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ANNUAL STATEMENT

For the Year Ended December 31, 2019

of the Condition and Affairs of the

Loyal American Life Insurance Company

NAIC Group Code.....0901, 0901 (Current Period) (Prior Period) | NAIC Company Code..... 65722 | Employer's ID Number..... 63-0343428

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..... May 18, 1955 | Commenced Business..... July 4, 1955

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

OFFICERS

Name	Title	Name	Title
1. Stephen Burnett Jones	President	2. Byron Keith Buescher	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)	(Signature)	(Signature)
Stephen Burnett Jones	Byron Keith Buescher	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
This _____ day of February 2020

a. Is this an original filing? Yes [X] No [ ]

b. If no 1. State the amendment number _____
2. Date filed _____
3. Number of pages attached _____

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	117,403				117,403
2. Annuity considerations	2				2
3. Deposit-type contract funds	309	XXX		XXX	309
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	117,714	0	0	0	117,714
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,736				1,736
6.2 Applied to pay renewal premiums	275				275
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)	2,011	0	0	0	2,011
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)	2,011	0	0	0	2,011
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	21,280				21,280
10. Matured endowments	976				976
11. Annuity benefits	10,778				10,778
12. Surrender values and withdrawals for life contracts	126,290				126,290
13. 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	159,324	0	0	0	159,324
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	3	120,000							3	120,000
17. Incurred during current year		976							0	976
Settled during current year:										
18.1 By payment in full	1	20,976							1	20,976
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	20,976	0	0	0	0	0	0	1	20,976
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	20,976	0	0	0	0	0	0	1	20,976
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	100,000	0	0	0	0	0	0	2	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	217	21,992,704		(a)					217	21,992,704
21. Issued during year									0	0
22. Other changes to in force (Net)	(36)	(2,379,944)							(36)	(2,379,944)
23. In force December 31 of current year	181	19,612,760	0	(a) 0	0	0	0	0	181	19,612,760

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	438	438		12	12
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)	438	438	0	12	12
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	438	438	0	12	12

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,231				3,231
2. Annuity considerations	12				12
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,243	0	0	0	3,243
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	288				288
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	37				37
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	325	0	0	0	325
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)	325	0	0	0	325
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	673				673
13. 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	673	0	0	0	673
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. 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	9	100,668		(a)					9	100,668
21. Issued during year	1	2,500							1	2,500
22. Other changes to in force (Net)	(1)	(19,951)							(1)	(19,951)
23. In force December 31 of current year	9	83,217	0	(a) 0	0	0	0	0	9	83,217

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	159	159			1
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)	994,779	991,792		846,739	851,236
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)	994,779	991,792	0	846,739	851,236
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	994,938	991,951	0	846,739	851,237

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

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	478,861		13,138		491,999
2. Annuity considerations	2,753				2,753
3. Deposit-type contract funds	683	XXX		XXX	683
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	482,297	0	13,138	0	495,435
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	12,126				12,126
6.2 Applied to pay renewal premiums	404				404
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	52				52
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	12,582	0	0	0	12,582
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)	12,582	0	0	0	12,582
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	568,049		4,767		572,816
10. Matured endowments	263				263
11. Annuity benefits	63,394				63,394
12. Surrender values and withdrawals for life contracts	331,488				331,488
13. 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	963,194	0	4,767	0	967,961
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	26	117,670							26	117,670
17. Incurred during current year	76	538,022			1	3,000			77	541,022
Settled during current year:										
18.1 By payment in full	78	555,930			1	3,000			79	558,930
18.2 By payment on compromised claims									0	0
18.3 Totals paid	78	555,930	0	0	1	3,000	0	0	79	558,930
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	78	555,930	0	0	1	3,000	0	0	79	558,930
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	24	99,762	0	0	0	0	0	0	24	99,762
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,445	43,255,592		(a)	21	1,023,460			2,466	44,279,052
21. Issued during year	34	291,500							34	291,500
22. Other changes to in force (Net)	(159)	(2,070,226)			(3)	(84,560)			(162)	(2,154,786)
23. In force December 31 of current year	2,320	41,476,866	0	(a) 0	18	938,900	0	0	2,338	42,415,766

