



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	Title	Name	Title
1. Stephen Burnett Jones	President	2. Byron Keith Buescher	Treasurer and Chief Accounting Officer
3. Anna Krishtul	Secretary	4. Mohammed Umar Gilani #	Appointed Actuary
OTHER			
Gregory John Czar	Executive Vice President and Chief Financial Officer	Timothy Andrew Bulat	Vice President and Chief Actuary
David Lawrence Chambers	Vice President-Sales and Marketing	Mark Fleming	Vice President and Assistant Treasurer
Joanne Ruth Hart	Vice President and Assistant Treasurer	Scott Ronald Lambert	Vice President and Assistant Treasurer
Ryan Bruce McGroarty	Vice President	Kathleen Murphy O'Neil	Vice President
Maureen Hardiman Ryan	Vice President and Assistant Treasurer		

DIRECTORS OR TRUSTEES

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

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

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

(Signature) Stephen Burnett Jones	(Signature) Byron Keith Buescher	(Signature) Anna Krishtul
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer and Chief Accounting Officer	Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of February 2020	b. If no	1. State the amendment number _____
		2. Date filed _____
		3. Number of pages attached _____



DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code.....901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 Other Alien # 2 DURING THE YEAR
NAIC Group Code....901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	80,000		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
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					No. of Pol.					
20. In force December 31, prior year.....	30	1,705,358	(a)						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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	8	92,250	(a)						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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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).....	7,809	7,808	0	4,570	4,577
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 ARIZONA DURING THE YEAR
NAIC Group Code.....901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	5,984				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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	11	917,957	(a)						11	917,957
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(162,000)							(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	524	(a).....						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	(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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	1,052
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (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).....	66				
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 COLORADO DURING THE YEAR
NAIC Group Code....901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,826				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
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					No. of Pol.					
20. In force December 31, prior year.....	5	162,500		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	596	609	0	74	36
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	6,000		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	183	184			(195)
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	183	184			
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	1,165	1,162		3,424	3,422
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).....	12,039	12,149		3,045	3,134
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	1,579	(a).....						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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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-cancelable (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.



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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	.0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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-cancelable (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 *

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

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 IOWA DURING THE YEAR
NAIC Group Code....901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	4,590				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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	90,000		(a).....					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 ILLINOIS DURING THE YEAR
NAIC Group Code....901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	13,481				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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	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					No. of Pol.					
20. In force December 31, prior year.....	29	296,000	(a)						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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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	383
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	110,227
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
20. In force December 31, prior year.....	88	4,807,493		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....		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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
20. In force December 31, prior year.....	57	1,417,811	(a)						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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	120,000	(a).....						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	(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	100,566		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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).....	6,438	6,437			
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 MARYLAND DURING THE YEAR
NAIC Group Code....901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,633				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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	141,862		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 MICHIGAN DURING THE YEAR
NAIC Group Code.....901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,088				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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	17	1,219,159	(a)						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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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).....	6,485	6,485			
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	47	1,164,063		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....		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	425
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2	13,000	(a)						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	(a)	0	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	1,054	1,046			43
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	1,054	1,046	0	0	43
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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).....	86,854	86,749			
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	31,000							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					No. of Pol.					
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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	4,067	4,067		3,190	3,185
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).....	356,532	358,494		237,849	232,767
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	356,532	358,494	0	237,849	232,767
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	3	17,455	(a)						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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 JERSEY DURING THE YEAR
NAIC Group Code.....901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 NEVADA DURING THE YEAR
NAIC Group Code....901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	51,938	(a)						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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	(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-cancelable (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).....	246				
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	10,000	(a)						1	10,000
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 OHIO DURING THE YEAR
NAIC Group Code....901 NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
20. In force December 31, prior year.....	264	8,028,223	(a)						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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
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					No. of Pol.					
20. In force December 31, prior year.....	9	235,000	(a)						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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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).....	28,565	28,855	0	17,627	17,670
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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

NONE

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					No. of Pol.					
20. In force December 31, prior year.....	1	25,000		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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).....	4,381	4,378	0		
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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.



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

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	6,859				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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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.



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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code....901

NAIC Company Code....61727

LIFE INSURANCE

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 SOUTH CAROLINA DURING THE YEAR
NAIC Group Code.....901 NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	16,637				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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	32	1,593,019		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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.



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

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1	5,000	(a)						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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	3,878	3,878		3,058	3,054
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).....	8,665	8,665		7,122	7,125
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	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					No. of Pol.					
20. In force December 31, prior year.....	27	843,856		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							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					No. of Pol.					
20. In force December 31, prior year.....	48	596,205		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....	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-cancelable (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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
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					No. of Pol.					
20. In force December 31, prior year.....	2	103,024		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 VIRGINIA DURING THE YEAR

NAIC Group Code....901

NAIC Company Code....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
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					No. of Pol.					
20. In force December 31, prior year.....	111	2,355,422		(a)					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	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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	1,026,541	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.



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

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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 WASHINGTON DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
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

NONE

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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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).....	5,648	5,648	0	218	218
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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

NONE

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					No. of Pol.					
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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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-cancelable (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.



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

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....901

NAIC Company Code.....61727

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	8,230				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
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
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					No. of Pol.					
20. In force December 31, prior year.....	18	844,151		(a).....					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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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-cancelable (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).....	6,816	6,804	0	2,254	2,255
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	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

NONE

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					No. of Pol.					
20. In force December 31, prior year.....				(a).....					0	0
21. Issued during year.....									0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	(a).....0	0	0	0	0	0	0

NONE

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
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).....	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).....	41,665	41,612	0	20,302	19,645
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.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	11,420
2. Current year's realized pre-tax capital gains/(losses) of \$.....0 transferred into the reserve net of taxes of \$.....0.....	0
3. Adjustment for current year's liability gains/(losses) released from the reserve.....	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3).....	11,420
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	5,071
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	6,349

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve	4 Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2019.....	5,071			5,071
2. 2020.....	4,168			4,168
3. 2021.....	3,019			3,019
4. 2022.....	1,565			1,565
5. 2023.....	275			275
6. 2024.....	(304)			(304)
7. 2025.....	(404)			(404)
8. 2026.....	(376)			(376)
9. 2027.....	(257)			(257)
10. 2028.....	(212)			(212)
11. 2029.....	(228)			(228)
12. 2030.....	(244)			(244)
13. 2031.....	(228)			(228)
14. 2032.....	(181)			(181)
15. 2033.....	(134)			(134)
16. 2034.....	(82)			(82)
17. 2035.....	(28)			(28)
18. 2036.....				0
19. 2037.....				0
20. 2038.....				0
21. 2039.....				0
22. 2040.....				0
23. 2041.....				0
24. 2042.....				0
25. 2043.....				0
26. 2044.....				0
27. 2045.....				0
28. 2046.....				0
29. 2047.....				0
30. 2048.....				0
31. 2049 and Later.....				0
32. Total (Lines 1 to 31).....	11,420	0	0	11,420

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	4,500		4,500			.0	4,500
2. Realized capital gains/(losses) net of taxes - General Account.....			0			.0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			.0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....			0			.0	0
5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts.....			0			.0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves.....			0			.0	0
7. Basic contribution.....	1,024		1,024			.0	1,024
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	5,524	0	5,524	0	0	.0	5,524
9. Maximum reserve.....	6,758		6,758			.0	6,758
10. Reserve objective.....	3,277		3,277			.0	3,277
11. 20% of (Line 10 minus Line 8).....	(449)	0	(449)	0	0	.0	(449)
12. Balance before transfers (Lines 8 + 11).....	5,075	0	5,075	0	0	.0	5,075
13. Transfers.....			0			.0	0
14. Voluntary contribution.....			0			.0	0
15. Adjustment down to maximum/up to zero.....			0			.0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15).....	5,075	0	5,075	0	0	.0	5,075

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations.....	4,463,940	XXX	XXX	4,463,940	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality.....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
3	2	High quality.....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
4	3	Medium quality.....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
5	4	Low quality.....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
6	5	Lower quality.....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
7	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8		Total unrated multi-class securities acquired by conversion.....		XXX	XXX	0	XXX		XXX		XXX	
9		Total long-term bonds (sum of Lines 1 through 8).....	4,463,940	XXX	XXX	4,463,940	XXX	0	XXX	0	XXX	0
		PREFERRED STOCKS										
10	1	Highest quality.....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11	2	High quality.....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12	3	Medium quality.....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13	4	Low quality.....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14	5	Lower quality.....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16		Affiliated life with AVR.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		SHORT-TERM BONDS										
18		Exempt obligations.....		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest quality.....	2,047,980	XXX	XXX	2,047,980	0.0005	1,024	0.0016	3,277	0.0033	6,758
20	2	High quality.....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
21	3	Medium quality.....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
22	4	Low quality.....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
23	5	Lower quality.....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
24	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25		Total short-term bonds (sum of Lines 18 through 24).....	2,047,980	XXX	XXX	2,047,980	XXX	1,024	XXX	3,277	XXX	6,758
		DERIVATIVE INSTRUMENTS										
26		Exchange traded.....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27	1	Highest quality.....		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28	2	High quality.....		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29	3	Medium quality.....		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30	4	Low quality.....		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31	5	Lower quality.....		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32	6	In or near default.....		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33		Total derivative instruments.....	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33).....	6,511,920	XXX	XXX	6,511,920	XXX	1,024	XXX	3,277	XXX	6,758

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages - CM1 - highest quality.....			XXX.....	0	0.0011	0	0.0057	0	0.0074	0
36		Farm mortgages - CM2 - high quality.....			XXX.....	0	0.0040	0	0.0114	0	0.0149	0
37		Farm mortgages - CM3 - medium quality.....			XXX.....	0	0.0069	0	0.0200	0	0.0257	0
38		Farm mortgages - CM4 - low medium quality.....			XXX.....	0	0.0120	0	0.0343	0	0.0428	0
39		Farm mortgages - CM5 - low quality.....			XXX.....	0	0.0183	0	0.0486	0	0.0628	0
40		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0007	0	0.0011	0
41		Residential mortgages-all other.....			XXX.....	0	0.0015	0	0.0034	0	0.0046	0
42		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0003	0	0.0007	0	0.0011	0
43		Commercial mortgages-all other - CM1 - highest quality.....			XXX.....	0	0.0011	0	0.0057	0	0.0074	0
44		Commercial mortgages-all other - CM2 - high quality.....			XXX.....	0	0.0040	0	0.0114	0	0.0149	0
45		Commercial mortgages-all other - CM3 - medium quality.....			XXX.....	0	0.0069	0	0.0200	0	0.0257	0
46		Commercial mortgages-all other - CM4 - low medium quality.....			XXX.....	0	0.0120	0	0.0343	0	0.0428	0
47		Commercial mortgages-all other - CM5 - low quality.....			XXX.....	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, not in process:										
48		Farm mortgages.....			XXX.....	0	0.0480	0	0.0868	0	0.1371	0
49		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0006	0	0.0014	0	0.0023	0
50		Residential mortgages-all other.....			XXX.....	0	0.0029	0	0.0066	0	0.0103	0
51		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0006	0	0.0014	0	0.0023	0
52		Commercial mortgages-all other.....			XXX.....	0	0.0480	0	0.0868	0	0.1371	0
		In process of foreclosure:										
53		Farm mortgages.....			XXX.....	0	0.0000	0	0.1942	0	0.1942	0
54		Residential mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0046	0	0.0046	0
55		Residential mortgages-all other.....			XXX.....	0	0.0000	0	0.0149	0	0.0149	0
56		Commercial mortgages-insured or guaranteed.....			XXX.....	0	0.0000	0	0.0046	0	0.0046	0
57		Commercial mortgages-all other.....			XXX.....	0	0.0000	0	0.1942	0	0.1942	0
58		Total Schedule B mortgages (sum of Lines 35 through 57).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0
59		Schedule DA mortgages.....			XXX.....	0	0.0034	0	0.0114	0	0.0149	0
60		Total mortgage loans on real estate (Lines 58 + 59).....	0	0	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

ASSET VALUATION RESERVE
Basic Contribution, Reserve Objective and Maximum Reserve Calculations
Equity and Other Invested Asset Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public.....		XXX.....	XXX.....	0	0.0000	0	(a).....	0	(a).....	0
2		Unaffiliated private.....		XXX.....	XXX.....	0	0.0000	0	0.1945	0	0.1945	0
3		Federal Home Loan Bank.....		XXX.....	XXX.....	0	0.0000	0	0.0061	0	0.0097	0
4		Affiliated life with AVR.....	7,750,181	XXX.....	XXX.....	7,750,181	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations.....				0	XXX.....		XXX.....		XXX.....	
6		Fixed income highest quality.....				0	XXX.....		XXX.....		XXX.....	
7		Fixed income high quality.....				0	XXX.....		XXX.....		XXX.....	
8		Fixed income medium quality.....				0	XXX.....		XXX.....		XXX.....	
9		Fixed income low quality.....				0	XXX.....		XXX.....		XXX.....	
10		Fixed income lower quality.....				0	XXX.....		XXX.....		XXX.....	
11		Fixed income in or near default.....				0	XXX.....		XXX.....		XXX.....	
12		Unaffiliated common stock public.....				0	0.0000	0	(a).....	0	(a).....	0
13		Unaffiliated common stock private.....				0	0.0000	0	0.1945	0	0.1945	0
14		Real estate.....				0	(b).....	0	(b).....	0	(b).....	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual).....		XXX.....	XXX.....	0	0.0000	0	0.1580	0	0.1580	0
16		Affiliated - all other.....		XXX.....	XXX.....	0	0.0000	0	0.1945	0	0.1945	0
17		Total common stock (sum of Lines 1 through 16).....	7,750,181	0	0	7,750,181	XXX.....	0	XXX.....	0	XXX.....	0
		REAL ESTATE										
18		Home office property (General Account only).....				0	0.0000	0	0.0912	0	0.0912	0
19		Investment properties.....				0	0.0000	0	0.0912	0	0.0912	0
20		Properties acquired in satisfaction of debt.....				0	0.0000	0	0.1337	0	0.1337	0
21		Total real estate (sum of Lines 18 through 20).....	0	0	0	0	XXX.....	0	XXX.....	0	XXX.....	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality.....		XXX.....	XXX.....	0	0.0005	0	0.0016	0	0.0033	0
24	2	High quality.....		XXX.....	XXX.....	0	0.0021	0	0.0064	0	0.0106	0
25	3	Medium quality.....		XXX.....	XXX.....	0	0.0099	0	0.0263	0	0.0376	0
26	4	Low quality.....		XXX.....	XXX.....	0	0.0245	0	0.0572	0	0.0817	0
27	5	Lower quality.....		XXX.....	XXX.....	0	0.0630	0	0.1128	0	0.1880	0
28	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2370	0	0.2370	0
29		Total with bond characteristics (sum of Lines 22 through 28).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	0

