
AMENDED FILING EXPLANATION

This page is required to be updated/completed any time an amended filing is created.



ANNUAL STATEMENT

For the Year Ended December 31, 2019

of the Condition and Affairs of the

Cigna National Health Insurance Company

NAIC Group Code.....901, 901
(Current Period) (Prior Period)

NAIC Company Code..... 61727

Employer's ID Number..... 34-0970995

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Licensed as Business Type:

Life, Accident & Health

Incorporated/Organized..... July 2, 1963

Commenced Business..... May 12, 1965

Statutory Home Office

1300 East Ninth Street .. Cleveland .. OH .. US .. 44114
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

11200 Lakeline Blvd Ste 100 .. Austin .. TX .. US .. 78717
(Street and Number) (City or Town, State, Country and Zip Code)

512-451-2224
(Area Code) (Telephone Number)

Mail Address

11200 Lakeline Blvd Ste 100 .. Austin .. TX .. US .. 78717
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

11200 Lakeline Blvd Ste 100 .. Austin .. TX .. US .. 78717
(Street and Number) (City or Town, State, Country and Zip Code)

512-451-2224
(Area Code) (Telephone Number)

Internet Web Site Address

www.CignaSupplementalBenefits.com

Statutory Statement Contact

Renee Wilkins Feldman
(Name)
CSBFinRpt@cigna.com
(E-Mail Address)

(512) 531-1465
(Area Code) (Telephone Number) (Extension)
512-467-1399
(Fax Number)

OFFICERS

Name
1. Stephen Burnett Jones
3. Anna Krishtul

Title
President
Secretary

Name
2. Byron Keith Buescher
4. Mohammed Umar Gilani #

Title
Treasurer and Chief Accounting Officer
Appointed Actuary

Gregory John Czar

Executive Vice President and Chief
Financial Officer

Timothy Andrew Bulat

Vice President and Chief Actuary

David Lawrence Chambers
Joanne Ruth Hart
Ryan Bruce McGroarty
Maureen Hardiman Ryan

Vice President-Sales and Marketing
Vice President and Assistant Treasurer
Vice President
Vice President and Assistant Treasurer

Mark Fleming
Scott Ronald Lambert
Kathleen Murphy O'Neil

Vice President and Assistant Treasurer
Vice President and Assistant Treasurer
Vice President

OTHER

Gregory John Czar
Frank Sataline Jr.

Brian Case Evanko
James Yablecki

Stephen Burnett Jones

Ryan Bruce McGroarty

DIRECTORS OR TRUSTEES

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

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

(Signature)
Stephen Burnett Jones
1. (Printed Name)
President
(Title)

(Signature)
Byron Keith Buescher
2. (Printed Name)
Treasurer and Chief Accounting Officer
(Title)

(Signature)
Anna Krishtul
3. (Printed Name)
Secretary
(Title)

Subscribed and sworn to before me
This _____ day of February 2020

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

Yes [X] No []



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

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 710 | | | | 710 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 710 | 0 | 0 | 0 | 710 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 2 | 80,000 | (a)..... | | No. of Pol. | | | | 2 | 80,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 2 | 80,000 | 0 (a)..... | 0 | 0 | 0 | 0 | 0 | 2 | 80,000 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 17,806 | | | | 17,806 |
| 2. Annuity considerations..... | 2,600 | | | | 2,600 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 20,406 | 0 | 0 | 0 | 20,406 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 25,290 | | | | 25,290 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 25,290 | 0 | 0 | 0 | 25,290 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | 1 | 25,000 | | | | | | | 1 | 25,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 25,000 | | | | | | | 1 | 25,000 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 25,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 25,000 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 25,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 25,000 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 30 | 1,705,358 | (a)..... | | No. of Pol. | | | | 30 | 1,705,358 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (3) | (124,423) | | | | | | | (3) | (124,423) |
| 23. In force December 31 of current year..... | 27 | 1,580,934 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 27 | 1,580,934 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | 9,016 | 9,013 | | 4,087 | 4,085 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 18,679 | 18,732 | | 2,320 | 2,581 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 18,679 | 18,732 | 0 | 2,320 | 2,581 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 27,695 | 27,745 | 0 | 6,407 | 6,666 |

