.....159,574	.....68.2	.....43	.....0	.....0	.....0.0	.....0
.....YES.....	MSG 06 NV.....	G.....	.....NO...	...346.....	.02/16/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....125,161	.....57,393	.....45.9	.....26	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAF2010 NV.....	F.....	.....NO...	...34.....	.06/21/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....14,169	.....3,838	.....27.1	.....4	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAG 2010 NV.....	G.....	.....NO...	...34.....	.06/21/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....5,807	.....205	.....3.5	.....2	.....4,691	.....5,289	.....112.7	.....1
.....YES.....	MS AAN 2010 NV.....	N.....	.....NO...	...34.....	.06/21/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....0	.....0	.....0.0	.....0	.....2,672	.....128	.....4.8	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....379,531	.....220,745	.....58.2	.....75	.....7,363	.....5,417	.....73.6	.....2

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....New York

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	NONE				Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019		
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives	
											12	13			16	17		
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned		

360.NY

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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																	
.....N/A.....	MS-88.....	P.....	.....NO...	...246.....	.01/27/1988	.....	01/.09/1991	.01/01/1992	PRE-STANDARD.....	.....9,409	.....15,048	.....159.9	.....2	.....0	.....0	.....0.0	.....0
...YES.....	MS(A)-91.....	A.....	.....NO...	...346.....	.01/01/1992	.....	.....	.07/14/2000	PLAN A ISSUE AGE.....	.....1,103	.....1,201	.....108.9	.....0	.....0	.....0	.....0.0	.....0
...YES.....	MS(B)-91.....	B.....	.....NO...	...346.....	.01/30/1992	.....	.....	.07/14/2000	PLAN B ISSUE AGE.....	.....3,620	.....827	.....22.8	.....1	.....0	.....0	.....0.0	.....0
...YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.06/24/1993	.....	.....	.07/14/2000	PLAN C ISSUE AGE.....	.....124,356	.....72,377	.....58.2	.....25	.....0	.....0	.....0.0	.....0
...YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.01/30/1992	.....	.....	.07/14/2000	PLAN F ISSUE AGE.....	.....18,378	.....4,640	.....25.2	.....3	.....0	.....0	.....0.0	.....0
...YES.....	MS AC 06 OH.....	C.....	.....NO...	...346.....	.09/15/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....0	.....(263)	.....0.0	.....0	.....0	.....0	.....0.0	.....0
...YES.....	MS AF 06 OH.....	F.....	.....NO...	...346.....	.09/15/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....10,459	.....1,458	.....13.9	.....2	.....0	.....0	.....0.0	.....0
...YES.....	MSAAC2010 OH.....	C.....	.....NO...	...34.....	.06/29/2010	.....	.....	.....	PLAN C ATTAINED AGE (2010).....	.....10,811	.....10,084	.....93.3	.....5	.....35,839	.....18,163	.....50.7	.....19
...YES.....	MSAAD2010 OH.....	D.....	.....NO...	...34.....	.06/29/2010	.....	.....	.....	PLAN D ATTAINED AGE (2010).....	.....11,215	.....5,723	.....51.0	.....4	.....7,118	.....4,594	.....64.5	.....4
...YES.....	MSAAF2010 OH.....	F.....	.....NO...	...34.....	.06/29/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....47,796	.....36,043	.....75.4	.....20	.....52,052	.....55,246	.....106.1	.....28
...YES.....	MSAAG2010 OH.....	G.....	.....NO...	...34.....	.06/29/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....75,936	.....53,437	.....70.4	.....45	.....228,706	.....151,891	.....66.4	.....225
...YES.....	MSAAN2010 OH.....	N.....	.....NO...	...34.....	.06/29/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....22,103	.....16,221	.....73.4	.....15	.....8,497	.....22,303	.....262.5	.....8
0199999.	Total Policy Experience on Individual Policies.....									.....335,186	.....216,796	.....64.7	.....122	.....332,212	.....252,196	.....75.9	.....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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Oklahoma