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Equity
NONE

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written.....	2,410,862	XXX	12,637	XXX		XXX	22,131	XXX		XXX	2,376,094	XXX		XXX		XXX		XXX
2.	Premiums earned.....	2,436,189	XXX	12,608	XXX		XXX	22,476	XXX		XXX	2,401,105	XXX		XXX		XXX		XXX
3.	Incurred claims.....	1,641,494	67.4	15,038	119.3	0	0.0	15,157	67.4	0	0.0	1,611,299	67.1	0	0.0	0	0.0	0	0.0
4.	Cost containment expenses.....	3,000	0.1		0.0		0.0		0.0		0.0	3,000	0.1		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	1,644,494	67.5	15,038	119.3	0	0.0	15,157	67.4	0	0.0	1,614,299	67.2	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	(49,893)	(2.0)	(42,640)	(338.2)	0	0.0	0	0.0	0	0.0	(7,253)	(0.3)	0	0.0	0	0.0	0	0.0
7.	Commissions (a).....	(48,619)	(2.0)	(85)	(0.7)		0.0	(3,643)	(16.2)		0.0	(44,891)	(1.9)		0.0		0.0		0.0
8.	Other general insurance expenses.....	215,612	8.9	3,372	26.7		0.0	1,902	8.5		0.0	210,338	8.8		0.0		0.0		0.0
9.	Taxes, licenses and fees.....	151,758	6.2	456	3.6		0.0	468	2.1		0.0	150,691	6.3	143	0.0		0.0		0.0
10.	Total other expenses incurred.....	318,751	13.1	3,743	29.7	0	0.0	(1,273)	(5.7)	0	0.0	316,138	13.2	143	0.0	0	0.0	0	0.0
11.	Aggregate write-ins for deductions.....	11,921	0.5	196	1.6	0	0.0	108	0.5	0	0.0	11,617	0.5	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds.....	510,916	21.0	36,271	287.7	0	0.0	8,484	37.7	0	0.0	466,304	19.4	(143)	0.0	0	0.0	0	0.0
13.	Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds.....	510,916	21.0	36,271	287.7	0	0.0	8,484	37.7	0	0.0	466,304	19.4	(143)	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS																			
1101.	Increase in Loading.....	(327)	(0.0)	5	0.0		0.0		0.0		0.0	(332)	(0.0)		0.0		0.0		0.0
1102.	Penalties.....	12,227	0.5	191	1.5		0.0	108	0.5		0.0	11,928	0.5		0.0		0.0		0.0
1103.	Express Script Rebates.....	21	0.0		0.0		0.0		0.0		0.0	21	0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above).....	11,921	0.5	196	1.6	0	0.0	108	0.5	0	0.0	11,617	0.5	0	0.0	0	0.0	0	0.0

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

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	163,318	106		1,941		161,271			
2. Advance premiums.....	24,262	445		881		22,936			
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	187,580	551	0	2,822	0	184,207	0	0	0
5. Total premium reserves, prior year.....	212,275	464		2,877		208,934			
6. Increase in total premium reserves.....	(24,695)	87	0	(55)	0	(24,727)	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	147,907	29,262				118,645			
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	147,907	29,262	0	0	0	118,645	0	0	0
4. Total contract reserves, prior year.....	197,800	71,902				125,898			
5. Increase in contract reserves.....	(49,893)	(42,640)	0	0	0	(7,253)	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	164,109	2,216	0	1,334	0	160,559	0	0	0
2. Total prior year.....	192,960	2,382		1,470		189,108			
3. Increase.....	(28,851)	(166)	0	(136)	0	(28,549)	0	0	0

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	185,613	460		1,178		183,975			
1.2 On claims incurred during current year.....	1,484,732	14,744		14,115		1,455,873			
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	1,715					1,715			
2.2 On claims incurred during current year.....	162,394	2,216		1,334		158,844			
3. Test:									
3.1 Lines 1.1 and 2.1.....	187,328	460	0	1,178	0	185,690	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	192,960	2,382		1,470		189,108			
3.3 Line 3.1 minus Line 3.2.....	(5,632)	(1,922)	0	(292)	0	(3,418)	0	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	1,000,153	6,478		20,412		957,532	15,731		
2. Premiums earned.....	1,010,279	6,449		20,757		967,342	15,731		
3. Incurred claims.....	636,683	6,492		14,123		593,981	22,087		
4. Commissions.....	105,744	1,239		3,643		100,862			

(a) Includes \$0 premium deficiency reserve.

Cigna National Health Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4
	Medical	Dental	Other	Total
A. Direct:				
1. Incurred claims.....	22,088	39,398	2,216,687	2,278,173
2. Beginning claim reserves and liabilities.....		4,096	291,286	295,382
3. Ending claim reserves and liabilities.....	11,295	3,634	249,608	264,537
4. Claims paid.....	10,793	39,860	2,258,365	2,309,018
B. Assumed Reinsurance:				
5. Incurred claims.....				.0
6. Beginning claim reserves and liabilities.....				.0
7. Ending claim reserves and liabilities.....				.0
8. Claims paid.....	.0	.0	.0	.0
C. Ceded Reinsurance:				
9. Incurred claims.....	22,088	18,281	.596,312	.636,681
10. Beginning claim reserves and liabilities.....	-	1,995	.271,107	.273,102
11. Ending claim reserves and liabilities.....	11,295	1,764	.228,827	.241,886
12. Claims paid.....	10,793	18,512	.638,592	.667,897
D. Net:				
13. Incurred claims.....	.0	.21,117	.1,620,375	.1,641,492
14. Beginning claim reserves and liabilities.....	.0	.2,101	.20,179	.22,280
15. Ending claim reserves and liabilities.....	.0	.1,870	.20,781	.22,651
16. Claims paid.....	.0	.21,348	.1,619,773	.1,641,121
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....		.21,117	.1,623,375	.1,644,492
18. Beginning reserves and liabilities.....		.2,101	.20,179	.22,280
19. Ending reserves and liabilities.....		.1,870	.21,640	.23,510
20. Paid claims and cost containment expenses.....	.0	.21,348	.1,621,914	.1,643,262

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

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

SCHEDULE S - PART 2

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

1	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....		71,757
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....		82,777
82627.....	06-0839705....	02/01/1983	Swiss Re Life & Health of America Inc	MO.....	14,000	
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				14,000	154,534
1099999.	Total - Life and Annuity Non-Affiliates.....				14,000	154,534
1199999.	Total - Life and Annuity.....				14,000	154,534

Accident and Health - Non-Affiliates - U.S. Non-Affiliates

88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	138,612	62,292
88340.....	59-2859797....	01/01/1998	Hannover Life Reassurance Co of America.....	FL.....	348	3,793
71404.....	47-0463747....	01/01/2006	Continental General Insurance Company.....	OH.....	2,498	81
60836.....	42-0113630....	08/01/2006	American Republic Insurance Company.....	IA.....		11,295
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				141,458	77,461
2199999.	Total - Accident and Health Non-Affiliates.....				141,458	77,461
2299999.	Total - Accident and Health.....				141,458	77,461
2399999.	Total U.S.....				155,458	231,995
9999999.	Total.....				155,458	231,995

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	CO/I.....	OL.....	10,959,549	1,495,687	1,580,486	290,130	.....	.....	.....	.....
63312.....	13-1935920....	08/31/2012	Great American Life Insurance Company.....	OH.....	CO/I.....	FA.....	.....	.....3,665,968	3,669,956	43,365	.....	.....	.....	.....
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	CO/I.....	FA.....	.....	.....3,689,221	3,698,259	43,365	.....	.....	.....	.....
88340.....	59-2859797....	08/01/2006	Hannover Life Reassurance Co of America.....	FL.....	OTH/I.....	OL.....	8,035,974	616,576	658,670	122,416	.....	.....	.....	.....
88099.....	75-1608507....	10/12/2004	Optimum Re.....	TX.....	YRT/I.....	OL.....	898,849	5,039	4,587	4,607	.....	.....	.....	.....
82627.....	06-0839705....	01/01/2005	Swiss Re Life & Health.....	MO.....	CO/I.....	OL.....	7,891,362	262,937	276,034	22,721	.....	.....	.....	.....
71404.....	47-0463747....	01/01/2006	Continental General Insurance Comapny.....	TX.....	CO/I.....	FA.....	.....	.....323,582	383,783	9,614	.....	.....	.....	.....
71404.....	47-0463747....	01/01/2006	Continental General Insurance Comapny.....	TX.....	CO/I.....	OL.....	1,129,387	15,921	16,378	8,648	.....	.....	.....	.....
60836.....	42-0113630....	08/01/2006	American Republic Insurance Company	IA.....	CO/G.....	OL.....	.....	.....	.....	.....77	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						28,915,121	10,074,931	10,288,153	544,943	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						28,915,121	10,074,931	10,288,153	544,943	0	0	0	0
1199999.	Total - General Account - Authorized.....						28,915,121	10,074,931	10,288,153	544,943	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						28,915,121	10,074,931	10,288,153	544,943	0	0	0	0
6999999.	Total U.S.....						28,915,121	10,074,931	10,288,153	544,943	0	0	0	0
9999999.	Total.....						28,915,121	10,074,931	10,288,153	544,943	0	0	0	0

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/G.....	A.....	.....	.....33	.....	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/G.....	D.....	6,066	72	.....	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/G.....	SD.....	152	.....	.....	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/G.....	LTDI.....	.....	.....	.....30,793	.....	.....	.....	.....
88340.....	59-2859797....	.01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	OTH/G.....	LTDI.....	.....	.....	.....3,063	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	A.....	210	.....	.....56,977	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	LTDI.....	196	.....	.....	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	MS.....	928,084	67,082	9,012	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	SD.....	23,192	4,546	24,614	.....	.....	.....	.....
88340.....	59-2859797....	.08/01/2006	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	D.....	20,412	1,937	.....	.....	.....	.....	.....
88340.....	59-2859797....	.01/01/1998	Hannover Life Reassurance Company of America.....	FL.....	OTH/I.....	SD.....	4,015	1,256	.....	.....	.....	.....	.....
67679.....	23-1609793....	.08/01/2006	American Republic Insurance Company.....	IA.....	OTH/I.....	CMM.....	20,135	152	.....	.....	.....	.....	.....
71404.....	47-0463747....	.01/01/2006	Continental General Insurance Company.....	OH.....	OTH/I.....	MS.....	1,835	.....	.....	.....	.....	.....	.....
71404.....	47-0463747....	.01/01/2006	Continental General Insurance Company.....	OH.....	OTH/I.....	SD.....	.....	.....	.....	.....	.....	.....	.....
71404.....	47-0463747....	.01/01/2006	Continental General Insurance Company.....	OH.....	OTH/G.....	MS.....	79	270	1,991	.....	.....	.....	.....
71404.....	47-0463747....	.01/01/2006	Continental General Insurance Company.....	OH.....	OTH/G.....	LTDI.....	181	.....	.....	.....	.....	.....	.....
62235.....	01-0278678....	.01/01/1994	UNUM Life Insurance Company.....	ME.....	OTH/G.....	LTDI.....	.....	.....	.....18,376	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						1,004,557	75,348	144,826	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000.....	AA-1122000....	.07/01/2019	Lloyds of London.....	GBR.....	CAT/G.....	OM.....	34	.....	.....	.....	.....	.....	.....
00000.....	AA-1122000....	.07/01/2019	Lloyds of London.....	GBR.....	CAT/G.....	A.....	29	.....	.....	.....	.....	.....	.....
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates.....						63	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						1,004,620	75,348	144,826	0	0	0	0
1199999.	Total - General Account - Authorized.....						1,004,620	75,348	144,826	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						1,004,620	75,348	144,826	0	0	0	0
6999999.	Total - U.S.....						1,004,557	75,348	144,826	0	0	0	0
7099999.	Total - Non-U.S.....						63	0	0	0	0	0	0
9999999.	Total.....						1,004,620	75,348	144,826	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