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



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 5,277 | | | | 5,277 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 5,277 | 0 | 0 | 0 | 5,277 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 8 | 92,250 | (a)..... | | No. of Pol. | | | | 8 | 92,250 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | 1 | 5,000 | | | | | | | 1 | 5,000 |
| 23. In force December 31 of current year..... | 9 | 97,250 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 9 | 97,250 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 7,809 | 7,808 | | 4,570 | 4,577 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 7,809 | 7,808 | 0 | 4,570 | 4,577 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 7,809 | 7,808 | 0 | 4,570 | 4,577 |

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



DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 5,984 | | | | 5,984 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 5,984 | 0 | 0 | 0 | 5,984 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 88,590 | | | | 88,590 |
| 12. Surrender values and withdrawals for life contracts..... | 1,100 | | | | 1,100 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 89,690 | 0 | 0 | 0 | 89,690 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 11 | 917,957 | (a)..... | | No. of Pol. | | | | 11 | 917,957 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (2) | (162,000) | 0 | (a).....0 | 0 | 0 | 0 | 0 | (2) | (162,000) |
| 23. In force December 31 of current year..... | 9 | 755,957 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 9 | 755,957 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | 195 | 198 | | 634 | 556 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 14,063 | 14,077 | | 1,273 | 1,046 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 14,063 | 14,077 | 0 | 1,273 | 1,046 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 14,258 | 14,275 | 0 | 1,907 | 1,602 |

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 12 | | | | 12 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 12 | 0 | 0 | 0 | 12 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 456 | | | | 456 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 456 | 0 | 0 | 0 | 456 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 524 | (a)..... | | No. of Pol. | | | | 1 | 524 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | (36) | | | | | | | 0 | (36) |
| 23. In force December 31 of current year..... | 1 | 488 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 1 | 488 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | 922 | 922 | | | 1,052 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | .66 | .66 | | | |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | .66 | .66 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 988 | 988 | 0 | 1,052 | 1,052 |

(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.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 1,826 | | | | 1,826 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 1,826 | 0 | 0 | 0 | 1,826 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 33,554 | | | | 33,554 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 33,554 | 0 | 0 | 0 | 33,554 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 5 | 162,500 | (a)..... | | No. of Pol. | | | | 5 | 162,500 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 5 | 162,500 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 5 | 162,500 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 596 | 609 | | .74 | .36 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 596 | 609 | 0 | .74 | .36 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 596 | 609 | 0 | .74 | .36 |

(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.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 413 | | | | 413 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 413 | 0 | 0 | 0 | 413 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 6,000 | (a)..... | | No. of Pol. | | | | 1 | 6,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 1 | 6,000 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 1 | 6,000 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 183 | 184 | | | (195) |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 183 | 184 | 0 | 0 | (195) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 183 | 184 | 0 | 0 | (195) |

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



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 3,264 | | | | 3,264 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 3,264 | 0 | 0 | 0 | 3,264 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 5,073 | | | | 5,073 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 5,523 | | | | 5,523 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 10,596 | 0 | 0 | 0 | 10,596 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | 2 | 10,000 | | | | | | | 2 | 10,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 5,000 | | | | | | | 1 | 5,000 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5,000 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5,000 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 19 | 300,170 | (a) | | | | | | 19 | 300,170 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | 14,974 | | | | | | | 0 | 14,974 |
| 23. In force December 31 of current year..... | 19 | 315,144 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 19 | 315,144 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 1,165 | 1,162 | | | 3,424 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 12,039 | 12,149 | | | 3,045 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 12,039 | 12,149 | 0 | 3,045 | 3,134 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 13,204 | 13,311 | 0 | 6,469 | 6,556 |

(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.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | | | 61 | | .61 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 0 | 0 | 61 | 0 | .61 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 1,579 | (a) | | No. of Pol. | | | | 1 | 1,579 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 1 | 1,579 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 1 | 1,579 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 5,071 | 5,072 | | 2,784 | 2,779 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | (291) | (347) | | 1,181 | .933 |
| 25.3 Non-renewable for stated reasons only (b)..... | 3,933 | 3,933 | | 2,698 | 5,522 |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 3,642 | 3,586 | 0 | 3,879 | 6,455 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 8,713 | 8,658 | 0 | 6,663 | 9,234 |