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(A)-91.....	A.....	.....NO...	...346.....	.01/01/1992	.....	.....	.08/18/2000	PLAN A ISSUE AGE.....	.....4,266	.....3,975	.....93.2	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS(B)-91.....	B.....	.....NO...	...346.....	.09/23/1993	.....	.....	.08/18/2000	PLAN B ISSUE AGE.....	.....3,297	.....5,165	.....156.7	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.09/23/1993	.....	.....	.08/18/2000	PLAN C ISSUE AGE.....	.....72,467	.....50,456	.....69.6	.....17	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.04/03/1992	.....	.....	.08/18/2000	PLAN F ISSUE AGE.....	.....63,584	.....38,336	.....60.3	.....11	.....0	.....0	.....0.0	.....0
.....YES.....	MS(A)-00.....	A.....	.....NO...	...346.....	.08/18/2000	.....	.....	.12/31/2005	PLAN A ATTAINED AGE.....	.....2,129	.....10,526	.....494.4	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-00.....	C.....	.....NO...	...346.....	.08/18/2000	.....	.....	.12/31/2005	PLAN C ATTAINED AGE.....	.....21,846	.....2,370	.....10.8	.....4	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-00.....	F.....	.....NO...	...346.....	.08/18/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....98,912	.....27,416	.....27.7	.....17	.....0	.....0	.....0.0	.....0
.....YES.....	MS(G)-03.....	G.....	.....NO...	...346.....	.11/04/2003	.....	.....	.12/31/2005	PLAN G ATTAINED AGE.....	.....10,008	.....1,528	.....15.3	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06 OK.....	F.....	.....NO...	...346.....	.09/23/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....34,828	.....31,266	.....89.8	.....7	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....311,337	.....171,038	.....54.9	.....62	.....0	.....0	.....0.0	.....0

360.OK

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Oregon



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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																	
.....N/A.....	MS-89.....	P.....	.....NO...	...246.....	.03/20/1989	.....	.01/24/1991	.01/01/1992	PRE-STANDARD.....	.....2,998	.....7,066	.....235.7	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MSF 06.....	F.....	.....NO...	...346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....635,936	.....367,501	.....57.8	.....133	.....0	.....0	.....0.0	.....0
.....YES.....	MSG 06.....	G.....	.....NO...	...346.....	.01/25/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....14,405	.....11,793	.....81.9	.....3	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAF 2010.....	F.....	.....NO...	...346.....	.04/28/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....4,274	.....(169)	.....(4.0)	.....1	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....657,613	.....386,191	.....58.7	.....138	.....0	.....0	.....0.0	.....0

360.00

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Pennsylvania



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(A)-91.....	A.....	.....NO...	...346.....	.12/06/1993	.....	.....	.10/11/2001	PLAN A ISSUE AGE.....	.....4,759	.....420	.....8.8	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS(B)-91.....	B.....	.....NO...	...346.....	.12/06/1993	.....	.....	.10/11/2001	PLAN B ISSUE AGE.....	.....14,600	.....5,203	.....35.6	.....5	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.12/06/1993	.....	.....	.10/11/2001	PLAN C ISSUE AGE.....	.....312,291	.....252,050	.....80.7	.....73	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAC 2010 PA.....	C.....	.....NO...	...346.....	.06/01/2010	.....	.....	.....	PLAN C ATTAINED AGE (2010).....	.....8,850	.....5,809	.....65.6	.....4	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAF 2010 PA.....	F.....	.....NO...	...346.....	.06/01/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....11,443	.....4,394	.....38.4	.....5	.....14,686	.....8,978	.....61.1	.....9
.....YES.....	MS AAG 2010 PA.....	G.....	.....NO...	...346.....	.06/01/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....0	.....0	.....0.0	.....0	.....29,402	.....8,580	.....29.2	.....19
.....YES.....	MS AAN 2010 PA.....	N.....	.....NO...	...346.....	.06/01/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....6,368	.....3,535	.....55.5	.....4	.....6,267	.....1,415	.....22.6	.....5
0199999.	Total Policy Experience on Individual Policies.....									.....358,311	.....271,411	.....75.7	.....93	.....50,355	.....18,973	.....37.7	.....33

360.PA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Rhode Island

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	NONE				Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019		
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives	
											12	13			16	17		
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned		