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	19,933	19,790		4,034	4,003
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	53	12		1,323	984
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,644,333	3,643,422		1,895,511	1,923,955
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,644,333	3,643,422	0	1,895,511	1,923,955
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,664,319	3,663,224	0	1,900,868	1,928,942

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

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DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	233,149		570		233,719
2.	Annuity considerations	269				269
3.	Deposit-type contract funds	160	XXX		XXX	160
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	233,578	0	570	0	234,148
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	1,615				1,615
6.2	Applied to pay renewal premiums	55				55
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)	1,670	0	0	0	1,670
	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)	1,670	0	0	0	1,670
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	152,517				152,517
10.	Matured endowments	1,000				1,000
11.	Annuity benefits					0
12.	Surrender values and withdrawals for life contracts	116,496				116,496
13.	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	270,013	0	0	0	270,013
	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	6	26,036							6	26,036
17.	Incurred during current year	29	233,207							29	233,207
	Settled during current year:										
18.1	By payment in full	23	151,625							23	151,625
18.2	By payment on compromised claims									0	0
18.3	Totals paid	23	151,625	0	0	0	0	0	0	23	151,625
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	23	151,625	0	0	0	0	0	0	23	151,625
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	12	107,618	0	0	0	0	0	0	12	107,618
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	791	10,772,554		(a)	4	90,000			795	10,862,554
21.	Issued during year	31	251,500							31	251,500
22.	Other changes to in force (Net)	(68)	(665,082)			(2)	(9,000)			(70)	(674,082)
23.	In force December 31 of current year	754	10,358,972	0	(a) 0	2	81,000	0	0	756	10,439,972

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	15,141	15,191		1,290	1,423
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)	4,103,696	4,106,670		3,257,406	3,243,558
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	4,103,696	4,106,670	0	3,257,406	3,243,558
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,118,837	4,121,861	0	3,258,696	3,244,981

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

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

NONE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	42,832				42,832
2. Annuity considerations	52				52
3. Deposit-type contract funds	1,867	XXX		XXX	1,867
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	44,751	0	0	0	44,751
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,814				2,814
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	140				140
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,954	0	0	0	2,954
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)	2,954	0	0	0	2,954
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	47,102				47,102
10. Matured endowments	35				35
11. Annuity benefits	149,161				149,161
12. Surrender values and withdrawals for life contracts	910,193				910,193
13. 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	1,106,491	0	0	0	1,106,491
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	2	24,415							2	24,415
17. Incurred during current year	2	42,395							2	42,395
Settled during current year:										
18.1 By payment in full	3	46,809							3	46,809
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	46,809	0	0	0	0	0	0	3	46,809
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	46,809	0	0	0	0	0	0	3	46,809
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	20,001	0	0	0	0	0	0	1	20,001
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	114	2,582,304		(a)					114	2,582,304
21. Issued during year	21	187,000							21	187,000
22. Other changes to in force (Net)	(10)	(80,721)							(10)	(80,721)
23. In force December 31 of current year	125	2,688,583	0	(a) 0	0	0	0	0	125	2,688,583

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,068	2,070		199	141
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	70	70			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,518,127	1,521,529		1,103,799	1,123,499
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)	1,518,127	1,521,529	0	1,103,799	1,123,499
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,520,265	1,523,669	0	1,103,998	1,123,640