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



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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 467,452 | | | 61 | 467,513 |
| 2. Annuity considerations..... | 96,344 | | | | 96,344 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 563,796 | 0 | 61 | 0 | 563,857 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | 441 | | | | 441 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | 666 | | | | 666 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 1,107 | 0 | 0 | 0 | 1,107 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 1,107 | 0 | 0 | 0 | 1,107 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 419,943 | | | | 419,943 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 244,379 | | | | 244,379 |
| 12. Surrender values and withdrawals for life contracts..... | 479,769 | | | | 479,769 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 1,144,092 | 0 | 0 | 0 | 1,144,092 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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..... | 10 | 72,095 | | | | | | | 10 | 72,095 |
| 17. Incurred during current year..... | 48 | 409,059 | | | | | | | 48 | 409,059 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 49 | 416,470 | | | | | | | 49 | 416,470 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 49 | 416,470 | 0 | 0 | 0 | 0 | 0 | 0 | 49 | 416,470 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 49 | 416,470 | 0 | 0 | 0 | 0 | 0 | 0 | 49 | 416,470 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 9 | 64,684 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 64,684 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 999 | 31,012,699 | (a) | | | | | | 999 | 31,012,699 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (89) | (2,097,580) | | | | | | | (89) | (2,097,580) |
| 23. In force December 31 of current year..... | 910 | 28,915,119 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 910 | 28,915,119 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 19,116 | 19,211 | | 22,922 | 21,530 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | 42,543 | 42,653 | | 28,595 | 28,320 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 3,342,023 | 3,369,028 | | 2,246,709 | 2,206,236 |
| 25.3 Non-renewable for stated reasons only (b)..... | 15,731 | 15,731 | | 10,792 | 22,087 |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 3,357,754 | 3,384,759 | 0 | 2,257,501 | 2,228,323 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 3,419,413 | 3,446,623 | 0 | 2,309,018 | 2,278,173 |

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



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

DIRECT BUSINESS IN GUAM DURING THE YEAR
 NAIC Group Code.....901 NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 4,590 | | | | 4,590 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 4,590 | 0 | 0 | 0 | 4,590 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 3,438 | | | | 3,438 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 2,080 | | | | 2,080 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 5,518 | 0 | 0 | 0 | 5,518 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | 2 | 6,486 | | | | | | | 2 | 6,486 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 3,407 | | | | | | | 1 | 3,407 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 3,407 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3,407 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 3,407 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3,407 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 3,079 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 3,079 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 5 | 36,407 | (a) | | | | | | 5 | 36,407 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (2) | (11,327) | | | | | | | (2) | (11,327) |
| 23. In force December 31 of current year..... | 3 | 25,080 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 3 | 25,080 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 55,691 | 55,710 | | 74,743 | 74,232 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 55,691 | 55,710 | 0 | 74,743 | 74,232 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 55,691 | 55,710 | 0 | 74,743 | 74,232 |

(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.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 265 | | | | 265 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 265 | 0 | 0 | 0 | 265 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 90,000 | (a)..... | | No. of Pol. | | | | 1 | 90,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 1 | 90,000 | 0 | (a)..... | 0 | 0 | 0 | 0 | 1 | 90,000 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 13,481 | | | | 13,481 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 13,481 | 0 | 0 | 0 | 13,481 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 27,699 | | | | 27,699 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 8,949 | | | | 8,949 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 36,648 | 0 | 0 | 0 | 36,648 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 | 8,000 | | | | | | | 2 | 8,000 |
| 17. Incurred during current year..... | 2 | 19,500 | | | | | | | 2 | 19,500 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 4 | 27,500 | | | | | | | 4 | 27,500 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 4 | 27,500 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 27,500 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 4 | 27,500 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 27,500 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 29 | 296,000 | (a)..... | | No. of Pol. | | | | 29 | 296,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (6) | (65,500) | | | | | | | (6) | (65,500) |
| 23. In force December 31 of current year..... | 23 | 230,500 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 23 | 230,500 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | 713 | 973 | | | 384 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 205,151 | 209,788 | | | 113,268 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 205,151 | 209,788 | 0 | 113,268 | 110,227 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 205,864 | 210,761 | 0 | 113,652 | 110,610 |