360.RI

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....South Carolina



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(C)-91.....	C.....	.....NO...	...346.....	.03/14/1995	.....	.....	.09/14/2000	PLAN C ISSUE AGE.....	.....2,357	.....5,027	.....213.3	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.03/14/1995	.....	.....	.09/14/2000	PLAN F ISSUE AGE.....	.....19,332	.....19,357	.....100.1	.....4	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-00.....	F.....	.....NO...	...346.....	.09/14/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....26,381	.....28,065	.....106.4	.....6	.....0	.....0	.....0.0	.....0
.....YES.....	MS AB 06 SC.....	B.....	.....NO...	...346.....	.12/06/2005	.....	.....	.05/31/2010	PLAN B ATTAINED AGE.....	.....7,278	.....5,659	.....77.8	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS AC 06 SC.....	C.....	.....NO...	...346.....	.12/06/2005	.....	.....	.05/31/2010	PLAN C ATTAINED AGE.....	.....4,363	.....109	.....2.5	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06 SC.....	F.....	.....NO...	...346.....	.12/06/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....60,321	.....47,798	.....79.2	.....12	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06 SC.....	G.....	.....NO...	...346.....	.12/06/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....7,075	.....1,176	.....16.6	.....2	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....127,107	.....107,191	.....84.3	.....27	.....0	.....0	.....0.0	.....0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OFSouth Dakota



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(F)-91.....	F.....	.....NO...	...346.....	.09/20/1993	.....	.....	.06/27/2000	PLAN F ISSUE AGE.....	.....5,804	.....1,598	.....27.5	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-00.....	F.....	.....NO...	...346.....	.06/27/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....27,895	.....13,579	.....48.7	.....5	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06 SD.....	F.....	.....NO...	...346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....251,864	.....113,931	.....45.2	.....49	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06 SD.....	G.....	.....NO...	...346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....6,002	.....1,922	.....32.0	.....1	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....291,565	.....131,030	.....44.9	.....56	.....0	.....0	.....0.0	.....0

360.SD

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Tennessee



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(B)-91.....	B.....	.....NO...	...346.....	.08/02/1994	.....	.....	.08/11/2000	PLAN B ISSUE AGE.....	.....892	.....1,446	.....162.1	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.08/02/1994	.....	.....	.08/11/2000	PLAN C ISSUE AGE.....	.....11,051	.....11,575	.....104.7	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.08/02/1994	.....	.....	.08/11/2000	PLAN F ISSUE AGE.....	.....22,901	.....11,789	.....51.5	.....4	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-00 TN.....	F.....	.....NO...	...346.....	.08/11/2000	.....	.....	.12/31/2005	PLAN F ATTAINED AGE.....	.....6,392	.....89	.....1.4	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAF2010.....	F.....	.....NO...	...346.....	.07/23/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....2,842	.....194	.....6.8	.....1	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....44,078	.....25,093	.....56.9	.....7	.....0	.....0	.....0.0	.....0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Texas



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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																	
.....N/A.....	MS-89-TX.....	P.....	.....NO...	...346.....	.02/16/1990	.....	.01/14/1991	.03/01/1992	PRE-STANDARD.....	.....11,045	.....7,125	.....64.5	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS(A)-91.....	A.....	.....NO...	...346.....	.08/20/1992	.....	.....	.11/14/2000	PLAN A ISSUE AGE.....	.....3,821	.....179	.....4.7	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS(C)-91.....	C.....	.....NO...	...346.....	.10/19/1993	.....	.....	.11/14/2000	PLAN C ISSUE AGE.....	.....90,066	.....29,506	.....32.8	.....12	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-91.....	F.....	.....NO...	...346.....	.08/20/1992	.....	.....	.11/14/2000	PLAN F ISSUE AGE.....	.....223,051	.....73,615	.....33.0	.....33	.....0	.....0	.....0.0	.....0
.....YES.....	MS(F)-00.....	F.....	.....NO...	...346.....	.11/14/2000	.....	.....	.03/03/2006	PLAN F ATTAINED AGE.....	.....7,098	.....232	.....3.3	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MS AA 06 TX.....	A.....	.....NO...	...346.....	.03/03/2006	.....	.....	.05/31/2010	PLAN A ATTAINED AGE.....	.....59,405	.....107,390	.....180.8	.....5	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAA2010 TX.....	A.....	.....NO...	...346.....	.09/09/2010	.....	.....	.....	PLAN A ATTAINED AGE (2010).....	.....2,460	.....13,095	.....532.3	.....1	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAF2010 TX.....	F.....	.....NO...	...346.....	.09/09/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....0	.....(3)	.....0.0	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAG2010 TX.....	G.....	.....NO...	...346.....	.09/09/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....0	.....0	.....0.0	.....0	.....2,282	.....177	.....7.8	.....1
0199999.	Total Policy Experience on Individual Policies.....									.....396,946	.....231,139	.....58.2	.....55	.....2,282	.....177	.....7.8	.....1