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

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	117,150		156		117,306
2. Annuity considerations	891				891
3. Deposit-type contract funds	1,450	XXX		XXX	1,450
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	119,491	0	156	0	119,647
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4,832				4,832
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)	4,832	0	0	0	4,832
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)	4,832	0	0	0	4,832
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	109,262				109,262
10. Matured endowments					0
11. Annuity benefits	293,723				293,723
12. Surrender values and withdrawals for life contracts	968,915				968,915
13. 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	1,371,900	0	0	0	1,371,900
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	5	15,424							5	15,424
17. Incurred during current year	16	116,248							16	116,248
Settled during current year:										
18.1 By payment in full	14	104,752							14	104,752
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	104,752	0	0	0	0	0	0	14	104,752
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	104,752	0	0	0	0	0	0	14	104,752
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	26,920	0	0	0	0	0	0	7	26,920
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	411	11,138,731		(a)	1	50,000			412	11,188,731
21. Issued during year	32	365,500							32	365,500
22. Other changes to in force (Net)	(40)	(765,020)							(40)	(765,020)
23. In force December 31 of current year	403	10,739,211	0	(a) 0	1	50,000	0	0	404	10,789,211

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	4,454	4,483		695	617
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)	39,623,778	39,606,899		31,997,247	31,969,227
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)	39,623,778	39,606,899	0	31,997,247	31,969,227
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	39,628,232	39,611,382	0	31,997,942	31,969,844

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	87				87
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	87	0	0	0	87
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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	55,632		69		55,701
2. Annuity considerations	46				46
3. Deposit-type contract funds	544	XXX		XXX	544
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	56,222	0	69	0	56,291
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	856				856
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)	856	0	0	0	856
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)	856	0	0	0	856
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments	99				99
11. Annuity benefits	74,261				74,261
12. Surrender values and withdrawals for life contracts	107,302				107,302
13. 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	181,662	0	0	0	181,662
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		99							0	99
Settled during current year:										
18.1 By payment in full		99							0	99
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	99	0	0	0	0	0	0	0	99
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	99	0	0	0	0	0	0	0	99
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	116	2,791,192		(a)	1	3,000			117	2,794,192
21. Issued during year	13	151,000							13	151,000
22. Other changes to in force (Net)	(6)	(92,968)			(1)	(3,000)			(7)	(95,968)
23. In force December 31 of current year	123	2,849,224	0	(a) 0	0	0	0	0	123	2,849,224

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	705	705		(1)	2
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)	2,125,723	2,123,088		1,392,339	1,389,308
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,125,723	2,123,088	0	1,392,339	1,389,308
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,126,428	2,123,793	0	1,392,338	1,389,310

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

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	24,132				24,132
2. Annuity considerations	30				30
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	24,162	0	0	0	24,162
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	156				156
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	73				73
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	229	0	0	0	229
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)	229	0	0	0	229
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,135				7,135
10. Matured endowments					0
11. Annuity benefits	67,358				67,358
12. Surrender values and withdrawals for life contracts	15,452				15,452
13. 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	89,945	0	0	0	89,945
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	1	2,052							1	2,052
17. Incurred during current year	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full	2	7,052							2	7,052
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	7,052	0	0	0	0	0	0	2	7,052
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	7,052	0	0	0	0	0	0	2	7,052
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	43	534,052		(a)					43	534,052
21. Issued during year	2	23,000							2	23,000
22. Other changes to in force (Net)	(5)	(15,036)							(5)	(15,036)
23. In force December 31 of current year	40	542,016	0	(a) 0	0	0	0	0	40	542,016

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	539	539		(1)	2
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)	3,751,554	3,759,828		1,949,368	1,943,538
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,751,554	3,759,828	0	1,949,368	1,943,538
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,752,093	3,760,367	0	1,949,367	1,943,540