SCHEDULE S - PART 6

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

		1	2	3	4	5
		2019	2018	2017	2016	2015
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	1,550	1,786	2,108	2,397	2,784
2.	Commissions and reinsurance expense allowances.....	117	144	180	229	283
3.	Contract claims.....	1,171	1,319	1,897	1,396	2,100
4.	Surrender benefits and withdrawals for life contracts.....					
5.	Dividends to policyholders and refunds to members.....					
6.	Reserve adjustments on reinsurance ceded.....					
7.	Increase in aggregate reserves for life and accident and health contracts.....					
B.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....	394	455	522	584	661
9.	Aggregate reserves for life and accident and health contracts.....	10,295	10,566	11,314	11,551	12,181
10.	Liability for deposit-type contracts.....	29	31	9	9	
11.	Contract claims unpaid.....	232	381	221	587	424
12.	Amounts recoverable on reinsurance.....	155	171	224	223	259
13.	Experience rating refunds due or unpaid.....					
14.	Policyholders' dividends and refunds to members (not included in Line 10).....					
15.	Commissions and reinsurance expense allowances due.....					
16.	Unauthorized reinsurance offset.....					
17.	Offset for reinsurance with certified reinsurers.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F).....					
19.	Letters of credit (L).....					
20.	Trust agreements (T).....					
21.	Other (O).....					
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple beneficiary trust.....					
23.	Funds deposited by and withheld from (F).....					
24.	Letters of credit (L).....					
25.	Trust agreements (T).....					
26.	Other (O).....					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	14,830,968		14,830,968
2. Reinsurance (Line 16).....	184,296		184,296
3. Premiums and considerations (Line 15).....	(229,930)	394,236	164,306
4. Net credit for ceded reinsurance.....	XXX	10,132,867	10,132,867
5. All other admitted assets (balance).....	676,688		676,688
6. Total assets excluding Separate Accounts (Line 26).....	15,462,022	10,527,103	25,989,125
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	15,462,022	10,527,103	25,989,125
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	312,756	10,265,912	10,578,668
10. Liability for deposit-type contracts (Line 3).....		29,196	29,196
11. Claim reserves (Line 4).....	162,576	231,995	394,571
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7).....			0
13. Premium & annuity considerations received in advance (Line 8).....	24,262		24,262
14. Other contract liabilities (Line 9).....	24,167		24,167
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount).....			0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount).....			0
17. Reinsurance with certified reinsurers (Line 24.02 inset amount).....			0
18. Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount).....			0
19. All other liabilities (balance).....	333,838		333,838
20. Total liabilities excluding Separate Accounts (Line 26).....	857,599	10,527,103	11,384,702
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	857,599	10,527,103	11,384,702
23. Capital & surplus (Line 38).....	14,604,423	XXX	14,604,423
24. Total liabilities, capital & surplus (Line 39).....	15,462,022	10,527,103	25,989,125
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	10,265,912		
26. Claim reserves.....	231,995		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	29,196		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	0		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	10,527,103		
34. Premiums and considerations.....	394,236		
35. Reinsurance in unauthorized companies.....	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers.....	0		
37. Reinsurance with certified reinsurers.....	0		
38. Funds held under reinsurance treaties with certified reinsurers.....	0		
39. Other ceded reinsurance payables/offsets.....	0		
40. Total ceded reinsurance payables/offsets.....	394,236		
41. Total net credit for ceded reinsurance.....	10,132,867		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only				6
			1	2	3	4	
			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts
Totals							
1.	Alabama.....	AL	17,806	2,600			20,406
2.	Alaska.....	AK	710	-			710
3.	Arizona.....	AZ	5,984	-			5,984
4.	Arkansas.....	AR	5,277	-			5,277
5.	California.....	CA	12	-			12
6.	Colorado.....	CO	1,826	-			1,826
7.	Connecticut.....	CT	-	-			0
8.	Delaware.....	DE	413	-	183		596
9.	District of Columbia.....	DC	-	-			0
10.	Florida.....	FL	3,264	-			3,264
11.	Georgia.....	GA	61	-			61
12.	Hawaii.....	HI	-	-			0
13.	Idaho.....	ID	265	-			265
14.	Illinois.....	IL	13,481	-			13,481
15.	Indiana.....	IN	42,612	2,000			44,612
16.	Iowa.....	IA	4,590	-			4,590
17.	Kansas.....	KS	31,627	1,200			32,827
18.	Kentucky.....	KY	1,839	-			1,839
19.	Louisiana.....	LA	301	-			301
20.	Maine.....	ME	-	-			0
21.	Maryland.....	MD	1,633	-			1,633
22.	Massachusetts.....	MA	-	-			0
23.	Michigan.....	MI	8,088	9,614			17,702
24.	Minnesota.....	MN	-	-			0
25.	Mississippi.....	MS	815	-			815
26.	Missouri.....	MO	26,277	-			26,277
27.	Montana.....	MT	-	-			0
28.	Nebraska.....	NE	-	-			0
29.	Nevada.....	NV	600	-			600
30.	New Hampshire.....	NH	-	-			0
31.	New Jersey.....	NJ	-	-			0
32.	New Mexico.....	NM	-	-			0
33.	New York.....	NY	1,214	-			1,214
34.	North Carolina.....	NC	85,489	-			85,489
35.	North Dakota.....	ND	726	-			726
36.	Ohio.....	OH	77,856	77,080	209		155,145
37.	Oklahoma.....	OK	4,583	-			4,583
38.	Oregon.....	OR	-	-			0
39.	Pennsylvania.....	PA	6,859	3,300			10,159
40.	Rhode Island.....	RI	-	-			0
41.	South Carolina.....	SC	16,637	-			16,637
42.	South Dakota.....	SD	632	-			632
43.	Tennessee.....	TN	13,063	-			13,063
44.	Texas.....	TX	21,791	-			21,791
45.	Utah.....	UT	2,481	-			2,481
46.	Vermont.....	VT	-	-			0
47.	Virginia.....	VA	60,471	-			60,471
48.	Washington.....	WA	-	-			0
49.	West Virginia.....	WV	8,230	550			8,780
50.	Wisconsin.....	WI	-	-			0
51.	Wyoming.....	WY	-	-			0
52.	American Samoa.....	AS					0
53.	Guam.....	GU					0
54.	Puerto Rico.....	PR					0
55.	US Virgin Islands.....	VI					0
56.	Northern Mariana Islands.....	MP					0
57.	Canada.....	CAN					0
58.	Aggregate Other Alien.....	OT					0
59.	Totals.....		467,513	96,344	392	0	564,249

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	222 Main Street CARING GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	46-4671745..	.....	.....	.....	222 Main Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	46-4926192..	.....	.....	.....	3601 North Fairfax Drive Associates, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	680 Investors LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	...85.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	685 New Hampshire LLC.....	CA.....	NIA.....	SB-SNH LLC.....	Ownership.....	...85.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	82-4794800..	.....	.....	.....	9171 Wilshire CPI-CII LLC.....	DE.....	NIA.....	CPI-CII 9171 Wilshire JV LLC.....	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	11-3358535..	.....	.....	.....	Accredo Health Group, Inc.	DE.....	NIA.....	Accredo Health, Incorporated	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	55-0894449..	.....	.....	.....	Accredo Health, Incorporated	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	30-0939067..	.....	.....	.....	Affiliated Hotel Subsidiary LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	13-3888838..	.....	.....	.....	AHG of New York, Inc.....	NY.....	NIA.....	Accredo Health, Incorporated	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	75-3040465..	.....	.....	.....	Airport Holdings, LLC.....	NJ.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	35-2562415..	.....	.....	.....	Alegis Care Services, LLC.....	DE.....	NIA.....	Home Physicians Management, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	81-0400550..	.....	.....	.....	Allegiance Benefit Plan Management, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	03-0507057..	.....	.....	.....	Allegiance Care Management, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	71-0916514..	.....	.....	.....	Allegiance COBRA Services, Inc.	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	12814..	20-4433475..	.....	.....	.....	Allegiance Life & Health Insurance Company...	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	...95.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	26-2201582..	.....	.....	.....	Allegiance Provider Direct, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	20-3851464..	.....	.....	.....	Allegiance Re, Inc.....	MT.....	IA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	88366..	59-2760189..	.....	.....	.....	American Retirement Life Insurance Company..	OH.....	IA.....	Loyal American Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	82-3315524..	.....	.....	.....	Arbor Heights Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	86-3581583..	.....	.....	.....	Arizona Health Plan, Inc.....	AZ.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	46-1543748..	.....	.....	.....	AS Acquisition Corp.....	SC.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Ascent Health Services LLC.....	DE.....	NIA.....	Cigna Spruce Holdings GmbH.....	Ownership.....	...80.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	81-0585518..	.....	.....	.....	Benefit Management Corp.....	MT.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	81-2650133..	.....	.....	.....	Berewick Apartments LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...85.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	43-1815573..	.....	.....	.....	Biopartners in Care, Inc.	MO.....	NIA.....	Accredo Health, Incorporated	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1522976..	.....	.....	.....	Blodget & Hazard Limited.....	GBR.....	NIA.....	Cigna Re Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	10095..	52-2259087..	.....	.....	.....	Bravo Health Mid-Atlantic, Inc.....	MD.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	11524..	52-2363406..	.....	.....	.....	Bravo Health Pennsylvania, Inc.....	PA.....	IA.....	NewQuest Management Northeast, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	27-1713977..	.....	.....	.....	Brighter, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	61-1162797..	.....	.....	.....	Care Continuum, Inc.....	KY.....	NIA.....	SpectraCare Health Care Ventures, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	26-0180898..	.....	.....	.....	CareAllies, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	81-2760646..	.....	.....	.....	CareAllies, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	14-1831391..	.....	.....	.....	CareCore National, LLC.....	NY.....	NIA.....	eviCore 1, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	10144..	20-1089572..	.....	.....	.....	CareCore NJ, LLC.....	NJ.....	IA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	27-3845847..	.....	.....	.....	CareNext Managed Care, LLC.....	NY.....	NIA.....	CareNext Post-Acute, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		47-2873703..				CareNext Post-Acute, LLC.....	DE.....	NIA.....	CareCore National, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		45-2681649..				CarePlexus, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-1400586..				CARING 18th & Salmon Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2562994..				CARING 500 Ygnacio Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		84-1960231..				CARING 3130 Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2318410..				CARING 9171 Wilshire Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2851501..				CARING Alta Englewood Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2563284..				CARING Alta Woodson Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		32-0570889..				CARING Capitol Hill GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		37-1903297..				CARING Capitol Hill LP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2851364..				CARING Century Plaza Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2318370..				CARING Dulles Town Center Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-3701937..				CARING Firestone Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-000000..				CARING JA Lofts Investor LP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-000000..				CARING JA Lofts Investor GP LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2318233..				CARING Heights at Bear Creek Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-1400482..				CARING Hillcrest Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2339522..				CARING Mallory Square Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2563138..				CARING Soma Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2633790..				CARING Alexan Enclave Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2633886..				CARING Orange Collection Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-8294933..				CARING South Coast Subsidiary LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		38-4085763..				CARING Westcore Holding Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-3923178..				CARING XR International Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-4317078..				CARING XR 2 International Investor LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		45-2604992..				CCN NMO, LLC.....	NY.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		33-1039759..				CCN-WNY IPA, LLC.....	NY.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		34-1970892..				Ceres Sales of Ohio, LLC.....	OH.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1332403..				CG Individual Tax Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1332405..				CG Life Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1332401..				CG LINA Pension Benefits Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		84-2083351..				CG-AQ 477 South Market Street LLC.....	DE.....	NIA.....	CARING Firestone Investor LLC.....	Ownership.....	...85.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		83-2993316..				CG-Muller 550 Winchester, LLC.....	DE.....	NIA.....	CARING Century Plaza Investor LLC.....	Ownership.....	...90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		45-5499889..				CG Seventh Street, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...87.500	Cigna Corporation.....	N.....	
0901	Cigna Group.....		82-1280312..				CG/Wood ALTA 601, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		81-3281922..				CGGL Chapman LLC.....	DE.....	NIA.....	CGGL Orange Collection LLC.....	Ownership.....	...90.000	Cigna Corporation.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		81-3313562..				CGGL City Parkway LLC.....	DE.....	NIA.....	CGGL Orange Collection LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		61-1797835..				CGGL Orange Collection LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				CGGL Orange Collection Mezz LLC.....	DE.....	NIA.....	CARING Orange Collection Investor LLC.....	Ownership.....	100.000	Cigna corporation.....	N.....	
0901	Cigna Group.....		84-1921719..				CGGL XR International LLC.....	DE.....	NIA.....	CARING XR International Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		84-1843578..				CGGL XR 2 International LLC.....	DE.....	NIA.....	CARING XR 2 International Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				CGO Participatos LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	99.780	Cigna Corporation.....	N.....	
0901	Cigna Group.....		59-3466707..				Chiro Alliance Corporation.....	FL.....	NIA.....	Palladian Health of Florida, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		81-3389374..				CIG-LEI Ygnacio Associates LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		82-4774243..				CI-GS Portland, LLC.....	DE.....	NIA.....	CARING 18th & Salmon Investor LLC.....	Ownership.....	86.200	cigna Corporation.....	N.....	
0901	Cigna Group.....		82-1612980..				CI-GS Hillcrest LLC.....	DE.....	NIA.....	CARING Hillcrest Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna & CMB Health Services Company, Ltd....	CHN.....	NIA.....	Cigna & CMB Life Insurance Company Limited	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		914400007109				Cigna & CMB Life Insurance Company Limited.	CHN.....	IA.....	Life Insurance Company of North America.....	Ownership.....	50.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				CIGNA 2000 UK Pension LTD.....	GBR.....	NIA.....	Cigna European Services (UK) Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		27-5402196..				Cigna Affiliates Realty Investment Group, LLC..	DE.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Alder Holdings, LLC.....	DE.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Apac Holdings, Ltd.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....	13733..	03-0452349..				Cigna Arbor Life Insurance Company.....	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1181787..				Cigna Beechwood Holdings.....	BEL.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	51.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		94-3107309..				Cigna Behavioral Health of California, Inc.....	CA.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		75-2751090..				Cigna Behavioral Health of Texas, Inc.....	TX.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		41-1648670..				Cigna Behavioral Health, Inc.....	MN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Bellevue Alpha LLC.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		02-0515554..				Cigna Benefit Technology Solutions, Inc.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		01-0947889..		1489070		Cigna Benefits Financing, Inc.....	DE.....	NIA.....	Cigna Investments, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Brokerage & Marketing (Thailand) Limited	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	53.250	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Cedar Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1137759..				Cigna Chestnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		27-3396038..				Cigna Corporate Services, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		82-4991898..		1739940	US.....	Cigna Corporation (A Delaware corporation and ultimate parent company)	DE.....	UIP.....	Publicly Traded.....	Ownership.....	100.000	Publicly Traded.....	N.....	
0901	Cigna Group.....		00-0000000..				Cigna Data Services (Shanghai) Company Limited	CHN.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		59-2600475..				Cigna Dental Health Of California, Inc.....	CA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....	11175..	59-2675861..				Cigna Dental Health Of Colorado, Inc.....	CO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	95380...	59-2676987..	.....	.....	.....	Cigna Dental Health Of Delaware, Inc.....	DE.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52021...	59-1611217..	.....	.....	.....	Cigna Dental Health Of Florida, Inc.....	FL.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	06-1351097..	.....	.....	.....	Cigna Dental Health Of Illinois, Inc.....	IL.....	NIA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52024...	59-2625350..	.....	.....	.....	Cigna Dental Health Of Kansas, Inc.....	KS.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52108...	59-2619589..	.....	.....	.....	Cigna Dental Health Of Kentucky, Inc.....	KY.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	48119...	20-2844020..	.....	.....	.....	Cigna Dental Health Of Maryland, Inc.....	MD.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	11160...	06-1582068..	.....	.....	.....	Cigna Dental Health Of Missouri, Inc.....	MO.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	11167...	59-2308062..	.....	.....	.....	Cigna Dental Health Of New Jersey, Inc.....	NJ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95179...	56-1803464..	.....	.....	.....	Cigna Dental Health Of North Carolina, Inc.....	NC.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	47805...	59-2579774..	.....	.....	.....	Cigna Dental Health Of Ohio, Inc.....	OH.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	47041...	52-1220578..	.....	.....	.....	Cigna Dental Health Of Pennsylvania, Inc.....	PA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95037...	59-2676977..	.....	.....	.....	Cigna Dental Health Of Texas, Inc.....	TX.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	52617...	52-2188914..	.....	.....	.....	Cigna Dental Health Of Virginia, Inc.....	VA.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	47013...	86-0807222..	.....	.....	.....	Cigna Dental Health Plan Of Arizona, Inc.....	AZ.....	IA.....	Cigna Dental Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	59-2308055..	.....	.....	.....	Cigna Dental Health, Inc.....	FL.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	58-1136865..	.....	.....	.....	Cigna Direct Marketing Company, Inc.....	DE.....	NIA.....	Life Insurance Company of North America.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	98-1155943..	.....	.....	.....	Cigna Elmwood Holdings, Ltd.....	BEL.....	NIA.....	Cigna Myrtle Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Europe Insurance Company S.A.-N.V.....	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	...99.999	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna European Services (UK) Limited.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	62-1724116..	.....	.....	.....	Cigna Federal Benefits, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Finans Emeklilik Ve Hayat A.S.....	TUR.....	NIA.....	Cigna Nederland Gamma, B.V.....	Ownership.....	...51.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	51-0389196..	.....	.....	.....	Cigna Global Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	68-0676638..	.....	.....	.....	Cigna Global Insurance Company Limited.....	GGY.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.990	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	98-0210110..	.....	.....	.....	Cigna Global Reinsurance Company, Ltd.....	BMU.....	IA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	224 72651 194	.....	.....	.....	Cigna Global Wellbeing Holdings Limited.....	GBR.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...70.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	579 23011 036	.....	.....	.....	Cigna Global Wellbeing Solutions Limited.....	GBR.....	NIA.....	Cigna Global Wellbeing Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	67369...	59-1031071..	.....	.....	.....	Cigna Health and Life Insurance Company.....	CT.....	UDP.....	Connecticut General Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	62-1312478..	.....	.....	.....	Cigna Health Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-1728483..	.....	.....	.....	Cigna Health Management, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Health Solution India Pvt. Ltd.....	IND.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.900	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-2741293..	.....	.....	.....	Cigna Healthcare Benefits, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	84-0985843..	.....	.....	.....	Cigna Healthcare Holdings, Inc.....	CO.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95599...	52-1404350..	.....	.....	.....	Cigna HealthCare Mid-Atlantic, Inc.....	MD.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95125...	86-0334392..	.....	.....	.....	Cigna HealthCare of Arizona, Inc.....	AZ.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	95-3310115..	.....	.....	.....	Cigna HealthCare of California, Inc.....	CA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95604...	84-1004500..	.....	.....	.....	Cigna HealthCare of Colorado, Inc.....	CO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95660...	06-1141174..	.....	.....	.....	Cigna HealthCare of Connecticut, Inc.....	CT.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	95136...	59-2089259..	.....	.....	.....	Cigna HealthCare of Florida, Inc.....	FL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	96229...	58-1641057..	.....	.....	.....	Cigna HealthCare of Georgia, Inc.....	GA.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95602...	36-3385638..	.....	.....	.....	Cigna HealthCare of Illinois, Inc.....	IL.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95525...	35-1679172..	.....	.....	.....	Cigna HealthCare of Indiana, Inc.....	IN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95477...	01-0418220..	.....	.....	.....	Cigna HealthCare of Maine, Inc.....	ME.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95220...	02-0402111..	.....	.....	.....	Cigna HealthCare of Massachusetts, Inc.....	MA.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95493...	02-0387749..	.....	.....	.....	Cigna HealthCare of New Hampshire, Inc.....	NH.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95500...	22-2720890..	.....	.....	.....	Cigna HealthCare of New Jersey, Inc.....	NJ.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95132...	56-1479515..	.....	.....	.....	Cigna HealthCare of North Carolina, Inc.....	NC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95121...	23-2301807..	.....	.....	.....	Cigna HealthCare of Pennsylvania, Inc.....	PA.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95708...	06-1185590..	.....	.....	.....	Cigna HealthCare of South Carolina, Inc.....	SC.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95635...	36-3359925..	.....	.....	.....	Cigna HealthCare of St. Louis, Inc.....	MO.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95606...	62-1218053..	.....	.....	.....	Cigna HealthCare of Tennessee, Inc.....	TN.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95383...	74-2767437..	.....	.....	.....	Cigna HealthCare of Texas, Inc.....	TX.....	IA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95518...	62-1230908..	.....	.....	.....	Cigna HealthCare of Utah, Inc.....	UT.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	02-0495422..	.....	.....	.....	Cigna Healthcare, Inc.....	VT.....	NIA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna HLA Technology Services Limited	HKG.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	06-1059331..	.....	.....	.....	Cigna Holding Company.....	DE.....	UIP.....	Cigna Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-3009279..	.....	.....	.....	Cigna Holdings Overseas, Inc.....	DE.....	NIA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	06-1072796..	.....	.....	.....	Cigna Holdings, Inc.....	DE.....	UIP.....	Cigna Holding Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Hong Kong Holdings Company Limited..	HKG.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-1903785..	.....	.....	.....	Cigna Insurance Agency, LLC.....	CT.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Insurance Management Services (DIFC), Ltd.	ARE.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Insurance Middle East S.A.L.....	LBN.....	IA.....	Cigna Cedar Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Insurance Public Company Limited.....	THA.....	IA.....	KDM Thailand Limited.....	Ownership.....	...75.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Insurance Services (Europe) Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-2924152..	.....	.....	.....	Cigna Integratedcare, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	51-0402128..	.....	.....	.....	Cigna Intellectual Property, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	51-0111677..	.....	.....	.....	Cigna International Corporation, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	52-0291385..	.....	.....	.....	Cigna International Finance, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna International Health Services Kenya Limited	KEN.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna International Health Services Sdn. Bhd...	MYS.....	NIA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna International Health Services, BVBA.....	BEL.....	NIA.....	Cigna Elmwood Holdings, Ltd.....	Ownership.....	...51.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	30-0526216..	.....	.....	.....	Cigna International Health Services, LLC.....	FL.....	NIA.....	Cigna International Health Services, BVBA.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.5