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

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

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 42,612 | | | | 42,612 |
| 2. Annuity considerations..... | 2,000 | | | | 2,000 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 44,612 | 0 | 0 | 0 | 44,612 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 30,760 | | | | 30,760 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 95,951 | | | | 95,951 |
| 12. Surrender values and withdrawals for life contracts..... | 1,815 | | | | 1,815 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 128,527 | 0 | 0 | 0 | 128,527 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 | 15,490 | | | | | | | 1 | 15,490 |
| 17. Incurred during current year..... | 1 | 15,000 | | | | | | | 1 | 15,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 2 | 30,490 | | | | | | | 2 | 30,490 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 2 | 30,490 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 30,490 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 2 | 30,490 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 30,490 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 88 | 4,807,493 | (a)..... | | No. of Pol. | | | | 88 | 4,807,493 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (10) | (428,952) | | | | | | | (10) | (428,952) |
| 23. In force December 31 of current year..... | 78 | 4,378,541 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 78 | 4,378,541 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | 65 | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | 2,759 | 2,724 | | 2,287 | 2,263 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 120,390 | 123,638 | | 100,667 | 99,205 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 120,390 | 123,638 | 0 | 100,667 | 99,205 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 123,149 | 126,427 | 0 | 102,954 | 101,468 |

(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.



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 31,627 | | | | 31,627 |
| 2. Annuity considerations..... | 1,200 | | | | 1,200 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 32,827 | 0 | 0 | 0 | 32,827 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 17,806 | | | | 17,806 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 18,319 | | | | 18,319 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 36,125 | 0 | 0 | 0 | 36,125 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 | 6,000 | | | | | | | 1 | 6,000 |
| 17. Incurred during current year..... | 3 | 11,521 | | | | | | | 3 | 11,521 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 4 | 17,521 | | | | | | | 4 | 17,521 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 4 | 17,521 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 17,521 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 4 | 17,521 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 17,521 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 57 | 1,417,811 | (a)..... | | No. of Pol. | | | | 57 | 1,417,811 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (5) | 37,480 | | | | | | | (5) | 37,480 |
| 23. In force December 31 of current year..... | 52 | 1,455,290 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 52 | 1,455,290 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 305 | 305 | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | 3,025 | 3,025 | | 1,043 | 1,042 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 138,990 | 144,568 | | 126,400 | 124,437 |
| 25.3 Non-renewable for stated reasons only (b)..... | 11,798 | 11,798 | | 8,094 | 16,565 |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 150,788 | 156,366 | 0 | 134,494 | 141,002 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 154,118 | 159,696 | 0 | 135,537 | 142,044 |

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



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 1,839 | | | | 1,839 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 1,839 | 0 | 0 | 0 | 1,839 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 249 | | | | 249 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 249 | 0 | 0 | 0 | 249 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 3 | 120,000 | (a)..... | | No. of Pol. | | | | 3 | 120,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | (95,000) | | | | | | | 0 | (95,000) |
| 23. In force December 31 of current year..... | 3 | 25,000 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 3 | 25,000 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 23,628 | 23,655 | | 28,076 | 27,396 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 23,628 | 23,655 | 0 | 28,076 | 27,396 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 23,628 | 23,655 | 0 | 28,076 | 27,396 |

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



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 2 | 100,566 | (a)..... | | No. of Pol. | | | | 2 | 100,566 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 2 | 100,566 | 0 (a)..... | 0 | 0 | 0 | 0 | 0 | 2 | 100,566 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 6,438 | 6,437 | | 1,376 | 1,406 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 6,438 | 6,437 | 0 | 1,376 | 1,406 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 6,438 | 6,437 | 0 | 1,376 | 1,406 |

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 1,633 | | | | 1,633 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 1,633 | 0 | 0 | 0 | 1,633 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 141,862 | (a)..... | | No. of Pol. | | | | 1 | 141,862 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 1 | 141,862 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 1 | 141,862 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 5,679 | 5,678 | | 977 | 938 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 5,679 | 5,678 | 0 | 977 | 938 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 5,679 | 5,678 | 0 | 977 | 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.

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

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 8,088 | | | | 8,088 |
| 2. Annuity considerations..... | 9,614 | | | | 9,614 |
| 3. Deposit-type contract funds..... | XXX | | | XXX..... | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 17,702 | 0 | 0 | 0 | 17,702 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 85,016 | | | | 85,016 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 85,016 | 0 | 0 | 0 | 85,016 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 17 | 1,219,159 | (a)..... | | No. of Pol. | | | | 17 | 1,219,159 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (1) | (90,334) | | | | | | | (1) | (90,334) |
| 23. In force December 31 of current year..... | 16 | 1,128,825 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 16 | 1,128,825 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 749 | 830 | | 4,475 | 4,406 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 1,432 | 1,431 | | | |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 1,432 | 1,431 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 2,181 | 2,261 | 0 | 4,475 | 4,406 |

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



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 6,485 | 6,485 | | 3,156 | 3,153 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 6,485 | 6,485 | 0 | 3,156 | 3,153 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 6,485 | 6,485 | 0 | 3,156 | 3,153 |