360.TX

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)
FOR THE STATE OF.....Utah



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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																	
.....N/A.....	MS-88.....	P.....	.....NO...	...246.....	.02/16/1988	.....	.02/04/1991	.07/01/1992	PRE-STANDARD.....	.....(1,155)	.....(3)	.....0.3	.....0	.....0	.....0	.....0.0	.....0
.....YES.....	MSF 06 UT.....	F.....	.....NO...	...346.....	.11/15/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....206,025	.....151,833	.....73.7	.....48	.....0	.....0	.....0.0	.....0
.....YES.....	MSG 06 UT.....	G.....	.....NO...	...346.....	.11/15/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....7,957	.....19,200	.....241.3	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAF2010 UT.....	F.....	.....NO...	...34.....	.07/22/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....9,701	.....7,639	.....78.7	.....3	.....0	.....0	.....0.0	.....0
.....YES.....	MSAAG2010 UT.....	G.....	.....NO...	...34.....	.07/22/2010	.....	.....	.....	PLAN G ATTAINED AGE (2010).....	.....6,655	.....905	.....13.6	.....3	.....2,212	.....1,936	.....87.5	.....1
.....YES.....	MSAAN2010 UT.....	N.....	.....NO...	...34.....	.07/22/2010	.....	.....	.....	PLAN N ATTAINED AGE (2010).....	.....3,142	.....3,934	.....125.2	.....1	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....232,325	.....183,508	.....79.0	.....57	.....2,212	.....1,936	.....87.5	.....1

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Virginia



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS(C)-91.....	C.....	.....NO...	...346.....	.04/15/1994	.....	.....	.01/11/2006	PLAN C ISSUE AGE.....	.....13,211	.....5,690	.....43.1	.....2	.....0	.....0	.....0.0	.....0
.....YES.....	MS AE 06 VA.....	E.....	.....NO...	...346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	.....32,974	.....25,346	.....76.9	.....10	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06 VA.....	F.....	.....NO...	...346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....2,005,982	.....1,272,154	.....63.4	.....439	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06 VA.....	G.....	.....NO...	...346.....	.06/18/2007	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....170,433	.....115,555	.....67.8	.....49	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....2,222,600	.....1,418,745	.....63.8	.....500	.....0	.....0	.....0.0	.....0

360.VA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Vermont



NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	NONE				Policies Issued Through 2016		Policies Issued in 2017, 2018 & 2019		
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	

360.VT

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Washington

NAIC Group Code.....0

Address (City, State and Zip Code).....Columbus, Ohio 43215

Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	NONE				Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019		
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	Incurred Claims		Number of Covered Lives	Premiums Earned	Incurred Claims		Number of Covered Lives	
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned		

360.WA

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123

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

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Wisconsin



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS-AT (BP) WI-04.....	O.....	.....NO...	....0.....	.04/14/2004			.05/31/2010	MED SUPP WI CORE & RIDERS.....	.....1,863,795	.....1,377,173	.....73.9	.....346	.....0	.....0	.....0.0	.....0
									MED SUPP WI CORE & RIDERS (2010)	.....0	.....(150)	.....0.0	.....0	.....0	.....(222)	.....0.0	.....0
.....YES.....	MS-AT (BP) WI-10.....	O.....	.....NO...	....0.....	.06/28/2010					.....0	.....(150)	.....0.0	.....0	.....0	.....(222)	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....1,863,795	.....1,377,023	.....73.9	.....346	.....0	.....(222)	.....0.0	.....0

360.WI

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT



For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....West Virginia

NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS AE 06 WV.....	E.....	.....NO...	...346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN E ATTAINED AGE.....	.....14,099	.....9,750	.....69.2	.....4	.....0	.....0	.....0.0	.....0
.....YES.....	MS AF 06 WV.....	F.....	.....NO...	...346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....996,527	.....589,411	.....59.1	.....223	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06 WV.....	G.....	.....NO...	...346.....	.06/07/2006	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....124,295	.....102,194	.....82.2	.....36	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAF 2010 WV.....	F.....	.....NO...	...34.....	.06/03/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....6,973	.....2,190	.....31.4	.....2	.....11,413	.....2,473	.....21.7	.....3
0199999.	Total Policy Experience on Individual Policies.....									.....1,141,894	.....703,545	.....61.6	.....265	.....11,413	.....2,473	.....21.7	.....3

360.WV

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2019
(To Be Filed by March 1)

FOR THE STATE OF.....Wyoming



NAIC Group Code.....0
Address (City, State and Zip Code).....Columbus, Ohio 43215
Person Completing This Exhibit.....Diamond Consulting Group, Inc.