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		010554603836.....				Cigna International Marketing (Thailand) Limited	THA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	99.900	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna International Services Australia Pty Ltd.....	AUS.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		23-2610178.....				Cigna International Services, Inc.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1095823.....				Cigna Investment Group, Inc.....	DE.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-0861092.....				Cigna Investments, Inc.....	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)	KOR.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1146864.....				Cigna Laurel Holdings, Ltd.....	BMU.....	NIA.....	Cigna Linden Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Legal Protection U.K. Ltd.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		AA-1560515.....				Cigna Life Insurance Company of Canada.....	CAN.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		AA-1240009.....				Cigna Life Insurance Company of Europe S.A.-N.V.	BEL.....	IA.....	Cigna Beechwood Holdings.....	Ownership.....	99.993	Cigna Corporation.....	N.....	
0901	Cigna Group.....	64548.....	13-2556568.....	3281743.....			Cigna Life Insurance Company of New York.....	NY.....	IA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Life Insurance New Zealand Limited.....	NZL.....	IA.....	Cigna New Zealand Holdings Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		46-4110289.....				Cigna Linden Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	82.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1232512.....				Cigna Magnolia Holdings, Ltd.....	BMU.....	NIA.....	Cigna Palmetto Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		23-2741294.....				Cigna Managed Care Benefits Company.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1154657.....				Cigna Myrtle Holdings, Ltd.....	MLT.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	74.560	Cigna Corporation.....	N.....	
0901	Cigna Group.....	61727.....	34-0970995.....				Cigna National Health Insurance Company.....	OH.....	RE.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Nederland Gamma B.V.....	NLD.....	NIA.....	Cigna Walnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna New Zealand Finance Limited.....	NZL.....	NIA.....	Cigna New Zealand Holdings Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna New Zealand Holdings Limited.....	NZL.....	NIA.....	Cigna Hong Kong Holdings Company Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Oak Holdings, Ltd.....	GBR.....	NIA.....	Cigna Elmwood Holdings, SPRL.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		32-0222252.....				Cigna Onsite Health, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		98-1232443.....				Cigna Palmetto Holdings, Ltd.....	BMU.....	NIA.....	Cigna Laurel Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		46-4099800.....				Cigna Poplar Holdings, Inc.....	DE.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1071502.....				Cigna RE Corporation.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		06-1567902.....				Cigna Resource Manager, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Spruce Holdings GmBH.....	CHE.....	NIA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Taiwan Life Assurance Company Limited	TWN.....	IA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Teak Holdings, LLC.....	DE.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	
0901	Cigna Group.....		00-0000000.....				Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)	TUR.....	NIA.....	Cigna Magnolia Holdings, Ltd.....	Ownership.....	100.000	Cigna Corporation.....	N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	83-1069280..	.....	.....	.....	Cigna Ventures, LLC.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Walnut Holdings, Ltd.....	GBR.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Willow Holdings, Ltd.....	GBR.....	NIA.....	Cigna Oak Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Worldwide General Insurance Company Limited	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	90859..	23-2088429..	.....	.....	.....	Cigna Worldwide Insurance Company.....	DE.....	IA.....	Cigna Global Reinsurance Company, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Cigna Worldwide Life Insurance Company Limited	HKG.....	IA.....	Cigna Hong Kong Holdings Company Limited.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	ManipalCigna Health Insurance Company Limited	IN.....	IA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...49.000	TTK (non-affiliate).....	...N.....	.....
0901	Cigna Group.....	.....	84-1461840..	.....	.....	.....	Community Health Network, LLC.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...50.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-1252419..	.....	.....	.....	Connecticut General Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	06-0840391..	.....	.....	.....	Connecticut General Corporation.....	CT.....	NIA.....	Cigna Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	62308..	06-0303370..	.....	23419	.....	Connecticut General Life Insurance Company...	CT.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	82-4936006..	.....	.....	.....	CPI-CII 9171 Wilshire JV LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	27-3555688..	.....	.....	.....	CR Washington Street Investors LP.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...33.820	Charles River Washington Street LLC (non-affiliate)	...N.....	.....
0901	Cigna Group.....	.....	47-2746692..	.....	.....	.....	Cricket Health, Inc.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...9.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	36-4369972..	.....	.....	.....	CuraScript, Inc.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	16-1526641..	.....	.....	.....	Diversified NY IPA, Inc.....	NY.....	NIA.....	Diversified Pharmaceutical Services, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	41-1627938..	.....	.....	.....	Diversified Pharmaceutical Services, Inc.....	MN.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	71-0958489..	.....	.....	.....	DNA Direct, Inc.....	DE.....	NIA.....	AS Acquisition Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	52-2099336..	.....	.....	.....	Dulles Town Center Mall, LLC.....	VA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...50.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	27-3542089..	.....	.....	.....	Econdisc Contracting Solutions, LLC.....	DE.....	NIA.....	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership.....	...90.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	CN 98-035879	.....	.....	.....	ESI Canada.....	CAN.....	NIA.....	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	CN 98-035879	.....	.....	.....	ESI GP Canada ULC.....	CAN.....	NIA.....	Express Scripts Canada Co.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	43-1925556..	.....	.....	.....	ESI GP Holdings, Inc.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	ESI GP2 Canada ULC.....	CAN.....	NIA.....	Express Scripts Canada Co.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	74-2974964..	.....	.....	.....	ESI Mail Order Processing, Inc. (f/k/a NXI).....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	43-1867735..	.....	.....	.....	ESI Mail Pharmacy Service, Inc.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	43-1925562..	.....	.....	.....	ESI Partnership.....	DE.....	NIA.....	Express Scripts, Inc. (82%); ESI-GP Holdings, Inc. (18%)	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	41-2006555..	.....	.....	.....	ESI Resources, Inc.....	MN.....	NIA.....	ESI Partnership.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....	.....	46-4676347..	.....	.....	.....	eviCore 1, Inc.....	DE.....	NIA.....	Express Scripts Holding Company	Ownership.....	...100.000	Cigna Corporation.....	...N.....	.....
0901	Cigna Group.....		62-1615395..				eviCore healthcare MSI, LLC.....	TN.....	NIA.....	MedSolutions Holdings, Inc.	Ownership.....	...100.000	Cigna Corporation.....	...N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	13918...	27-3175443..	.....	.....	.....	Express Reinsurance Company.....	MO.....	IA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	41-2063830..	.....	.....	.....	Express Scripts Administrators LLC	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	98-0650775/C	.....	.....	.....	Express Scripts Canada Co.....	CAN.....	NIA.....	Express Scripts Canada Holding Co.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	43-1942542..	.....	.....	.....	Express Scripts Canada Holding Co.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-1490640..	.....	.....	.....	Express Scripts Canada Holding, LLC.....	DE.....	NIA.....	Express Scripts Canada Holding Co.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Express Scripts Canada Services.....	CAN.....	NIA.....	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	CN25-001286	.....	.....	.....	Express Scripts Canada Wholesale.....	CAN.....	NIA.....	Express Scripts Canada Co. (99.9%); ESI-GP2 Canada, ULC (0.1%)	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-2884094..	.....	.....	.....	Express Scripts Holding Company.....	DE.....	NIA.....	Cigna Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-5826948..	.....	.....	.....	Express Scripts Pharmaceutical Procurement, LLC	DE.....	NIA.....	ESI Mail Pharmacy Service, Inc. (50%); Express Scripts, Inc. (50%)	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Express Scripts Pharmacy Atlantic, Ltd.....	CAN.....	NIA.....	Express Scripts Canada Services.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Express Scripts Pharmacy Central, Ltd.....	CAN.....	NIA.....	Express Scripts Canada Services.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Express Scripts Pharmacy Ontario, Ltd.....	CAN.....	NIA.....	Express Scripts Canada Services.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Express Scripts Pharmacy West, Ltd.....	CAN.....	NIA.....	Express Scripts Canada Services.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	30-0789911..	.....	.....	.....	Express Scripts Pharmacy, Inc.....	DE.....	NIA.....	Medco Health Services, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-3114423..	.....	.....	.....	Express Scripts Sales Operations, Inc.....	NJ.....	NIA.....	ESI Mail Pharmacy Service, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-3126104..	.....	.....	.....	Express Scripts Senior Care Holdings, Inc.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-3126075..	.....	.....	.....	Express Scripts Senior Care, Inc.....	DE.....	NIA.....	Express Scripts Senior Care Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	43-1832983..	.....	.....	.....	Express Scripts Services Co.	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	43-1869712..	.....	.....	.....	Express Scripts Specialty Distribution Services, Inc.	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-2230703..	.....	.....	.....	Express Scripts Strategic Development, Inc.	NJ.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	43-1869714..	.....	.....	.....	Express Scripts Utilization Management Company	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	43-1420563..	.....	.....	.....	Express Scripts, Inc.....	DE.....	NIA.....	Express Scripts Holding Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	FirstAssist Administration Limited.....	GBR.....	NIA.....	Cigna Willow Holdings, LTD.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-1914061..	.....	.....	.....	Former Cigna Investments, Inc.	DE.....	NIA.....	Cigna Investment Group, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	02-0523249..	.....	.....	.....	Freco, Inc.....	FL.....	NIA.....	Priority Healthcare Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-3229217..	.....	.....	.....	Freedom Service Company, LLC.....	FL.....	NIA.....	Lynnfield Drug, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Gillette Ridge Community Council, Inc.....	CT.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-3700105..	.....	.....	.....	Gillette Ridge Golf, LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	95388..	93-1174749..	.....	.....	.....	Great-West Healthcare of Illinois, Inc.....	IL.....	NIA.....	Cigna Healthcare Holdings, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	GRG Acquisitions LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	119-599-164.	.....	.....	.....	Grown Ups New Zealand Limited.....	NZL.....	NIA.....	Cigna Life Insurance New Zealand Limited.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
						Name of Securities Exchange if Publicly Traded (U.S. or International)					Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)				
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK		Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)		If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....		76-0657035..				GulfQuest, LP.....	TX.....	NIA.....	HouQuest, LLC.....	Ownership.....	...99.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		52-2149519..				Hazard Center Investment Company LLC.....	DE.....	NIA.....	Connecticut General Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		04-2992335..				Healthbridge Reimbursement & Product Support, Inc.....	MA.....	NIA.....	Priority Healthcare Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		26-2159005..				Healthbridge, Inc.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		27-3611739..				HealthFortis, Inc.....	DE.....	NIA.....	AS Acquisition Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		46-2086778..				Health-Lynx, LLC.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		06-1533555..				Healthsource Benefits, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		02-0467679..				Healthsource Properties, Inc.....	NH.....	NIA.....	Healthsource, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		02-0387748..		..855587		Healthsource, Inc.....	DE.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....	12902...	20-8534298..				HealthSpring Life & Health Insurance Company, Inc.....	TX.....	IA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		20-8647386..				HealthSpring Management of America, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....	11532...	65-1129599..				HealthSpring of Florida, Inc.....	FL.....	IA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		26-2353772..				HealthSpring Pharmacy of Tennessee, LLC.....	DE.....	NIA.....	HealthSpring Pharmacy Services, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		26-2353476..				HealthSpring Pharmacy Services, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		72-1559530..				HealthSpring USA, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		20-1821898..		..1339553		HealthSpring, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		81-4139432..				Heights at Bear Creek Venture LLC.....	DE.....	NIA.....	Cigna Affilates Realty Investment Group, LLC.....	Ownership.....	...90.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		20-4266628..				Home Physicians Management, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		75-3108521..				HouQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		37-1708015..				Houston Briar Forest Apartments Limited Partnership.....	DE.....	NIA.....	Cigna Affilates Realty Investment Group, LLC.....	Ownership.....	...80.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		95-4838551..				Ideal Properties II LLC.....	CA.....	NIA.....	Cigna Affilates Realty Investment Group, LLC.....	Ownership.....	...85.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		35-2041388..				IHN, Inc.....	IN.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		82-1655179..				Innovative Product Alignment, LLC.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		82-0658250..				Inside RX, LLC.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		81-0425785..				Intermountain Underwriters, Inc.....	MT.....	NIA.....	Benefit Management Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		84-3406799..				JA Lofts Holdings, LLC.....	DE.....	NIA.....	JA Lofts JV Limited Partnership.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		84-3395923..				JA Lofts JV Limited Partnership.....	DE.....	NIA.....	CARING JA Lofts Investor LP LLC.....	Ownership.....	...90.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		00-0000000..				KDM (Thailand) Limited.....	THA.....	NIA.....	RHP Thailand Limited.....	Ownership.....	...99.900	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		20-8064696..				Kronos Optimal Health Company.....	AZ.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		47-5292506..				L&C Investments, LLC.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		47-4375626..				Lakehills CM-CG LLC.....	DE.....	NIA.....	Cigna Affilates Realty Investment Group, LLC.....	Ownership.....	...90.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		86-0805962..				Landmark Healthcare Colorado, Inc.....	CO.....	NIA.....	Landmark Healthcare, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		68-0393103..				Landmark Healthcare Services, Inc.....	CA.....	NIA.....	Landmark Healthcare, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	
0901	Cigna Group.....		95-4034089..				Landmark Healthcare, Inc.....	CA.....	NIA.....	AS Acquisition Corp.....	Ownership.....	...100.000	Cigna Corporation.....	...N.....	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	65498...	23-1503749..	.....	.....59361	.....	Life Insurance Company of North America.....	PA.....	IA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	06-1252418..	.....	.....	.....	LINA Benefit Payments, Inc.....	DE.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	LINA Financial Service.....	KOR.....	NIA.....	Cigna Korea Chusik Heosa	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	LINA Life Insurance Company of Korea.....	KOR.....	IA.....	Cigna Chestnut Holdings, Ltd.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	65722...	63-0343428..	.....	.....	.....	Loyal American Life Insurance Company.....	OH.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	58-2593075..	.....	.....	.....	Lynnfield Compounding Center, Inc.....	FL.....	NIA.....	Priority Healthcare Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	04-3546044..	.....	.....	.....	Lynnfield Drug, Inc.....	FL.....	NIA.....	Priority Healthcare Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-1506930..	.....	.....	.....	MAH Pharmacy, LLC	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	80-0908244..	.....	.....	.....	Mallory Square Partners I, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...80.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	88-0241365..	.....	.....	.....	Managed Care Consultants, Inc.....	NV.....	NIA.....	Cigna Health Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	51-0500147..	.....	.....	.....	Matrix GPO, LLC.....	IN.....	NIA.....	Priority Healthcare Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	59-3720653..	.....	.....	.....	Matrix Healthcare Services, Inc.....	FL.....	NIA.....	MyMatrixx Holdings, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	06-1346406..	.....	.....	.....	MCC Independent Practice Association of New York, Inc.	NY.....	NIA.....	Cigna Behavioral Health, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	34720...	13-3506395..	.....	.....	.....	Medco Containment Insurance Company of NY	NY.....	IA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	63762...	42-1425239..	.....	.....	.....	Medco Containment Life Insurance Company .	PA.....	IA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-3709630..	.....	.....	.....	Medco Europe II, LLC	DE.....	NIA.....	Medco Europe, LLC	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-2166374..	.....	.....	.....	Medco Europe, LLC	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	81-0616525..	.....	.....	.....	Medco Health Puerto Rico, LLC	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	26-3544786..	.....	.....	.....	Medco Health Services, Inc.	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-3461740..	.....	.....	.....	Medco Health Solutions, Inc.	DE.....	NIA.....	Express Scripts Holding Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	88-0334401..	.....	.....	.....	Mediversal, Inc.....	NV.....	NIA.....	Connecticut General Corporation.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-3801345..	.....	.....	.....	MedSolutions Holdings, Inc.....	DE.....	NIA.....	CareCore National, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	62-1872797..	.....	.....	.....	MedSolutions of Texas, Inc.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	32-0071543..	.....	.....	.....	MSI Health Organization of Texas, Inc.....	TX.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-5492993..	.....	.....	.....	MSI HT, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-5493148..	.....	.....	.....	MSI LT, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	27-5493321..	.....	.....	.....	MSI SAR-GW, LLC	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	86-1090522..	.....	.....	.....	MSIAZ I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-1749733..	.....	.....	.....	MSICA I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-1222347..	.....	.....	.....	MSICO I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	55-0840800..	.....	.....	.....	MSIFL, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	26-0181185..	.....	.....	.....	MSIMD I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	74-3122235..	.....	.....	.....	MSINC I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	11-3715243..	.....	.....	.....	MSINH II, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.10