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



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 26,277 | | | | 26,277 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 26,277 | 0 | 0 | 0 | 26,277 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 7,209 | | | | 7,209 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 7,209 | 0 | 0 | 0 | 7,209 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .47 | 1,164,063 | (a)..... | | No. of Pol. | | | | .47 | 1,164,063 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | (1,139) | | | | | | | 0 | (1,139) |
| 23. In force December 31 of current year..... | .47 | 1,162,924 | 0 | (a).....0 | 0 | 0 | 0 | 0 | .47 | 1,162,924 |

(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 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | .25 | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | .822 | .822 | | | .425 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | .50,540 | .51,400 | | .33,129 | .32,493 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | .50,540 | .51,400 | 0 | .33,129 | .32,493 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | .51,362 | .52,247 | 0 | .33,554 | .32,918 |

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



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 815 | | | | 815 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 815 | 0 | 0 | 0 | 815 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 2 | 13,000 | (a)..... | | No. of Pol. | | | | 2 | 13,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 2 | 13,000 | 0 | (a)..... | 0 | 0 | 0 | 0 | 2 | 13,000 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 1,054 | 1,046 | | | 43 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 1,054 | 1,046 | 0 | 0 | 43 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 1,054 | 1,046 | 0 | 0 | 43 |

(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 MONTANA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 86,854 | 86,749 | | 28,315 | 28,082 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 86,854 | 86,749 | 0 | 28,315 | 28,082 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 86,854 | 86,749 | 0 | 28,315 | 28,082 |

(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.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 85,489 | | | | 85,489 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 85,489 | 0 | 0 | 0 | 85,489 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 63,830 | | | | 63,830 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 3,337 | | | | 3,337 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 67,167 | 0 | 0 | 0 | 67,167 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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..... | 3 | 31,000 | | | | | | | 3 | 31,000 |
| 17. Incurred during current year..... | 6 | 37,000 | | | | | | | 6 | 37,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 8 | 63,000 | | | | | | | 8 | 63,000 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 8 | 63,000 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 63,000 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 8 | 63,000 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 63,000 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 135 | 2,870,174 | (a) | | | | | | 135 | 2,870,174 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (12) | (82,988) | | | | | | | (12) | (82,988) |
| 23. In force December 31 of current year..... | 123 | 2,787,186 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 123 | 2,787,186 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 4,067 | 4,067 | | | 3,190 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 356,532 | 358,494 | | | 237,849 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 356,532 | 358,494 | 0 | 237,849 | 232,767 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 360,599 | 362,561 | 0 | 241,039 | 235,952 |

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 726 | | | | 726 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 726 | 0 | 0 | 0 | 726 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 1,474 | | | | 1,474 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 1,474 | 0 | 0 | 0 | 1,474 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 3 | 17,455 | (a)..... | | No. of Pol. | | | | 3 | 17,455 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (1) | (5,000) | | | | | | | (1) | (5,000) |
| 23. In force December 31 of current year..... | 2 | 12,455 | 0 | (a)..... | 0 | 0 | 0 | 0 | 2 | 12,455 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 57,325 | 55,959 | | 26,508 | 25,698 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 57,325 | 55,959 | 0 | 26,508 | 25,698 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 57,325 | 55,959 | 0 | 26,508 | 25,698 |

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



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 239,302 | 238,949 | | 155,396 | 152,294 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 239,302 | 238,949 | 0 | 155,396 | 152,294 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 239,302 | 238,949 | 0 | 155,396 | 152,294 |

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



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 51,938 | (a)..... | | No. of Pol. | | | | 1 | 51,938 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 1 | 51,938 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 1 | 51,938 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | (246) | (242) | | (317) | (406) |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 246 | 246 | | | |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 246 | 246 | 0 | 0 | 0 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 0 | 4 | 0 | (317) | (406) |