NAIC Company Code.....56383

Title.....Consulting Actuary.....Telephone Number.....800-848-0123

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										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.....	MS AF 06 WY.....	F.....	.....NO...	...346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN F ATTAINED AGE.....	.....955,848	.....628,065	.....65.7	.....235	.....0	.....0	.....0.0	.....0
.....YES.....	MS AG 06 WY.....	G.....	.....NO...	...346.....	.09/01/2005	.....	.....	.05/31/2010	PLAN G ATTAINED AGE.....	.....36,599	.....24,234	.....66.2	.....9	.....0	.....0	.....0.0	.....0
.....YES.....	MS AAF 2010 WY.....	F.....	.....NO...	...34.....	.06/09/2010	.....	.....	.....	PLAN F ATTAINED AGE (2010).....	.....21,409	.....12,489	.....58.3	.....6	.....0	.....0	.....0.0	.....0
0199999.	Total Policy Experience on Individual Policies.....									.....1,013,856	.....664,788	.....65.6	.....250	.....0	.....0	.....0.0	.....0

360.WY

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..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

2.2 Contact person and phone number..... Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 1801 Watermark Drive Suite 100 Columbus Ohio 43215

3.2 Contact person and phone number..... Denise Sharif 800-848-0123
4. Explain any policies identified as policy type "O".

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

For the Year Ended December, 31, 2019

(\$000 Omitted Except for Number of Policies)

NAIC Company Code: 56383

456.1

[illegible]

The Order Of United Commercial Travelers Of America
VM-20 RESERVES SUPPLEMENT - PART 2

Reserves for Policies Not Based on VM-20 as a Result of the Three Year Transition Period
For the Year Ended December 31, 2019
(To Be filed by March 1)
(\$000 Omitted Except for Number of Policies)

Three Transition Period						
	Prior Year		Current Year			
	1 Gross Reserve	2 Net Reserve	3 Gross Reserve	4 Net Reserve	5 Number of Policies	6 Face Amount
1. Life Insurance Reserves						
1.1 Term Life.....	1	1	5	2	12	1,140
1.2 Universal Life with Secondary Guarantee.....	0	0	0	0	0	0
1.3 Non-participating Whole Life.....	9	3	1	1	7	105
1.4 Participating Whole Life.....	0	0	0	0	0	0
1.5 Universal Life without Secondary Guarantee.....	0	0	0	0	0	0
1.6 Variable Universal Life.....	0	0	0	0	0	0
1.7 Variable Life.....	0	0	0	0	0	0
1.8 Indexed Life.....	0	0	0	0	0	0
1.9 Aggregate write-ins for other products.....	0	0	0	0	0	0
2. Total Life Insurance Reserves (Sum of Lines 1.1 through 1.9).....	10	4	6	3	19	1,245
DETAILS OF WRITE-INS						
1.901	0	0	0	0	0	0
1.902	0	0	0	0	0	0
1.903	0	0	0	0	0	0
1.998 Summary of remaining write-ins for Line 1.9 from overflow page.....	0	0	0	0	0	0
1.999 Totals (Lines 1.901 through 1.903 plus 1.998) (Line 1.9 above).....	0	0	0	0	0	0

VM-20 RESERVES SUPPLEMENT - PART 3

Life PBR Exemption
For the Year Ended December 31, 2019
(To be Filed by March 1)

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

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

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

2.1 NAIC Adopted VM [X]

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

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

Yes [] No []

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

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

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

Yes [] No []

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

VM-20 RESERVES SUPPLEMENT - PART 4

Other Exclusions from Life PBR
For the Year Ended December 31, 2019
(To be Filed by March 1)

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

Yes [] No []

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

Yes [] No []

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

Yes [] No []



SCHEDULE O SUPPLEMENT
For the year ended December 31, 2019
(To Be Filed March)