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

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

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	9,107				9,107
2. Annuity considerations	8				8
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,115	0	0	0	9,115
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	462				462
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	104				104
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	566	0	0	0	566
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)	566	0	0	0	566
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,395				5,395
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	6,099				6,099
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	11,494	0	0	0	11,494
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	1	2,816							1	2,816
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full	1	2,816							1	2,816
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	2,816	0	0	0	0	0	0	1	2,816
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	2,816	0	0	0	0	0	0	1	2,816
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	38	419,281		(a)					38	419,281
21. Issued during year	2	35,000							2	35,000
22. Other changes to in force (Net)	(7)	(88,121)							(7)	(88,121)
23. In force December 31 of current year	33	366,160	0	(a) 0	0	0	0	0	33	366,160

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	646	696		119	55
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)	389,619	387,029		254,719	257,002
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)	389,619	387,029	0	254,719	257,002
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	390,265	387,725	0	254,838	257,057

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	19,040				19,040
2. Annuity considerations	23				23
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	19,063	0	0	0	19,063
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	90				90
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	90	0	0	0	90
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)	90	0	0	0	90
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,045				5,045
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,045	0	0	0	5,045
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	1	5,000							1	5,000
17. Incurred during current year									0	0
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)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	26	692,230		(a)					26	692,230
21. Issued during year	1	2,500							1	2,500
22. Other changes to in force (Net)	-	(2,873)							0	(2,873)
23. In force December 31 of current year	27	691,857	0	(a) 0	0	0	0	0	27	691,857

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	124,775	124,610		55,588	57,695
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)	124,775	124,610	0	55,588	57,695
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	124,775	124,610	0	55,588	57,695

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

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	409,130		1,370		410,500
2. Annuity considerations	16,059				16,059
3. Deposit-type contract funds	844	XXX		XXX	844
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	426,033	0	1,370	0	427,403
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	15,775				15,775
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,500				4,500
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	20,275	0	0	0	20,275
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)	20,275	0	0	0	20,275
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	714,545				714,545
10. Matured endowments	7,095				7,095
11. Annuity benefits	594,448				594,448
12. Surrender values and withdrawals for life contracts	1,395,430				1,395,430
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,711,518	0	0	0	2,711,518
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 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	40	135,885							40	135,885
17. Incurred during current year	94	830,853							94	830,853
Settled during current year:										
18.1 By payment in full	98	708,373							98	708,373
18.2 By payment on compromised claims									0	0
18.3 Totals paid	98	708,373	0	0	0	0	0	0	98	708,373
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	98	708,373	0	0	0	0	0	0	98	708,373
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	36	258,365	0	0	0	0	0	0	36	258,365
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,858	35,769,799		(a)	3	67,950			2,861	35,837,749
21. Issued during year									0	0
22. Other changes to in force (Net)	(187)	(2,843,094)				(4,450)			(187)	(2,847,544)
23. In force December 31 of current year	2,671	32,926,705	0	(a) 0	3	63,500	0	0	2,674	32,990,205

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	633	663		199	(336)
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	2,639	2,662		127	(1,866)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,829,874	4,805,376		2,620,024	2,751,922
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	4,829,874	4,805,376	0	2,620,024	2,751,922
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,833,146	4,808,701	0	2,620,350	2,749,720

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	355,711		2,614		358,325
2. Annuity considerations	144				144
3. Deposit-type contract funds	2,465	XXX		XXX	2,465
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	358,320	0	2,614	0	360,934
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	54,547				54,547
6.2 Applied to pay renewal premiums	2,017				2,017
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,342				2,342
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	58,906	0	0	0	58,906
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)	58,906	0	0	0	58,906
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	719,810				719,810
10. Matured endowments	4,953				4,953
11. Annuity benefits	166,324				166,324
12. Surrender values and withdrawals for life contracts	340,177				340,177
13. 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	1,231,264	0	0	0	1,231,264
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	22	99,136							22	99,136
17. Incurred during current year	81	755,176							81	755,176
Settled during current year:										
18.1 By payment in full	81	701,979							81	701,979
18.2 By payment on compromised claims									0	0
18.3 Totals paid	81	701,979	0	0	0	0	0	0	81	701,979
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	81	701,979	0	0	0	0	0	0	81	701,979
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	22	152,333	0	0	0	0	0	0	22	152,333
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,264	20,384,304		(a)	6	160,000			2,270	20,544,304
21. Issued during year	49	515,000							49	515,000
22. Other changes to in force (Net)	(151)	(1,430,673)			(1)	(75,500)			(152)	(1,506,173)
23. In force December 31 of current year	2,162	19,468,631	0	(a) 0	5	84,500	0	0	2,167	19,553,131