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

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

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 1,214 | | | | 1,214 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 1,214 | 0 | 0 | 0 | 1,214 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 10,000 | (a)..... | | No. of Pol. | | | | 1 | 10,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | 1 | 5,000 | | | | | | | 1 | 5,000 |
| 23. In force December 31 of current year..... | 2 | 15,000 | 0 | (a)..... | 0 | 0 | 0 | 0 | 2 | 15,000 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 77,856 | | | | 77,856 |
| 2. Annuity considerations..... | 77,080 | | | | 77,080 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 154,936 | 0 | 0 | 0 | 154,936 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | 441 | | | | 441 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | 666 | | | | 666 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 1,107 | 0 | 0 | 0 | 1,107 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 1,107 | 0 | 0 | 0 | 1,107 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 43,490 | | | | 43,490 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 55,488 | | | | 55,488 |
| 12. Surrender values and withdrawals for life contracts..... | 255,165 | | | | 255,165 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 354,144 | 0 | 0 | 0 | 354,144 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 | 266 | | | | | | | 1 | 266 |
| 17. Incurred during current year..... | 10 | 73,104 | | | | | | | 10 | 73,104 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 8 | 43,104 | | | | | | | 8 | 43,104 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 8 | 43,104 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 43,104 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 8 | 43,104 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 43,104 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 3 | 30,266 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 30,266 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 264 | 8,028,223 | (a)..... | | No. of Pol. | | | | 264 | 8,028,223 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (20) | (615,460) | | | | | | | (20) | (615,460) |
| 23. In force December 31 of current year..... | 244 | 7,412,763 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 244 | 7,412,763 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 1,496 | 1,393 | | 5,588 | 4,447 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | 22,759 | 22,749 | | 17,683 | 17,514 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 91,744 | 93,336 | | 87,932 | 85,128 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 91,744 | 93,336 | 0 | 87,932 | 85,128 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 115,999 | 117,478 | 0 | 111,203 | 107,089 |

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



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 4,583 | | | | 4,583 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 4,583 | 0 | 0 | 0 | 4,583 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | 1 | 10,000 | | | | | | | 1 | 10,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 10,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10,000 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 9 | 235,000 | (a)..... | | No. of Pol. | | | | 9 | 235,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (1) | (5,000) | | | | | | | (1) | (5,000) |
| 23. In force December 31 of current year..... | 8 | 230,000 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 8 | 230,000 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 28,565 | 28,855 | | 17,627 | 17,670 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 28,565 | 28,855 | 0 | 17,627 | 17,670 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 28,565 | 28,855 | 0 | 17,627 | 17,670 |

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



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 25,000 | (a)..... | | No. of Pol. | | | | 1 | 25,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 1 | 25,000 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 1 | 25,000 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 4,381 | 4,378 | | 400 | 443 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 4,381 | 4,378 | 0 | 400 | 443 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 4,381 | 4,378 | 0 | 400 | 443 |

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



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 6,859 | | | | 6,859 |
| 2. Annuity considerations..... | 3,300 | | | | 3,300 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 10,159 | 0 | 0 | 0 | 10,159 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | 4,350 | | | | 4,350 |
| 12. Surrender values and withdrawals for life contracts..... | 11,501 | | | | 11,501 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 15,851 | 0 | 0 | 0 | 15,851 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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) |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | (0) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (0) |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 16 | 761,534 | (a) | | | | | | 16 | 761,534 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 16 | 761,534 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 16 | 761,534 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 154,826 | 158,465 | | 54,945 | 53,907 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 154,826 | 158,465 | 0 | 54,945 | 53,907 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 154,826 | 158,465 | 0 | 54,945 | 53,907 |

(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.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 16,637 | | | | 16,637 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 16,637 | 0 | 0 | 0 | 16,637 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 1,149 | | | | 1,149 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 1,149 | 0 | 0 | 0 | 1,149 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 32 | 1,593,019 | (a)..... | | No. of Pol. | | | | 32 | 1,593,019 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | 5,088 | | | | | | | 0 | 5,088 |
| 23. In force December 31 of current year..... | 32 | 1,598,107 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 32 | 1,598,107 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancelable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 121,125 | 120,677 | | 76,582 | 73,898 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 121,125 | 120,677 | 0 | 76,582 | 73,898 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 121,125 | 120,677 | 0 | 76,582 | 73,898 |

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



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 632 | | | | 632 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 632 | 0 | 0 | 0 | 632 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 0 | 0 | 0 | 0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 1 | 5,000 | (a)..... | | No. of Pol. | | | | 1 | 5,000 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 1 | 5,000 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 1 | 5,000 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 3,878 | 3,878 | | | 3,058 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 8,665 | 8,665 | | | 7,122 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 8,665 | 8,665 | 0 | 7,122 | 7,125 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 12,543 | 12,543 | 0 | 10,180 | 10,179 |