Of The.....The Order Of United Commercial Travelers Of America

Address (City, State, Zip Code).....Columbus, OH 43215

NAIC Group Code.....0

NAIC Company Code.....56383

Employer's ID Number.....31-4273120

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 2015	2 2016	3 2017	4 2018	5 2019 (a)
1. Prior.....	.....0	.....0	.....0	.....0	.....0
2. 2015.....	.....0	.....0	.....0	.....0	.....0
3. 2016.....	.....XXX	.....0	.....0	.....0	.....0
4. 2017.....	.....XXX	.....XXX	.....0	.....0	.....0
5. 2018.....	.....XXX	.....XXX	.....XXX	.....0	.....0
6. 2019.....	.....XXX	.....XXX	.....XXX	.....XXX	.....0

Section B - Other Accident and Health

1. Prior.....	.....2,299	.....2,327	.....2,320	.....2,321	.....2,319
2. 2015.....	.....6,564	.....7,789	.....7,795	.....7,795	.....7,794
3. 2016.....	.....XXX	.....6,684	.....7,524	.....7,533	.....7,533
4. 2017.....	.....XXX	.....XXX	.....6,627	.....7,554	.....7,562
5. 2018.....	.....XXX	.....XXX	.....XXX	.....7,323	.....8,208
6. 2019.....	.....XXX	.....XXX	.....XXX	.....XXX	.....7,260

Section C - Credit Accident and Health

1. Prior.....	.....0	.....0	.....0	.....0	.....0
2. 2015.....	.....0	.....0	.....0	.....0	.....0
3. 2016.....	.....XXX	.....0	.....0	.....0	.....0
4. 2017.....	.....XXX	.....XXX	.....0	.....0	.....0
5. 2018.....	.....XXX	.....XXX	.....XXX	.....0	.....0
6. 2019.....	.....XXX	.....XXX	.....XXX	.....XXX	.....0

(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 2015	2 2016	3 2017	4 2018	5 2019
1. Prior.....	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

1. Prior.....	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0

Section C - Credit Accident and Health

1. Prior.....	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015.....	0	0	0	XXX	XXX
2. 2016.....	XXX	0	0	0	XXX
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	XXX	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

1. 2015.....	8,006	7,803	7,795	XXX	XXX
2. 2016.....	XXX	7,843	7,538	7,533	XXX
3. 2017.....	XXX	XXX	7,770	7,567	7,562
4. 2018.....	XXX	XXX	XXX	8,325	8,220
5. 2019.....	XXX	XXX	XXX	XXX	8,250

Section C - Credit Accident and Health

1. 2015.....	0	0	0	XXX	XXX
2. 2016.....	XXX	0	0	0	XXX
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	XXX	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses,
and Claim and Cost Containment Liability and Reserve Outstanding at End of Year

Year in Which Losses Were Incurred	1	2	3	4	5
	2015	2016	2017	2018	2019
1. 2015.....	0	0	0	0	0
2. 2016.....	XXX	0	0	0	0
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	XXX	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0

Section B - Other Accident and Health

1. 2015.....	8,006	7,803	7,795	7,795	7,794
2. 2016.....	XXX	7,843	7,538	7,533	7,533
3. 2017.....	XXX	XXX	7,770	7,567	7,562
4. 2018.....	XXX	XXX	XXX	8,325	8,220
5. 2019.....	XXX	XXX	XXX	XXX	8,250

Section C - Credit Accident and Health

1. 2015.....	0	0	0	0	0
2. 2016.....	XXX	0	0	0	0
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	XXX	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0

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.....		0
2. Ordinary life.....	Other.....	22
3. Individual annuity.....	Other.....	0
4. Supplementary contracts.....		0
5. Credit life.....		0
6. Group life.....		0
7. Group annuities.....		0
8. Group accident and health.....		0
9. Credit accident and health.....		0
10. Other accident and health.....	Development.....	1,002
11. Total.....		1,025

The Order Of United Commercial Travelers Of America
SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section D - Other Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2015	2 2016	3 2017	4 2018	5 2019 (a)
1. Prior.....	2,299	2,327	2,320	2,321	2,319
2. 2015.....	6,564	7,789	7,795	7,795	7,794
3. 2016.....	XXX	6,684	7,524	7,533	7,533
4. 2017.....	XXX	XXX	6,627	7,554	7,562
5. 2018.....	XXX	XXX	XXX	7,323	8,208
6. 2019.....	XXX	XXX	XXX	XXX	7,260
Line of Business:.....	Other Accident and Health				

(\$000 OMITTED)

Section E -

1. Prior.....	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0

(\$000 OMITTED)

Section F -

1. Prior.....	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0
Line of Business:.....					

(\$000 OMITTED)

Section G -

1. Prior.....	0	0	0	0	0
2. 2015.....	0	0	0	0	0
3. 2016.....	XXX	0	0	0	0
4. 2017.....	XXX	XXX	0	0	0
5. 2018.....	XXX	XXX	XXX	0	0
6. 2019.....	XXX	XXX	XXX	XXX	0
Line of Business:.....					