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	6,812	6,876		1,346	1,146
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	1,608	1,614		3,009	2,992
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,674,060	3,689,937		2,855,133	2,951,532
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,674,060	3,689,937	0	2,855,133	2,951,532
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,682,480	3,698,427	0	2,859,488	2,955,670

(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.

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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	7,628,005		33,651		7,661,656
2. Annuity considerations	43,374				43,374
3. Deposit-type contract funds	45,839	XXX		XXX	45,839
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,717,218	0	33,651	0	7,750,869
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	199,473				199,473
6.2 Applied to pay renewal premiums	3,396				3,396
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	15,228				15,228
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	218,097	0	0	0	218,097
Annuities:					
7.1 Paid in cash or left on deposit	225				225
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	225	0	0	0	225
8. Grand Totals (Lines 6.5 + 7.4)	218,322	0	0	0	218,322
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,856,604		7,774		7,864,378
10. Matured endowments	68,668				68,668
11. Annuity benefits	5,716,847				5,716,847
12. Surrender values and withdrawals for life contracts	14,739,283				14,739,283
13. 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	28,381,402	0	7,774	0	28,389,176
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	255	1,968,989							255	1,968,989
17. Incurred during current year	926	7,600,969			2	6,000			928	7,606,969
Settled during current year:										
18.1 By payment in full	935	7,781,155			2	6,000			937	7,787,155
18.2 By payment on compromised claims									0	0
18.3 Totals paid	935	7,781,155	0	0	2	6,000	0	0	937	7,787,155
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	935	7,781,155	0	0	2	6,000	0	0	937	7,787,155
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	246	1,788,803	0	0	0	0	0	0	246	1,788,803
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	28,996	424,528,759		(a)	1,883	3,022,000			30,879	427,550,759
21. Issued during year	1,479	14,349,000							1,479	14,349,000
22. Other changes to in force (Net)	(2,304)	(32,216,191)			(23)	(281,084)			(2,327)	(32,497,275)
23. In force December 31 of current year	28,171	406,661,568	0	(a) 0	1,860	2,740,916	0	0	30,031	409,402,484

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	5,635,308	5,572,327		2,233,559	2,290,651
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	17,527	17,958		20,128	16,768
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	292,148,455	292,509,473		205,717,421	207,543,868
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)	292,148,455	292,509,473	0	205,717,421	207,543,868
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	297,801,290	298,099,758	0	207,971,108	209,851,287

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

DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	883				883
2. Annuity considerations					0
3. Deposit-type contract funds	219	XXX		XXX	219
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,102	0	0	0	1,102
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	71				71
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)	71	0	0	0	71
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)	71	0	0	0	71
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	3	43,200		(a)					3	43,200
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	3	43,200	0	(a) 0	0	0	0	0	3	43,200

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	7,983				7,983
2. Annuity considerations	23				23
3. Deposit-type contract funds	671	XXX		XXX	671
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	8,677	0	0	0	8,677
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,745				1,745
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)	1,745	0	0	0	1,745
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)	1,745	0	0	0	1,745
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,289				10,289
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	6,137				6,137
13. 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	16,426	0	0	0	16,426
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	2	15,000							2	15,000
Settled during current year:										
18.1 By payment in full	1	10,000							1	10,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	39	758,799		(a)					39	758,799
21. Issued during year	1	4,000							1	4,000
22. Other changes to in force (Net)	(5)	(33,045)							(5)	(33,045)
23. In force December 31 of current year	35	729,754	0	(a) 0	0	0	0	0	35	729,754