(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 TENNESSEE DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 13,063 | | | | 13,063 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 13,063 | 0 | 0 | 0 | 13,063 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 5,015 | | | | 5,015 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 694 | | | | 694 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 5,709 | 0 | 0 | 0 | 5,709 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 | 1,339 | | | | | | | 1 | 1,339 |
| 17. Incurred during current year..... | 1 | 5,000 | | | | | | | 1 | 5,000 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 1 | 5,000 | | | | | | | 1 | 5,000 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 1 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5,000 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 1 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5,000 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 1 | 1,339 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1,339 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 27 | 843,856 | (a)..... | | No. of Pol. | | | | 27 | 843,856 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | 1,000 | | | | | | | 0 | 1,000 |
| 23. In force December 31 of current year..... | 27 | 844,856 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 27 | 844,856 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | 6 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 92,673 | 92,604 | | 90,138 | 89,996 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 92,673 | 92,604 | 0 | 90,138 | 89,996 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 92,673 | 92,604 | 0 | 90,138 | 90,002 |

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



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 21,791 | | | | 21,791 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 21,791 | 0 | 0 | 0 | 21,791 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 56,780 | | | | 56,780 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 14,691 | | | | 14,691 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 71,471 | 0 | 0 | 0 | 71,471 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 | 10,000 | | | | | | | 1 | 10,000 |
| 17. Incurred during current year..... | 6 | 46,448 | | | | | | | 6 | 46,448 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 7 | 56,448 | | | | | | | 7 | 56,448 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 7 | 56,448 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 56,448 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 7 | 56,448 | 0 | 0 | 0 | 0 | 0 | 0 | 7 | 56,448 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 48 | 596,205 | (a)..... | | No. of Pol. | | | | 48 | 596,205 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (9) | (66,488) | | | | | | | (9) | (66,488) |
| 23. In force December 31 of current year..... | 39 | 529,718 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 39 | 529,718 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | 2,631 | 2,656 | | 720 | 637 |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | 1,553 | 1,553 | | 1,000 | 1,000 |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 340,267 | 349,363 | | 187,581 | 183,609 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 340,267 | 349,363 | 0 | 187,581 | 183,609 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 344,451 | 353,572 | 0 | 189,301 | 185,246 |

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



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 2,481 | | | | 2,481 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 2,481 | .0 | .0 | .0 | 2,481 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | .0 | .0 | .0 | .0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | .0 | .0 | .0 | .0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | .0 | .0 | .0 | .0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | | | | | 0 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | .0 | .0 | .0 | .0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | .0 | .0 | .0 | .0 | 0 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | .0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | .0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | .0 | 0 |
| 18.3 Totals paid..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | .0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | .0 | 0 |
| 18.6 Total settlements..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | .0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | .2 | 103,024 | (a)..... | | No. of Pol. | | | | .2 | 103,024 |
| 21. Issued during year..... | | | | | | | | | .0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | .0 | 0 |
| 23. In force December 31 of current year..... | .2 | 103,024 | 0 (a)..... | 0 | 0 | 0 | 0 | 0 | .2 | 103,024 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|--|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 60,471 | | | | 60,471 |
| 2. Annuity considerations..... | | | | | 0 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 60,471 | 0 | 0 | 0 | 60,471 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | 0 | 0 | 0 | 0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | 0 | 0 | 0 | 0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 58,896 | | | | 58,896 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 26,721 | | | | 26,721 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 85,617 | 0 | 0 | 0 | 85,617 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | 9 | 68,500 | | | | | | | 9 | 68,500 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | 8 | 58,500 | | | | | | | 8 | 58,500 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 8 | 58,500 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 58,500 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 8 | 58,500 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 58,500 |
| 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 | | | | | | | | | | |
| 20. In force December 31, prior year..... | 111 | 2,355,422 | (a)..... | | No. of Pol. | | | | 111 | 2,355,422 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (15) | (343,475) | | | | | | | (15) | (343,475) |
| 23. In force December 31 of current year..... | 96 | 2,011,947 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 96 | 2,011,947 |

(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 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 1,026,541 | 1,024,676 | | 758,885 | 747,690 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 1,026,541 | 1,024,676 | 0 | 758,885 | 747,690 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 1,026,541 | 1,024,676 | 0 | 758,885 | 747,690 |

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



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

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

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 5,648 | 5,648 | | 218 | 218 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 5,648 | 5,648 | 0 | 218 | 218 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 5,648 | 5,648 | 0 | 218 | 218 |