The Order Of United Commercial Travelers Of America
SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section D -

Net Amounts Paid for Cost Containment Expenses

Years in Which Losses Were Incurred					
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior.....	.....0	.....0	.....0	.....0	.....0
2. 2015.....	.....0	.....0	.....0	.....0	.....0
3. 2016.....	XXX.....	.....0	.....0	.....0	.....0
4. 2017.....	XXX.....	XXX.....	.....0	.....0	.....0
5. 2018.....	XXX.....	XXX.....	XXX.....	.....0	.....0
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0

(\$000 OMITTED)

Section E -

1. Prior.....	.....0	.....0	.....0	.....0	.....0
2. 2015.....	.....0	.....0	.....0	.....0	.....0
3. 2016.....	XXX.....	.....0	.....0	.....0	.....0
4. 2017.....	XXX.....	XXX.....	.....0	.....0	.....0
5. 2018.....	XXX.....	XXX.....	XXX.....	.....0	.....0
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0
Line of Business:.....					

(\$000 OMITTED)

Section F -

1. Prior.....	.....0	.....0	.....0	.....0	.....0
2. 2015.....	.....0	.....0	.....0	.....0	.....0
3. 2016.....	XXX.....	.....0	.....0	.....0	.....0
4. 2017.....	XXX.....	XXX.....	.....0	.....0	.....0
5. 2018.....	XXX.....	XXX.....	XXX.....	.....0	.....0
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0
Line of Business:.....					

(\$000 OMITTED)

Section G -

1. Prior.....	.....0	.....0	.....0	.....0	.....0
2. 2015.....	.....0	.....0	.....0	.....0	.....0
3. 2016.....	XXX.....	.....0	.....0	.....0	.....0
4. 2017.....	XXX.....	XXX.....	.....0	.....0	.....0
5. 2018.....	XXX.....	XXX.....	XXX.....	.....0	.....0
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	.....0
Line of Business:.....					

The Order Of United Commercial Travelers Of America
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section D - Other Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015.....	8,006	7,803	7,795	XXX	XXX
2. 2016.....	XXX	7,843	7,538	7,533	XXX
3. 2017.....	XXX	XXX	7,770	7,567	7,562
4. 2018.....	XXX	XXX	XXX	8,325	8,220
5. 2019.....	XXX	XXX	XXX	XXX	8,250

(\$000 OMITTED)

Section E -

1. 2015.....	0	0	0	XXX	XXX
2. 2016.....	XXX	0	0	0	XXX
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	XXX	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0

Line of Business:.....

(\$000 OMITTED)

Section F -

1. 2015.....	0	0	0	XXX	XXX
2. 2016.....	XXX	0	0	0	XXX
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	XXX	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0

Line of Business:.....

(\$000 OMITTED)

Section G -

1. 2015.....	0	0	0	XXX	XXX
2. 2016.....	XXX	0	0	0	XXX
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	XXX	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0

Line of Business:.....

The Order Of United Commercial Travelers Of America
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section D - Other Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015.....	8,006	7,803	7,795	7,795	7,794
2. 2016.....	XXX	7,843	7,538	7,533	7,533
3. 2017.....	XXX	XXX	7,770	7,567	7,562
4. 2018.....	XXX	XXX	XXX	8,325	8,220
5. 2019.....	XXX	XXX	XXX	XXX	8,250
Line of Business:.....	Other Accident and Health				

Section E -

1. 2015.....	0	0	0	0	0
2. 2016.....	XXX	0	0	0	0
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	0	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0
Line of Business:.....					

Section F -

1. 2015.....	0	0	0	0	0
2. 2016.....	XXX	0	0	0	0
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	0	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0
Line of Business:.....					

Section G -

1. 2015.....	0	0	0	0	0
2. 2016.....	XXX	0	0	0	0
3. 2017.....	XXX	XXX	0	0	0
4. 2018.....	XXX	XXX	0	0	0
5. 2019.....	XXX	XXX	XXX	XXX	0
Line of Business:.....					

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