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	499	499		(1)	2
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)	804,937	804,763		612,786	623,534
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)	804,937	804,763	0	612,786	623,534
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	805,436	805,262	0	612,785	623,536

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

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DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	70,139				70,139
2. Annuity considerations					0
3. Deposit-type contract funds	257	XXX		XXX	257
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	70,396	0	0	0	70,396
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	458				458
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	6				6
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	464	0	0	0	464
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)	464	0	0	0	464
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,028				7,028
10. Matured endowments					0
11. Annuity benefits	16,177				16,177
12. Surrender values and withdrawals for life contracts	124,065				124,065
13. 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	147,270	0	0	0	147,270
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	2	15,000							2	15,000
Settled during current year:										
18.1 By payment in full	1	7,000							1	7,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	7,000	0	0	0	0	0	0	1	7,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	7,000	0	0	0	0	0	0	1	7,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	8,000	0	0	0	0	0	0	1	8,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	92	977,224		(a)					92	977,224
21. Issued during year	32	256,500							32	256,500
22. Other changes to in force (Net)	(7)	(87,284)							(7)	(87,284)
23. In force December 31 of current year	117	1,146,440	0	(a) 0	0	0	0	0	117	1,146,440

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	5,616	5,625		1,297	1,368
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)	2,932,704	2,954,023		1,818,926	1,820,456
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,932,704	2,954,023	0	1,818,926	1,820,456
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,938,320	2,959,648	0	1,820,223	1,821,824

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	12,421				12,421
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	12,421	0	0	0	12,421
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	192				192
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)	192	0	0	0	192
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)	192	0	0	0	192
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,621				4,621
10. Matured endowments					0
11. Annuity benefits	12,888				12,888
12. Surrender values and withdrawals for life contracts	42,552				42,552
13. 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	60,061	0	0	0	60,061
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	1	4,598							1	4,598
Settled during current year:										
18.1 By payment in full	1	4,598							1	4,598
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	4,598	0	0	0	0	0	0	1	4,598
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	4,598	0	0	0	0	0	0	1	4,598
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	31	979,728		(a)					31	979,728
21. Issued during year	19	131,500							19	131,500
22. Other changes to in force (Net)	(1)	15,169							(1)	15,169
23. In force December 31 of current year	49	1,126,397	0	(a) 0	0	0	0	0	49	1,126,397

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,846,620	2,849,154		2,022,758	2,025,749
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,846,620	2,849,154	0	2,022,758	2,025,749
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,846,620	2,849,154	0	2,022,758	2,025,749

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

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	301,359		1,325		302,684
2. Annuity considerations	331				331
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	301,690	0	1,325	0	303,015
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,697				1,697
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)	1,697	0	0	0	1,697
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)	1,697	0	0	0	1,697
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	215,596				215,596
10. Matured endowments					0
11. Annuity benefits	43,284				43,284
12. Surrender values and withdrawals for life contracts	124,801				124,801
13. 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	383,681	0	0	0	383,681
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	5	43,523							5	43,523
17. Incurred during current year	15	192,857							15	192,857
Settled during current year:										
18.1 By payment in full	18	214,380							18	214,380
18.2 By payment on compromised claims									0	0
18.3 Totals paid	18	214,380	0	0	0	0	0	0	18	214,380
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	18	214,380	0	0	0	0	0	0	18	214,380
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	22,000	0	0	0	0	0	0	2	22,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	668	9,009,481		(a)	2	78,000			670	9,087,481
21. Issued during year	45	490,000							45	490,000
22. Other changes to in force (Net)	(61)	(726,492)							(61)	(726,492)
23. In force December 31 of current year	652	8,772,989	0	(a) 0	2	78,000	0	0	654	8,850,989