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

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

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | 0 | | (a)..... | | | | | 0 | 0 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | 521 | 416 | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 9,004 | 9,212 | | 400 | 168 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 9,004 | 9,212 | 0 | 400 | 168 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 9,525 | 9,628 | 0 | 400 | 168 |

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

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

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---------------|---|------------|-----------------|------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | | | | |
| 1. Life insurance..... | 8,230 | | | | 8,230 |
| 2. Annuity considerations..... | .550 | | | | .550 |
| 3. Deposit-type contract funds..... | | XXX | | XXX | 0 |
| 4. Other considerations..... | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4)..... | 8,780 | .0 | .0 | .0 | 8,780 |
| DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS | | | | | |
| Life insurance: | | | | | |
| 6.1 Paid in cash or left on deposit..... | | | | | 0 |
| 6.2 Applied to pay renewal premiums..... | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period..... | | | | | 0 |
| 6.4 Other..... | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4)..... | .0 | .0 | .0 | .0 | 0 |
| Annuities: | | | | | |
| 7.1 Paid in cash or left on deposit..... | | | | | 0 |
| 7.2 Applied to provide paid-up annuities..... | | | | | 0 |
| 7.3 Other..... | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3)..... | .0 | .0 | .0 | .0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4)..... | .0 | .0 | .0 | .0 | 0 |
| DIRECT CLAIMS AND BENEFITS PAID | | | | | |
| 9. Death benefits..... | 81,864 | | | | 81,864 |
| 10. Matured endowments..... | | | | | 0 |
| 11. Annuity benefits..... | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts..... | 767 | | | | 767 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid..... | .0 | .0 | .0 | .0 | 0 |
| 14. All other benefits, except accident and health..... | | | | | 0 |
| 15. Totals..... | 82,631 | .0 | .0 | .0 | 82,631 |

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | .4 | 81,500 | | | | | | | 4 | 81,500 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | .4 | 81,500 | | | | | | | 4 | 81,500 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | .4 | 81,500 | .0 | 0 | .0 | 0 | .0 | .0 | 4 | 81,500 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | .4 | 81,500 | .0 | 0 | .0 | 0 | .0 | .0 | 4 | 81,500 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | .0 | 0 | .0 | 0 | .0 | 0 | .0 | .0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | 18 | 844,151 | (a)..... | | No. of Pol. | | | | 18 | 844,151 |
| 21. Issued during year..... | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | (.4) | (69,000) | | | | | | | (4) | (69,000) |
| 23. In force December 31 of current year..... | 14 | 775,151 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 14 | 775,151 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | 258 | 258 | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 6,816 | 6,804 | | 2,254 | 2,255 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 6,816 | 6,804 | .0 | 2,254 | 2,255 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 7,074 | 7,062 | .0 | 2,254 | 2,255 |

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

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

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|------------------------------------|-------------|---|-------------|-------------------------|-------------|------------------------------------|-------------|------------------------------------|--------------|
| | 1 No. 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 |
| 17. Incurred during current year..... | | | | | | | | | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full..... | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims..... | | | | | | | | | 0 | 0 |
| 18.3 Totals paid..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise..... | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected..... | | | | | | | | | 0 | 0 |
| 18.6 Total settlements..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| POLICY EXHIBIT | | | | | | | | | | |
| 20. In force December 31, prior year..... | | | | No. of Pol. | | | | | 0 | 0 |
| 21. Issued during year..... | | | (a)..... | | | | | | 0 | 0 |
| 22. Other changes to in force (Net)..... | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year..... | 0 | 0 | 0 | (a).....0 | 0 | 0 | 0 | 0 | 0 | 0 |

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

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

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

ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|--|-------------------------|--------------------------------|--|-------------------------------|--------------------------------|
| 24. Group policies (b)..... | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b)..... | | | | | |
| 24.2 Credit (group and individual)..... | | | | | |
| 24.3 Collectively renewable policies/certificates (b)..... | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees..... | | | | | |
| Other Individual Policies: | | | | | |
| 25.1 Non-cancellable (b)..... | | | | | |
| 25.2 Guaranteed renewable (b)..... | 41,665 | 41,612 | | 20,302 | 19,645 |
| 25.3 Non-renewable for stated reasons only (b)..... | | | | | |
| 25.4 Other accident only..... | | | | | |
| 25.5 All other (b)..... | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5)..... | 41,665 | 41,612 | 0 | 20,302 | 19,645 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)..... | 41,665 | 41,612 | 0 | 20,302 | 19,645 |

(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.