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	03-0524694..	.....	.....	.....	MSINH, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-1749446..	.....	.....	.....	MSINJ I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-1761914..	.....	.....	.....	MSINV I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	55-0840806..	.....	.....	.....	MSISC II, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	26-0336736..	.....	.....	.....	MSIVT I, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-2536458..	.....	.....	.....	MSIWA, LLC.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	36-4833284..	.....	.....	.....	MyM Technology Services, LLC.....	FL.....	NIA.....	MyMatrixx Holdings, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	82-1350878..	.....	.....	.....	myMatrixx Holdings, LLC.....	DE.....	NIA.....	Express Scripts, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-2589799..	.....	.....	.....	myMatrixx-B, LLC.....	FL.....	NIA.....	Matrix Healthcare Services, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	52-1929677..	.....	.....	.....	NewQuest Management Northeast, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	33-1033586..	.....	.....	.....	NewQuest Management of Alabama, LLC.....	AL.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-4954206..	.....	.....	.....	NewQuest Management of Florida, LLC.....	GA.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	77-0632665..	.....	.....	.....	NewQuest Management of Illinois, LLC.....	IL.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-0633893..	.....	.....	.....	NewQuest Management of West Virginia, LLC..	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	76-0628370..	.....	.....	.....	NewQuest, LLC.....	TX.....	NIA.....	HealthSpring, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	90-1033569..	.....	.....	.....	Notch 8 Residential, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	91-1599329..	.....	.....	.....	Olympic Health Management Services, Inc.....	WA.....	NIA.....	Olympic Health Management Systems, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	91-1500758..	.....	.....	.....	Olympic Health Management Systems, Inc.....	WA.....	NIA.....	Sterling Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-2355015..	.....	1611115	.....	Omada Health, Inc.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...7.693	Cigna Corporation	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	OnePath Life (NZ) Limited.....	NZL.....	IA.....	Cigna New Zealand Holdings Limited.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	26-1937849..	.....	.....	.....	Palladian Health of Florida, LLC.....	DE.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	16-1513067..	.....	.....	.....	Palladian Independent Practice Association, LLC	DE.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	80-0818758..	.....	.....	.....	Patient Provider Alliance, Inc.....	DE.....	NIA.....	Brighter, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	83-2368310..	.....	.....	.....	Piso Delmatico, LLC.....	DE.....	NIA.....	Express Scripts, Inc. (55%); Petco Animal Supplies Stores, Inc. (non-affiliated) (45%)	Ownership.....	...55.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	26-1737661..	.....	.....	.....	Premerus, Inc.....	TN.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	35-1927379..	.....	.....	.....	Priority Healthcare Corporation.....	IN.....	NIA.....	CuraScript, Inc.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	59-3761140..	.....	.....	.....	Priority Healthcare Distribution, Inc.....	FL.....	NIA.....	Priority Healthcare Corp.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	67903..	23-1335885..	.....	.....	.....	Provident American Life & Health Insurance Company	OH.....	DS.....	Cigna National Health Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	PT GAR Indonesia.....	IDN.....	NIA.....	Cigna Holdings Overseas, Inc.....	Ownership.....	...99.160	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	AA-5360003..	.....	.....	.....	PT Asuransi Cigna.....	IDN.....	IA.....	Cigna Worldwide Insurance Company.....	Ownership.....	...99.999	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-5046449..	.....	.....	.....	PUR Arbors Apartments Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	...87.500	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	45-5569416..	.....	.....	.....	QPID Health, LLC.....	DE.....	NIA.....	eviCore Healthcare MSI, LLC.....	Ownership.....	...100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-3744987..	.....	.....	.....	QualCare Alliance Networks, Inc.....	NJ.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	...100.000	Cigna Corporation.....	Y.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

52.11

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	46-1634843..	.....	.....	.....	QualCare Captive Insurance Company Inc., PCC	NJ.....	IA.....	QualCare Alliance Networks, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-1801639..	.....	.....	.....	QualCare Management Resources Limited Liability Company	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-3129563..	.....	.....	.....	QualCare, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	RHP (Thailand) Limited.....	THA.....	NIA.....	Cigna Apac Holdings, Ltd.....	Ownership.....	49.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	83-1460134..	.....	.....	.....	Rise-CG Capitol Hill, LP.....	DE.....	NIA.....	CARING Capitol Hill LP LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	84-3254168..	.....	.....	.....	Rise-CG JA Lofts Limited Partnership.....	DE.....	NIA.....	JA Lofts Holdings, LLC (.5%); JA Lofts JV Limited Partnership (99.5%)	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	35-1641636..	.....	.....	.....	Sagamore Health Network, Inc.....	IN.....	NIA.....	Cigna Health Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-3593103..	.....	.....	.....	SB-SNH LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	85.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-2483867..	.....	.....	.....	Scibal Associates, Inc.....	NJ.....	NIA.....	QualCare Alliance Networks, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	95-2876207..	.....	.....	.....	Secon Properties, LP.....	CA.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N.....	.....
0901	Cigna Group.....	.....	82-1732483..	.....	.....	.....	SOMA Apartments Venture LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	82-4405071..	.....	.....	.....	Specialty Products Acquisitions, LLC.....	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	61-1317695..	.....	.....	.....	SpectraCare Health Care Ventures, Inc.....	FL.....	NIA.....	SpectraCare, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	61-1147068..	.....	.....	.....	SpectraCare, Inc.....	KY.....	NIA.....	Priority Healthcare Corp.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	77399..	13-1867829..	.....	1259055	.....	Sterling Life Insurance Company.....	IL.....	IA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	47-2658932..	.....	.....	.....	Strategic Pharmaceutical Investments, LLC.....	DE.....	NIA.....	Priority Healthcare Corp.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	SureScripts, LLC.....	VA.....	NIA.....	Express Scripts, Inc. 16.7%/Medco Health Solutions, Inc. 16.7%	Ownership.....	33.400	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	22-3474888..	.....	.....	.....	Systemed, LLC.....	DE.....	NIA.....	Medco Health Solutions, Inc.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	23-3074013..	.....	.....	.....	Tel-Drug of Pennsylvania, LLC.....	PA.....	NIA.....	Connecticut General Life Insurance Company.	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-0427127..	.....	.....	.....	Tel-Drug, Inc.....	SD.....	NIA.....	Connecticut General Corporation.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Temple Insurance Company Limited.....	BMU.....	IA.....	Healthsource, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	20-5524622..	.....	.....	.....	Tennessee Quest, LLC.....	TN.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	75-3108527..	.....	.....	.....	TexQuest, LLC.....	DE.....	NIA.....	NewQuest, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Transwestern Federal, L.L.C.....	DE.....	NIA.....	Transwestern Federal Holdings, L.L.C.....	Ownership.....	7.616	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Transwestern Federal Holdings, L.L.C.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	7.616	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	39-1886617..	.....	.....	.....	Triad Healthcare, Inc.....	CT.....	NIA.....	eviCore healthcare MSI, LLC.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	65269..	75-2305400..	.....	.....	.....	United Benefit Life Insurance Company.....	OH.....	IA.....	Provident American Life and Health Insurance Company	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	88-0344624..	.....	.....	.....	Universal Claims Administration.....	MT.....	NIA.....	Mediversal, Inc.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	46-4901453..	.....	.....	.....	UVL, LLC.....	DE.....	NIA.....	Cigna Affiliates Realty Investment Group, LLC.	Ownership.....	71.400	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	82-4410128..	.....	.....	.....	ValoremRx Sourcing Solutions, LLC.....	DE.....	NIA.....	Specialty Products Acquisitions, LLC (50%)....	Ownership.....	50.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	98-0463704..	.....	.....	.....	Vielife Services, Inc.....	DE.....	NIA.....	Cigna Global Wellbeing Holdings Limited.....	Ownership.....	100.000	Cigna Corporation.....	N.....	.....

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Verity Solutions Group, Inc.....	DE.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	100.000	Cigna Corporation.....	Y.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Westcore CG AC, LLC.....	DE.....	NIA.....	CARING Westcore Holding Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Westcore CG Commerce, LLC.....	DE.....	NIA.....	CARING Westcore Holding Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	Westcore CG Venture, LLC.....	DE.....	NIA.....	CARING Westcore Holding Investor LLC.....	Ownership.....	90.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	88-0455414..	.....	....1462078	.....	WorldDoc, Inc.....	NV.....	NIA.....	Cigna Health and Life Insurance Company.....	Ownership.....	20.000	Cigna Corporation.....	N.....	.....
0901	Cigna Group.....	.....	00-0000000..	.....	.....	.....	YCFM Servicos LTDA.....	BRA.....	NIA.....	Cigna Global Holdings, Inc.....	Ownership.....	35.320	Cigna Corporation.....	N.....	.....