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	34,745	34,788		35,106	36,247
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)	11,064,261	11,094,954		6,727,898	6,677,236
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)	11,064,261	11,094,954	0	6,727,898	6,677,236
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,099,006	11,129,742	0	6,763,004	6,713,483

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

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	302,571		3,188		305,759
2. Annuity considerations	565				565
3. Deposit-type contract funds	509	XXX		XXX	509
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	303,645	0	3,188	0	306,833
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	667				667
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)	667	0	0	0	667
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)	667	0	0	0	667
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	371,419				371,419
10. Matured endowments					0
11. Annuity benefits	262,007				262,007
12. Surrender values and withdrawals for life contracts	1,192,414				1,192,414
13. 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	1,825,840	0	0	0	1,825,840
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	6	69,882							6	69,882
17. Incurred during current year	27	324,122							27	324,122
Settled during current year:										
18.1 By payment in full	29	368,404							29	368,404
18.2 By payment on compromised claims									0	0
18.3 Totals paid	29	368,404	0	0	0	0	0	0	29	368,404
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	29	368,404	0	0	0	0	0	0	29	368,404
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	25,600	0	0	0	0	0	0	4	25,600
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	936	13,101,284		(a)	3	175,000			939	13,276,284
21. Issued during year	50	576,500							50	576,500
22. Other changes to in force (Net)	(68)	(1,036,974)							(68)	(1,036,974)
23. In force December 31 of current year	918	12,640,810	0	(a) 0	3	175,000	0	0	921	12,815,810

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	4,419	4,462		(5)	(85)
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)	10,856,224	10,823,137		7,896,558	7,863,926
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	10,856,224	10,823,137	0	7,896,558	7,863,926
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,860,643	10,827,599	0	7,896,553	7,863,841

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

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	108,218				108,218
2. Annuity considerations	8				8
3. Deposit-type contract funds	102	XXX		XXX	102
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	108,328	0	0	0	108,328
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	445				445
6.2 Applied to pay renewal premiums	187				187
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	61				61
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	693	0	0	0	693
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)	693	0	0	0	693
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	95,531				95,531
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	326,584				326,584
13. 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	422,115	0	0	0	422,115
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	4	16,574							4	16,574
17. Incurred during current year	10	142,709							10	142,709
Settled during current year:										
18.1 By payment in full	10	94,491							10	94,491
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	94,491	0	0	0	0	0	0	10	94,491
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	94,491	0	0	0	0	0	0	10	94,491
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	64,792	0	0	0	0	0	0	4	64,792
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	282	4,765,748		(a)					282	4,765,748
21. Issued during year	44	465,500							44	465,500
22. Other changes to in force (Net)	(25)	(295,368)							(25)	(295,368)
23. In force December 31 of current year	301	4,935,880	0	(a) 0	0	0	0	0	301	4,935,880

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	547,396	535,281		228,636	233,075
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	70	70			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,987,326	9,000,576		5,275,158	5,415,116
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)	8,987,326	9,000,576	0	5,275,158	5,415,116
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,534,792	9,535,927	0	5,503,794	5,648,191

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

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	219,602				219,602
2. Annuity considerations	116				116
3. Deposit-type contract funds	214	XXX		XXX	214
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	219,932	0	0	0	219,932
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,114				2,114
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)	2,114	0	0	0	2,114
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)	2,114	0	0	0	2,114
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	99,582				99,582
10. Matured endowments					0
11. Annuity benefits	58,614				58,614
12. Surrender values and withdrawals for life contracts	16,426				16,426
13. 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	174,622	0	0	0	174,622
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	4	33,500							4	33,500
17. Incurred during current year	7	75,516							7	75,516
Settled during current year:										
18.1 By payment in full	10	99,016							10	99,016
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	99,016	0	0	0	0	0	0	10	99,016
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	99,016	0	0	0	0	0	0	10	99,016
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	367	4,566,906		(a)					367	4,566,906
21. Issued during year	59	529,500							59	529,500
22. Other changes to in force (Net)	(47)	(507,602)							(47)	(507,602)
23. In force December 31 of current year	379	4,588,804	0	(a) 0	0	0	0	0	379	4,588,804