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	82-4991898.....	Cigna Corporation.....	2,457,300,000	-	-	-	-	-	-	-	2,457,300,000	-
	06-1059331.....	Cigna Holding Company	108,490,000	-	-	170,500	(15,815)	-	-	-	108,644,685	-
	06-1072796.....	Cigna Holdings, Inc.	-	(173,770,875)	-	-	(43,572)	-	-	-	(173,814,447)	-
	51-0402128.....	Cigna Intellectual Property, Inc.....	-	-	-	-	-	-	-	-	0	-
	06-1095823.....	Cigna Investment Group, Inc.	-	-	-	-	-	-	-	-	0	-
	52-0291385.....	Cigna International Finance Inc.....	-	-	-	-	(8,965,992)	-	-	-	(8,965,992)	-
	23-1914061.....	Former Cigna Investments, Inc.	-	-	-	-	94,693	-	-	-	94,693	-
	06-0861092.....	Cigna Investments, Inc.....	-	-	-	-	42,477,450	-	-	-	42,477,450	-
	01-0947889.....	Cigna Benefits Financing, Inc.....	-	-	-	-	1,134,492	-	-	-	1,134,492	-
	26-0180898.....	CareAllies, Inc.....	-	-	-	-	(7,809)	-	-	-	(7,809)	-
	06-0840391.....	Connecticut General Corporation.....	-	2,000,000	-	-	(705)	-	-	-	1,999,295	-
	81-0585518.....	Benefit Management Corp.....	(4,000,000)	-	-	-	-	-	-	-	(4,000,000)	-
12814.....	20-4433475.....	Allegiance Life & Health Insurance Company.....	-	-	-	-	(2,267,801)	-	-	-	(2,267,801)	41,042
	20-3851464.....	Allegiance Re, Inc.	-	-	-	-	-	-	-	-	0	-
	81-0400550.....	Allegiance Benefit Plan Management, Inc.....	(3,000,000)	-	-	-	11,254,765	-	-	-	8,254,765	-
	71-0916514.....	Allegiance COBRA Services, Inc.	-	-	-	-	704	-	-	-	704	-
	26-2201582.....	Allegiance Provider Direct, LLC.....	-	-	-	-	-	-	-	-	0	-
	84-1461840.....	Community Health Network, LLC	-	-	-	-	-	-	-	-	0	-
	81-0425785.....	Intermountain Underwriters, Inc.....	-	-	-	-	44,174	-	-	-	44,174	-
	03-0507057.....	Allegiance Care Management, LLC	-	-	-	-	96,666	-	-	-	96,666	-
	20-1821898.....	HealthSpring, Inc.....	-	-	-	-	54,965,071	-	-	-	54,965,071	-
	76-0628370.....	NewQuest, LLC.....	190,050,000	-	-	-	(144,533)	-	-	-	189,905,467	-
	52-1929677.....	NewQuest Management Northeast, LLC.....	-	(7,500,000)	-	-	114,910,534	-	-	-	107,410,534	-
10095.....	52-2259087.....	Bravo Health Mid-Atlantic, Inc.....	-	7,500,000	-	-	(27,887,903)	-	-	-	(20,387,903)	-
11524.....	52-2363406.....	Bravo Health Pennsylvania, Inc.....	(21,000,000)	-	-	-	(93,268,504)	-	-	-	(114,268,504)	-
12902.....	20-8534298.....	HealthSpring Life & Health Insurance Company.....	(90,200,000)	-	-	-	(655,040,117)	-	-	-	(745,240,117)	-
11532.....	65-1129599.....	HealthSpring of Florida, Inc.....	(26,100,000)	-	-	-	(100,649,901)	-	-	-	(126,749,901)	-
	77-0632665.....	NewQuest Management of Illinois, LLC.....	-	-	-	-	14,184,650	-	-	-	14,184,650	-
	20-4954206.....	NewQuest Management of Florida, LLC.....	(4,400,000)	-	-	-	94,035,418	-	-	-	89,635,418	-
	20-8647386.....	HealthSpring Management of America, LLC.....	-	-	-	-	140,579,939	-	-	-	140,579,939	-
	45-0633893.....	NewQuest Management of West Virginia, LLC.....	-	-	-	-	-	-	-	-	0	-
	75-3108527.....	TexQuest, LLC.....	-	-	-	-	-	-	-	-	0	-
	75-3108521.....	HouQuest, LLC.....	-	-	-	-	-	-	-	-	0	-
	76-0657035.....	GulfQuest, LP.....	(40,000,000)	-	-	-	294,471,236	-	-	-	254,471,236	-
	33-1033586.....	NewQuest Management of Alabama, LLC.....	-	-	-	-	143,020,739	-	-	-	143,020,739	-
	72-1559530.....	HealthSpring USA, LLC.....	-	-	-	-	168,471,915	-	-	-	168,471,915	-
	20-5524622.....	Tennessee Quest, LLC.....	(8,350,000)	-	-	-	(13,358,914)	-	-	-	(21,708,914)	-
	26-2353476.....	HealthSpring Pharmacy Services, LLC.....	-	-	-	-	-	-	-	-	0	-
	26-2353772.....	HealthSpring Pharmacy of Tennessee, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-4266628.....	Home Physicians Management, LLC.....	-	-	-	-	-	-	-	-	0	-
	35-2562415.....	Alegis Care Services, LLC.....	-	-	-	-	-	-	-	-	0	-

SCHEDULE Y

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

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1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
13733.....	03-0452349.....	Cigna Arbor Life Insurance Company	-	-	-	-	(9,749)	-	-	-	(9,749)	-
.....	41-1648670.....	Cigna Behavioral Health, Inc.....	(120,000,000)	-	-	-	(299,807,133)	-	-	-	(419,807,133)	-
.....	94-3107309.....	Cigna Behavioral Health of California, Inc.....	-	-	-	-	(34,436)	-	-	-	(34,436)	-
.....	75-2751090.....	Cigna Behavioral Health of Texas, Inc.....	-	-	-	-	(129,596)	-	-	-	(129,596)	-
.....	06-1346406.....	MCC Independent Practice Association of New York, Inc.....	-	-	-	-	-	-	-	-	0	-
.....	59-2308055.....	Cigna Dental Health, Inc.	(17,975,000)	-	-	-	27,942,449	-	-	-	9,967,449	-
47013.....	86-0807222.....	Cigna Dental Health Plan of Arizona, Inc.....	(4,500,000)	-	-	-	(964,182)	-	-	-	(5,464,182)	-
.....	59-2600475.....	Cigna Dental Health of California, Inc.....	(11,100,000)	-	-	-	(79,334)	-	-	-	(11,179,334)	-
11175.....	59-2675861.....	Cigna Dental Health of Colorado, Inc.....	(2,500,000)	-	-	-	(936,329)	-	-	-	(3,436,329)	-
95380.....	59-2676987.....	Cigna Dental Health of Delaware, Inc.....	-	-	-	-	(18,874)	-	-	-	(18,874)	-
52021.....	59-1611217.....	Cigna Dental Health of Florida, Inc.....	(8,800,000)	-	-	-	(4,180,247)	-	-	-	(12,980,247)	-
.....	06-1351097.....	Cigna Dental Health of Illinois, Inc.....	-	-	-	-	-	-	-	-	0	-
52024.....	59-2625350.....	Cigna Dental Health of Kansas, Inc.....	(300,000)	-	-	-	(168,900)	-	-	-	(468,900)	-
52108.....	59-2619589.....	Cigna Dental Health of Kentucky, Inc.....	(3,100,000)	-	-	-	(1,202,307)	-	-	-	(4,302,307)	-
48119.....	20-2844020.....	Cigna Dental Health of Maryland, Inc.....	(2,900,000)	-	-	-	(1,103,979)	-	-	-	(4,003,979)	-
11160.....	06-1582068.....	Cigna Dental Health of Missouri, Inc.....	(865,000)	-	-	-	(483,934)	-	-	-	(1,348,934)	-
11167.....	59-2308062.....	Cigna Dental Health of New Jersey, Inc.....	(1,000,000)	-	-	-	(1,660,188)	-	-	-	(2,660,188)	-
95179.....	56-1803464.....	Cigna Dental Health of North Carolina, Inc.....	-	-	-	-	(544,514)	-	-	-	(544,514)	-
47805.....	59-2579774.....	Cigna Dental Health of Ohio, Inc.....	(2,445,000)	-	-	-	(883,134)	-	-	-	(3,328,134)	-
47041.....	52-1220578.....	Cigna Dental Health of Pennsylvania, Inc.....	(2,100,000)	-	-	-	(657,129)	-	-	-	(2,757,129)	-
95037.....	59-2676977.....	Cigna Dental Health of Texas, Inc.....	(10,250,000)	-	-	-	(4,350,658)	-	-	-	(14,600,658)	-
52617.....	52-2188914.....	Cigna Dental Health of Virginia, Inc.....	(2,165,000)	-	-	-	(631,731)	-	-	-	(2,796,731)	-
.....	62-1312478.....	Cigna Health Corporation.....	(47,000,000)	-	-	-	45,182,170	-	-	-	(1,817,830)	-
.....	02-0387748.....	Healthsource, Inc.	45,000,000	-	-	-	-	-	-	-	45,000,000	-
95125.....	86-0334392.....	Cigna HealthCare of Arizona, Inc.....	(20,000,000)	-	-	-	(4,769,723)	(604,107)	-	-	(25,373,830)	298,373
.....	95-3310115.....	Cigna HealthCare of California, Inc.....	-	6,000,000	-	(147,500)	(40,388,026)	(814,511)	-	-	(35,350,037)	3,040,893
95604.....	84-1004500.....	Cigna HealthCare of Colorado, Inc.....	-	3,000,000	-	-	(52,864)	(37,812)	-	-	2,909,324	9,661
95660.....	06-1141174.....	Cigna HealthCare of Connecticut, Inc.....	(3,500,000)	-	-	-	(521,547)	(2,124)	-	-	(4,023,671)	543
95136.....	59-2089259.....	Cigna HealthCare of Florida, Inc.....	-	-	-	-	(52,152)	20,237	-	-	(31,915)	10,605
96229.....	58-1641057.....	Cigna HealthCare of Georgia, Inc.....	-	-	-	-	(36,495,947)	64,149	-	-	(36,431,798)	21,513
95602.....	36-3385638.....	Cigna HealthCare of Illinois, Inc.....	-	-	-	(23,000)	(581,970)	(1,234,182)	-	-	(1,839,152)	577,396
95525.....	35-1679172.....	Cigna HealthCare of Indiana, Inc.....	-	100,000	-	-	(6,371)	(660)	-	-	92,969	169
.....	01-0418220.....	Cigna HealthCare of Maine, Inc.....	-	-	-	-	-	-	-	-	0	-
.....	02-0402111.....	Cigna HealthCare of Massachusetts, Inc.....	-	-	-	-	-	-	-	-	0	-
.....	52-1404350.....	Cigna HealthCare Mid-Atlantic, Inc.....	-	-	-	-	-	-	-	-	0	-
95493.....	02-0387749.....	Cigna HealthCare of New Hampshire, Inc.	-	-	-	-	(9,749)	-	-	-	(9,749)	-
95500.....	22-2720890.....	Cigna HealthCare of New Jersey, Inc.....	-	-	-	-	(26,562)	374,153	-	-	347,591	2,959
95132.....	56-1479515.....	Cigna HealthCare of North Carolina, Inc.	(15,000,000)	-	-	-	(10,422,369)	943,190	-	-	(24,479,179)	159,613
.....	23-2301807.....	Cigna HealthCare of Pennsylvania, Inc.....	-	-	-	-	-	-	-	-	0	-
95635.....	36-3359925.....	Cigna HealthCare of St. Louis, Inc.....	-	-	-	-	(1,982,653)	(25,090)	-	-	(2,007,743)	6,911
95708.....	06-1185590.....	Cigna HealthCare of South Carolina, Inc.....	(6,500,000)	-	-	-	(7,492,403)	(1,548)	-	-	(13,993,951)	396
95606.....	62-1218053.....	Cigna HealthCare of Tennessee, Inc.....	-	2,000,000	-	-	(618,457)	-	-	-	1,381,543	135,577

SCHEDULE Y

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

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1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
95383.....	74-2767437.....	Cigna HealthCare of Texas, Inc.....	-	-	-	-	(1,296,234)	(266,310)	.....	- .....	.....(1,562,544)	278,270
.....	62-1230908.....	Cigna HealthCare of Utah, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Temple Insurance Company Limited.....	-	-	-	-	(22,342)	- .....	.....	- .....	.....(22,342)	-
.....	86-3581583.....	Arizona Health Plan, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	02-0467679.....	Healthsource Properties, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	88-0241365.....	Managed Care Consultants, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	02-0515554.....	Cigna Benefit Technology Solutions, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	35-1641636.....	Sagamore Health Network, Inc.	-	-	-	-	1,108,495	- .....	.....	- .....	.....1,108,495	-
.....	84-0985843.....	Cigna Healthcare Holdings, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	93-1174749.....	Great-West Healthcare of Illinois, Inc. ....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	02-0495422.....	Cigna Healthcare, Inc.....	-	-	-	-	(10,729)	- .....	.....	- .....	.....(10,729)	-
64548.....	13-2556568.....	Cigna Life Insurance Company of New York.....	(17,900,000)	-	-	-	(441,902)	9,759,926	-	-	(8,581,976)	122,154,130
62308.....	06-0303370.....	Connecticut General Life Insurance Company.....	(123,600,000)	26,789,764	-	-	(10,678,721)	(148,717,469)	-	-	(256,206,426)	(795,229,496)
.....	81-2760646.....	CareAllies, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	32-0222252.....	Cigna Onsite Health, LLC	-	-	-	-	(13,576)	- .....	.....	- .....	.....(13,576)	-
.....	00-0000000.....	Gillette Ridge Community Council, Inc.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	20-3700105.....	Gillette Ridge Golf LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	52-2149519.....	Hazard Center Investment Company LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	23-3074013.....	Tel-Drug of Pennsylvania, LLC	(101,700,000)	-	-	-	(40,612)	-	-	-	(101,740,612)	-
.....	00-0000000.....	GRG Acquisitions LLC.....	-	305,757	- .....	- .....	- .....	- .....	.....	- .....	.....305,757	-
.....	27-5402196.....	Cigna Affiliates Realty Investment Group, LLC.....	-	(41,471,609)	- .....	- .....	- .....	- .....	.....	- .....	.....(41,471,609)	-
.....	00-0000000.....	Secon Properties, LP.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Transwestern Federal Holdings, L.L.C.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Transwestern Federal, L.L.C.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	27-3555688.....	CR Washington Street Investors LP.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	52-2099336.....	Dulles Town Center Mall, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	PUR Arbors Apartments Venture LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	45-5499889.....	CG Seventh Street, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Ideal Properties II LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	80-0908244.....	Mallory Square Partners I, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Houston Briar Forest Apartments Limited Partnership.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	SB-SNH LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	680 Investors LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	685 New Hampshire LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	222 Main Street Caring GP LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	46-4671745.....	222 Main Street Investors LP.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	Notch 8 Residential, L.L.C.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	00-0000000.....	UVL, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	46-4926192.....	3601 North Fairfax Drive Associates, LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	47-4375626.....	Lakehills CM – CG LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	30-0939067.....	Affiliated Hotel Subsidiary LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-
.....	81-2650133.....	Berewick Apartments LLC.....	- .....	- .....	- .....	- .....	- .....	- .....	.....	- .....	.....0	-

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

53.3

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

[illegible]

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

[illegible]

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

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SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
63.9	39-1886617.....	Triad Healthcare, Inc.....	-	-	-	-	-	-	-	-	0	-
	86-1090522.....	MSIAZ I, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-1749733.....	MSICA I, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-1222347.....	MSICO I, LLC.....	-	-	-	-	-	-	-	-	0	-
	55-0840800.....	MSIFL, LLC.....	-	-	-	-	-	-	-	-	0	-
	26-0181185.....	MSIMD I, LLC.....	-	-	-	-	-	-	-	-	0	-
	74-3122235.....	MSINC I, LLC.....	-	-	-	-	-	-	-	-	0	-
	03-0524694.....	MSINH, LLC.....	-	-	-	-	-	-	-	-	0	-
	11-3715243.....	MSINH II, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-1749446.....	MSINJ I, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-1761914.....	MSINV I, LLC.....	-	-	-	-	-	-	-	-	0	-
	27-5492993.....	MSI HT, LLC.....	-	-	-	-	-	-	-	-	0	-
	27-5493148.....	MSI LT, LLC.....	-	-	-	-	-	-	-	-	0	-
	27-5493321.....	MSI SAR-GW, LLC	-	-	-	-	-	-	-	-	0	-
	55-0840806.....	MSISC II, LLC.....	-	-	-	-	-	-	-	-	0	-
	26-0336736.....	MSIVT I, LLC.....	-	-	-	-	-	-	-	-	0	-
	20-2536458.....	MSIWA, LLC.....	-	-	-	-	-	-	-	-	0	-
	16-1513067.....	Palladian Independent Practice Association, LLC.....	-	-	-	-	-	-	-	-	0	-
	26-1937849.....	Palladian Health of Florida, LLC.....	-	-	-	-	-	-	-	-	0	-
	59-3466707.....	Chiro Alliance Corporation.....	-	-	-	-	-	-	-	-	0	-
	46-1543748.....	AS Acquisition Corp.....	-	-	-	-	-	-	-	-	0	-
	27-3611739.....	HealthFortis, Inc.....	-	-	-	-	-	-	-	-	0	-
	71-0958489.....	DNA Direct, Inc.....	-	-	-	-	-	-	-	-	0	-
	95-4034089.....	Landmark Healthcare, Inc.....	-	-	-	-	-	-	-	-	0	-
	68-0393103.....	Landmark Healthcare Services, Inc.....	-	-	-	-	-	-	-	-	0	-
	86-0805962.....	Landmark Healthcare Colorado, Inc.....	-	-	-	-	-	-	-	-	0	-
	45-5569416.....	QPID Health, LLC.....	-	-	-	-	-	-	-	-	0	-
9999999.	Control Totals.....		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

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

MARCH FILING		
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING		
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
46.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
48.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
AUGUST FILING		
50.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO

EXPLANATIONS:

BAR CODE:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

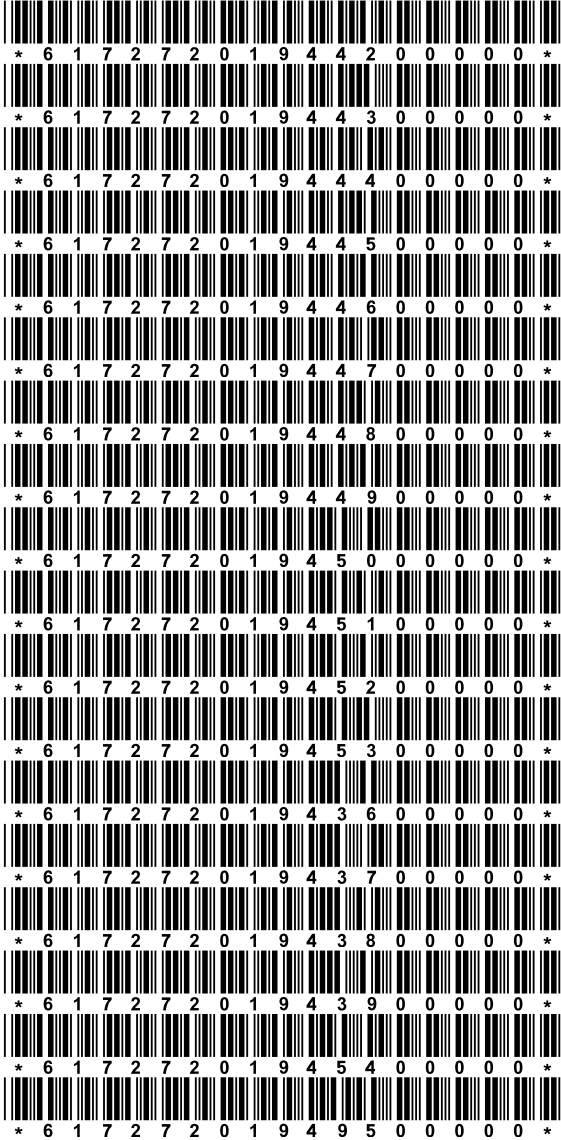
1.
2.
3.
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9.
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11.
12. The data for this supplement is not required to be filed.



13.
14. The data for this supplement is not required to be filed.
15.
16.



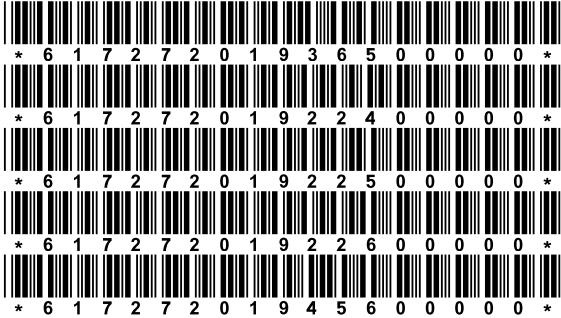
17. The data for this supplement is not required to be filed.
18. The data for this supplement is not required to be filed.
19. The data for this supplement is not required to be filed.
20. The data for this supplement is not required to be filed.
21. The data for this supplement is not required to be filed.
22. The data for this supplement is not required to be filed.
23. The data for this supplement is not required to be filed.
24. The data for this supplement is not required to be filed.
25. The data for this supplement is not required to be filed.
26. The data for this supplement is not required to be filed.
27. The data for this supplement is not required to be filed.
28. The data for this supplement is not required to be filed.
29. The data for this supplement is not required to be filed.
30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.



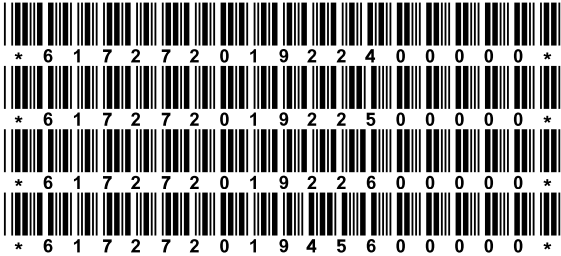
SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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



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



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



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



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



41.

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

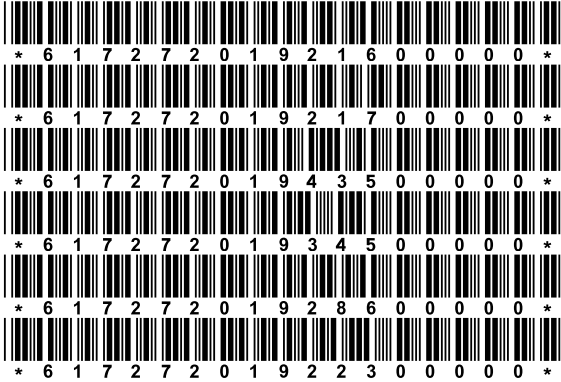


43. The data for this supplement is not required to be filed.

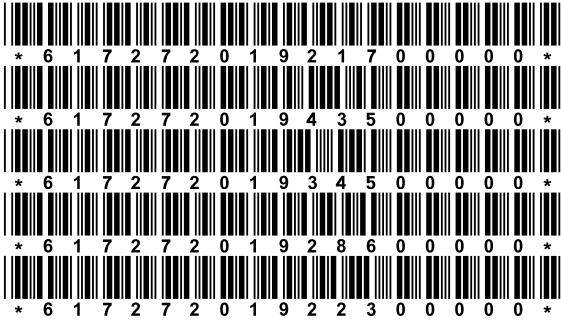


44.

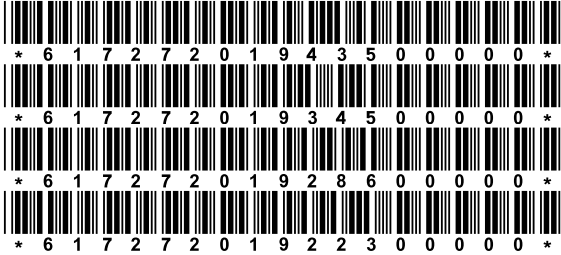
45. The data for this supplement is not required to be filed.



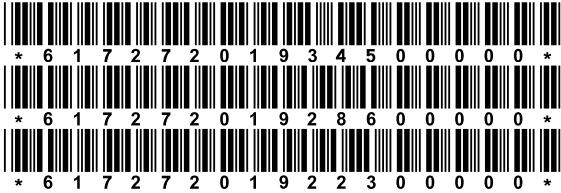
46. The data for this supplement is not required to be filed.



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



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



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



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



Cigna National Health Insurance Company

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3				
	Life	Cost Containment	All Other	All Other Lines of Business	Investment	Fraternal	Total
09.304. Change in LAE.....	.....	.....	.....(2,631)	.....	.....	.....	.....(2,631)
09.305. Change in LAE.....	.....	.....	.....	.....	.....	.....	.....0
09.397. Summary of remaining write-ins for Line 9.3.....	0	0	(2,631)	0	0	0	(2,631)

Overflow Page for Write-Ins

NONE

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MJ.....	J.....	NO...	...34000.....	.02/09/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	8,036	1,924	23.9	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									8,036	1,924	23.9	2	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Arkansas



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3IF(AR).....	F.....	NO...	34000.....	.01/12/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,870	840	21.7	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,870	840	21.7	1	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Arizona



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3IF(AZ).....	F.....	NO...	34000.....	.12/05/2005	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,990	803	13.4	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									5,990	803	13.4	1	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MK(CO).....	F.....	NO...	34060.....	.03/08/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,222	1	0.1	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,222	1	0.1	1	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Georgia



NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	31F(GA).....	F.....	NO...	...34000.....	.12/31/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	3,103	588	19.0	1	.....	.....	.....0.0	.....
.....YES.....	31G(GA).....	G.....	NO...	...34000.....	.12/31/2003	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	2,567	597	23.3	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									5,670	1,185	20.9	2	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MF(IA).....	F.....	NO...	...34000.....	.01/27/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	36,931	17,211	46.6	8	.....	.....	.....0.0	.....
.....YES.....	3MG(IA).....	G.....	NO...	...34000.....	.01/27/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	20,806	4,270	20.5	6	.....	.....	.....0.0	.....
.....YES.....	3MJ(IA).....	J.....	NO...	...34000.....	.02/16/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	8,825	17,460	197.9	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									66,562	38,941	58.5	16	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MD(IL).....	D.....	NO...	...34060.....	.11/18/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	9,321	5,391	57.8	2	.....	.....	.....0.0	.....
.....YES.....	3ME(IL).....	E.....	NO...	...34060.....	.11/04/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,724	7,747	164.0	1	.....	.....	.....0.0	.....
.....YES.....	3MF(IL).....	F.....	NO...	...34060.....	.11/18/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	134,131	70,567	52.6	20	.....	.....	.....0.0	.....
.....YES.....	3MG(IL).....	G.....	NO...	...34060.....	.11/18/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	177	307	173.8	.....	.....	.....	.....0.0	.....
.....YES.....	3MH(IL).....	H.....	NO...	...34060.....	.09/21/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	8,949	9,134	102.1	2	.....	.....	.....0.0	.....
.....YES.....	3MI(IL).....	I.....	NO...	...34060.....	.08/11/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	12,682	2,978	23.5	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(IL).....	J.....	NO...	...34060.....	.09/21/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	22,724	13,599	59.8	6	.....	.....	.....0.0	.....
.....YES.....	3MK(IL).....	F.....	NO...	...34060.....	.11/18/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,048	(0)	(0.0)	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									193,755	109,723	56.6	35	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MD.....	D.....	NO...	...34000.....	.12/22/2003	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	1,553	(225)	(14.5)	.....	.....	.....	.....0.0	.....
.....YES.....	3ME.....	E.....	NO...	...34000.....	.11/01/2005	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	8,700	7,647	87.9	2	.....	.....	.....0.0	.....
.....YES.....	3MF.....	F.....	NO...	...34000.....	.12/22/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	27,956	9,548	34.2	5	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO...	...34000.....	.12/22/2003	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	38,631	57,548	149.0	8	.....	.....	.....0.0	.....
.....YES.....	3MH(IN).....	H.....	NO...	...34000.....	.04/11/2007	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	10,489	11,014	105.0	2	.....	.....	.....0.0	.....
.....YES.....	3MI(IN).....	I.....	NO...	...34000.....	.12/05/2006	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,968	1,876	47.3	1	.....	.....	.....0.0	.....
.....YES.....	3MJ(IN).....	J.....	NO...	...34000.....	.04/11/2007	.07/29/2009	.....	.....	MEDICARE SUPPLEMENT.....	33,891	11,108	32.8	8	.....	.....	.....0.0	.....
.....YES.....	3MK.....	F.....	NO...	...34000.....	.12/22/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	2,704	987	36.5	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									127,893	99,503	77.8	29	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MF(KS).....	F.....	NO...	...34060.....	.02/04/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	47,685	29,571	62.0	8	.....	.....	.....0.0	.....
.....YES.....	3MG(KS).....	G.....	NO...	...34060.....	.02/04/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	11,731	1,954	16.7	3	.....	.....	.....0.0	.....
.....YES.....	3MH(KS).....	H.....	NO...	...34060.....	.03/06/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	9,516	12,292	129.2	3	.....	.....	.....0.0	.....
.....YES.....	3MI(KS).....	I.....	NO...	...34060.....	.05/26/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	9,155	8,300	90.7	2	.....	.....	.....0.0	.....
.....YES.....	3MJ(KS).....	J.....	NO...	...34060.....	.03/06/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	74,190	77,086	103.9	19	.....	.....	.....0.0	.....
.....YES.....	3MK(KS).....	F.....	NO...	...34060.....	.02/04/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,224	4	0.3	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									153,502	129,206	84.2	36	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Kentucky



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3ME(KY).....	E.....	NO...	...34060.....	.11/16/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	11,482	8,899	77.5	3	.....	.....	.....0.0	.....
.....YES.....	3MF(KY).....	F.....	NO...	...34060.....	.10/30/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	11,033	8,360	75.8	1	.....	.....	.....0.0	.....
.....YES.....	3MI(KY).....	I.....	NO...	...34060.....	.06/02/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,794	8,462	176.5	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									27,308	25,722	94.2	5	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Louisiana



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MF(LA)R.....	F.....	NO...	34060.....	.10/14/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	5,532	1,387	25.1	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									5,532	1,387	25.1	1	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Michigan



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	357.....	C.....	NO...	...34000.....	.07/01/1999	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	1,914	7,823	408.7	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,914	7,823	408.7	1	0	0	0.0	0

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GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Missouri



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3D.....	D.....	NO...	...34060.....	.04/16/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,428	4,647	135.6	1	.....	.....	.....0.0	.....
.....YES.....	3F.....	F.....	NO...	...34060.....	.04/16/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	17,881	6,978	39.0	4	.....	.....	.....0.0	.....
.....YES.....	3G.....	G.....	NO...	...34060.....	.04/16/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	27,398	12,871	47.0	8	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									48,706	24,496	50.3	13	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MF(MT).....	F.....	NO...	...34000.....	.10/21/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	60,051	21,666	36.1	15	.....	.....	.....0.0	.....
.....YES.....	3MG(MT).....	G.....	NO...	...34000.....	.10/21/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	17,660	4,544	25.7	5	.....	.....	.....0.0	.....
.....YES.....	3MJ(MT).....	J.....	NO...	...34000.....	.03/30/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	7,589	1,844	24.3	2	.....	.....	.....0.0	.....
.....YES.....	3MK(MT).....	F.....	NO...	...34000.....	.10/21/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,455	2	0.1	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									86,754	28,055	32.3	24	0	0	0.0	0

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GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....North Carolina



NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MC(NC).....	C.....	NO...	...34060.....	.06/08/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	5,377	3,479	64.7	1	.....	.....	.....0.0	.....
.....YES.....	3MD(NC).....	D.....	NO...	...34000.....	.06/08/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,667	4,372	119.2	1	.....	.....	.....0.0	.....
.....YES.....	3MF(NC).....	F.....	NO...	...34000.....	.06/08/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	123,701	98,978	80.0	26	.....	.....	.....0.0	.....
.....YES.....	3MG(NC).....	G.....	NO...	...34000.....	.06/08/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	66,291	39,947	60.3	16	.....	.....	.....0.0	.....
.....YES.....	3MH(NC).....	H.....	NO...	...34000.....	.02/08/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	30,271	13,586	44.9	8	.....	.....	.....0.0	.....
.....YES.....	3MI(NC).....	I.....	NO...	...34000.....	.04/27/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,127	2,705	65.5	1	.....	.....	.....0.0	.....
.....YES.....	3MJ(NC).....	J.....	NO...	...34060.....	.02/08/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	124,586	76,574	61.5	27	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									358,020	239,642	66.9	80	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....North Dakota



NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MF(ND).....	F.....	NO...	34000.....	.11/25/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	51,308	24,520	47.8	12	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									51,308	24,520	47.8	12	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MF.....	F.....	NO...	...34000.....	.11/17/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	169,763	83,927	49.4	34	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO...	...34000.....	.11/17/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	19,242	10,542	54.8	4	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO...	...34000.....	.03/08/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	45,904	57,456	125.2	9	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									234,909	151,926	64.7	47	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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



NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....
NAIC Company Code.....61727
Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3ME(OH).....	E.....	NO...	...34000.....	.08/08/2005	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	6,430	1,705	26.5	2	.....	.....	.....0.0	.....
.....YES.....	3MF(OH).....	F.....	NO...	...34000.....	.12/12/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	22,836	30,356	132.9	2	.....	.....	.....0.0	.....
.....YES.....	3MG(OH).....	G.....	NO...	...34000.....	.12/12/2003	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	17,734	16,284	91.8	4	.....	.....	.....0.0	.....
.....YES.....	3MH(OH).....	H.....	NO...	...34000.....	.02/01/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	6,594	13,222	200.5	2	.....	.....	.....0.0	.....
.....YES.....	3MI(OH).....	I.....	NO...	...34000.....	.05/01/2006	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	11,243	6,490	57.7	3	.....	.....	.....0.0	.....
.....YES.....	3MJ(OH).....	J.....	NO...	...34000.....	.02/01/2007	.07/24/2009	.....	.....	MEDICARE SUPPLEMENT.....	14,275	17,047	119.4	2	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									79,112	85,104	107.6	15	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
- 2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
- 3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
- 3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Oklahoma



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3ME(OK).....	E.....	NO...	...34000.....	.11/14/2005	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	6,299	1,443	22.9	2	.....	.....	.....0.0	.....
.....YES.....	3MF(OK).....	F.....	NO...	...34000.....	.03/01/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	4,310	3,562	82.6	1	.....	.....	.....0.0	.....
.....YES.....	3MG(OK).....	G.....	NO...	...34000.....	.03/01/2004	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	7,548	3,524	46.7	2	.....	.....	.....0.0	.....
.....YES.....	3MJ(OK).....	J.....	NO...	...34000.....	.02/05/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,573	2,086	58.4	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									21,730	10,616	48.9	6	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Oregon

NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MF(OR).....	F.....	NO...	34060.....	.06/15/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	.....	.....(15)	0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									0	(15)	0.0	0	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Pennsylvania



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MD(PA).....	D.....	NO...	...34060.....	.05/12/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	27,474	14,046	51.1	6	.....	.....	.....0.0	.....
.....YES.....	3MF(PA).....	F.....	NO...	...34060.....	.05/12/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	36,466	8,805	24.1	7	.....	.....	.....0.0	.....
.....YES.....	3MG(PA).....	G.....	NO...	...34060.....	.05/12/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	98,283	40,703	41.4	20	.....	.....	.....0.0	.....
.....YES.....	3MI(PA).....	I.....	NO...	...34060.....	.08/23/2006	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	6,245	1,113	17.8	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									168,467	64,667	38.4	34	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....South Carolina



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MF.....	F.....	NO...	...34000.....	.10/09/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	6,051	14,946	247.0	1	.....	.....	.....0.0	.....
.....YES.....	3MG.....	G.....	NO...	...34000.....	.10/09/2003	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	7,003	3,609	51.5	2	.....	.....	.....0.0	.....
.....YES.....	3MI.....	I.....	NO...	...34000.....	.05/18/2006	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	29,260	6,887	23.5	8	.....	.....	.....0.0	.....
.....YES.....	3MJ.....	J.....	NO...	...34000.....	.02/23/2007	.07/25/2009	.....	.....	MEDICARE SUPPLEMENT.....	82,702	46,465	56.2	22	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									125,016	71,907	57.5	33	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....South Dakota



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MF.....	F.....	NO...	34060.....	.11/19/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	12,544	7,118	56.7	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									12,544	7,118	56.7	3	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Tennessee



NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3ME(TN).....	E.....	NO...	...34000.....	.08/30/2005	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,191	24	0.8	1	.....	.....	.....0.0	.....
.....YES.....	3MF(TN).....	F.....	NO...	...34000.....	.12/02/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	29,941	6,405	21.4	7	.....	.....	.....0.0	.....
.....YES.....	3MG(TN).....	G.....	NO...	...34000.....	.12/02/2003	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	50,534	50,712	100.4	14	.....	.....	.....0.0	.....
.....YES.....	3MI(TN).....	I.....	NO...	...34000.....	.07/14/2006	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,905	4,404	89.8	1	.....	.....	.....0.0	.....
.....YES.....	3MK(TN).....	F.....	NO...	...34000.....	.12/02/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	901	(0)	(0.0)	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									89,472	61,546	68.8	24	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Texas



NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016				Policies Issued in 2017, 2018 & 2019			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MC(TX).....	C.....	NO...	...34000.....	.12/11/2003	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	4,534	242	5.3	1	.....	.....	.....0.0	.....
.....YES.....	3MD(TX).....	D.....	NO...	...34000.....	.12/11/2003	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	12,887	3,852	29.9	3	.....	.....	.....0.0	.....
.....YES.....	3ME(TX).....	E.....	NO...	...34000.....	.12/30/2005	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	30,595	16,387	53.6	8	.....	.....	.....0.0	.....
.....YES.....	3MF(TX).....	F.....	NO...	...34000.....	.12/11/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	178,014	76,268	42.8	29	.....	.....	.....0.0	.....
.....YES.....	3MG(TX).....	G.....	NO...	...34000.....	.12/11/2003	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	59,284	42,187	71.2	11	.....	.....	.....0.0	.....
.....YES.....	3MH(TX).....	H.....	NO...	...34000.....	.02/21/2007	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	5,528	2,797	50.6	1	.....	.....	.....0.0	.....
.....YES.....	3MI(TX).....	I.....	NO...	...34000.....	.06/15/2006	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	7,863	23,232	295.5	2	.....	.....	.....0.0	.....
.....YES.....	3MJ(TX).....	J.....	NO...	...34000.....	.02/21/2007	.07/31/2009	.....	.....	MEDICARE SUPPLEMENT.....	37,812	21,731	57.5	9	.....	.....	.....0.0	.....
.....YES.....	3MK(TX).....	F.....	NO...	...34000.....	.12/11/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,836	186	10.1	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									338,351	186,882	55.2	65	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Virginia

NAIC Group Code.....901
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....



1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MC(VA).....	C.....	NO...	...34000.....	.08/05/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	(231)	9	(3.9)	.....	.....	.....	.....0.0	.....
.....YES.....	3MD(VA).....	D.....	NO...	...34000.....	.08/05/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	15,717	7,145	45.5	4	.....	.....	.....0.0	.....
.....YES.....	3MF(VA).....	F.....	NO...	...34000.....	.08/05/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	277,928	165,894	59.7	62	.....	.....	.....0.0	.....
.....YES.....	3MG(VA).....	G.....	NO...	...34000.....	.08/05/2004	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	101,988	68,787	67.4	28	.....	.....	.....0.0	.....
.....YES.....	3MH(VA).....	H.....	NO...	...34000.....	.06/06/2007	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	78,631	64,811	82.4	24	.....	.....	.....0.0	.....
.....YES.....	3MI(VA).....	I.....	NO...	...34000.....	.11/07/2006	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	100,281	52,223	52.1	29	.....	.....	.....0.0	.....
.....YES.....	3MJ(VA).....	J.....	NO...	...34000.....	.06/06/2007	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	471,037	392,942	83.4	125	.....	.....	.....0.0	.....
.....YES.....	3MK(VA).....	F.....	NO...	...34000.....	.08/05/2004	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	318	(45)	(14.1)	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,045,669	751,767	71.9	272	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....West Virginia



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3ME.....	E.....	NO...	...34000.....	.12/01/2005	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,889	2,189	56.3	1	.....	.....	.....0.0	.....
.....YES.....	3MK.....	F.....	NO...	...34000.....	.11/24/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE	1,190	63	5.3	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									5,079	2,252	44.3	2	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

FOR THE STATE OF.....Wyoming



NAIC Group Code.....901

Address (City, State and Zip Code).....

Person Completing This Exhibit.....

NAIC Company Code.....61727

Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2016			Policies Issued in 2017, 2018 & 2019				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	3MF(WY).....	F.....	NO...	...34000.....	.12/05/2003	.....	.....	.05/31/2010	MEDICARE SUPPLEMENT.....	25,978	9,661	37.2	5	.....	.....	.....0.0	.....
.....YES.....	3MG(WY).....	G.....	NO...	...34000.....	.12/05/2003	.07/26/2009	.....	.....	MEDICARE SUPPLEMENT.....	3,822	2,372	62.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									29,801	12,032	40.4	5	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

2.2 Contact person and phone number..... David Brosig 1-800-880-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717

3.2 Contact person and phone number..... David Brosig 1-800-880-8824
4. Explain any policies identified as policy type "O".

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. Prior.....					
2. 2015.....					
3. 2016.....	XXX				
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....					
2. 2015.....	10				
3. 2016.....	XXX				
4. 2017.....	XXX	XXX	7		
5. 2018.....	XXX	XXX	XXX	1	
6. 2019.....	XXX	XXX	XXX	XXX	3

Section C - Credit Accident and Health

1. Prior.....					
2. 2015.....					
3. 2016.....	XXX				
4. 2017.....	XXX	XXX			
5. 2018.....	XXX	XXX	XXX		
6. 2019.....	XXX	XXX	XXX	XXX	

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2015	2016	2017	2018	2019
1. 2015.....	29	20	20	XXX	XXX
2. 2016.....	XXX	27	18	18	XXX
3. 2017.....	XXX	XXX	21	18	18
4. 2018.....	XXX	XXX	XXX	18	15
5. 2019.....	XXX	XXX	XXX	XXX	17

Section B - Other Accident and Health

1. 2015.....	3,103	3,057	3,057	XXX	XXX
2. 2016.....	XXX	2,603	2,582	2,583	XXX
3. 2017.....	XXX	XXX	2,298	2,318	2,318
4. 2018.....	XXX	XXX	XXX	1,936	1,956
5. 2019.....	XXX	XXX	XXX	XXX	1,630

Section C - Credit Accident and Health

1. 2015.....				XXX	XXX
2. 2016.....	XXX				XXX
3. 2017.....	XXX	XXX			
4. 2018.....	XXX	XXX	XXX		
5. 2019.....	XXX	XXX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2015	2 2016	3 2017	4 2018	5 2019
1. 2015.....	29	20	20		
2. 2016.....	XXX	27	18	18	
3. 2017.....	XXX	XXX	21	18	18
4. 2018.....	XXX	XXX	XXX	18	15
5. 2019.....	XXX	XXX	XXX	XXX	17

Section B - Other Accident and Health

1. 2015.....	3,113	3,057	3,057		
2. 2016.....	XXX	2,603	2,582	2,583	
3. 2017.....	XXX	XXX	2,305	2,318	2,318
4. 2018.....	XXX	XXX	XXX	1,937	1,956
5. 2019.....	XXX	XXX	XXX	XXX	1,633

Section C - Credit Accident and Health

1. 2015.....					
2. 2016.....	XXX				
3. 2017.....	XXX	XXX			
4. 2018.....	XXX	XXX	XXX		
5. 2019.....	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5
(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life.....		
2. Ordinary life.....		
3. Individual annuity.....		
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....		
7. Group annuities.....		
8. Group accident and health.....	Development.....	2
9. Credit accident and health.....		
10. Other accident and health.....	Development.....	162
11. Total.....		164

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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