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,016	1,016		(1)	57
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)	5,602,555	5,573,740		3,725,871	3,757,153
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	5,602,555	5,573,740	0	3,725,871	3,757,153
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,603,571	5,574,756	0	3,725,870	3,757,210

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

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	228,898		31		228,929
2. Annuity considerations	222				222
3. Deposit-type contract funds	164	XXX		XXX	164
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	229,284	0	31	0	229,315
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	5,626				5,626
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)	5,626	0	0	0	5,626
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)	5,626	0	0	0	5,626
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	249,830				249,830
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	114,657				114,657
13. 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	364,487	0	0	0	364,487
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	4	16,908							4	16,908
17. Incurred during current year	17	221,956							17	221,956
Settled during current year:										
18.1 By payment in full	20	234,907							20	234,907
18.2 By payment on compromised claims									0	0
18.3 Totals paid	20	234,907	0	0	0	0	0	0	20	234,907
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	20	234,907	0	0	0	0	0	0	20	234,907
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	3,957	0	0	0	0	0	0	1	3,957
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	900	20,931,225		(a)	1	1,500			901	20,932,725
21. Issued during year	40	305,000							40	305,000
22. Other changes to in force (Net)	(85)	(2,041,024)							(85)	(2,041,024)
23. In force December 31 of current year	855	19,195,201	0	(a) 0	1	1,500	0	0	856	19,196,701

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	512,992	526,175		145,568	171,868
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	337	337			(277)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,557,606	4,583,762		2,433,827	2,484,056
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	4,557,606	4,583,762	0	2,433,827	2,484,056
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,070,935	5,110,274	0	2,579,395	2,655,647

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

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	59,054		256		59,310
2. Annuity considerations	257				257
3. Deposit-type contract funds	420	XXX		XXX	420
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	59,731	0	256	0	59,987
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	510				510
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)	510	0	0	0	510
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)	510	0	0	0	510
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	138,680				138,680
10. Matured endowments	281				281
11. Annuity benefits	115,319				115,319
12. Surrender values and withdrawals for life contracts	248,682				248,682
13. 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	502,962	0	0	0	502,962
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	6	108,856							6	108,856
17. Incurred during current year	13	84,198							13	84,198
Settled during current year:										
18.1 By payment in full	14	137,192							14	137,192
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	137,192	0	0	0	0	0	0	14	137,192
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	137,192	0	0	0	0	0	0	14	137,192
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	55,862	0	0	0	0	0	0	5	55,862
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	337	5,545,029		(a)	1	51,100			338	5,596,129
21. Issued during year	1	20,000							1	20,000
22. Other changes to in force (Net)	(28)	(271,838)				(6,300)			(28)	(278,138)
23. In force December 31 of current year	310	5,293,191	0	(a) 0	1	44,800	0	0	311	5,337,991

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	880	880		(1)	3
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)	139,948	136,655		77,698	80,602
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)	139,948	136,655	0	77,698	80,602
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	140,828	137,535	0	77,697	80,605

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	91,567				91,567
2. Annuity considerations	517				517
3. Deposit-type contract funds	2,170	XXX		XXX	2,170
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	94,254	0	0	0	94,254
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,886				2,886
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	42				42
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,928	0	0	0	2,928
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)	2,928	0	0	0	2,928
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	82,136				82,136
10. Matured endowments					0
11. Annuity benefits	99,515				99,515
12. Surrender values and withdrawals for life contracts	64,257				64,257
13. 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	245,908	0	0	0	245,908
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	14	106,824							14	106,824
Settled during current year:										
18.1 By payment in full	10	81,851							10	81,851
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	81,851	0	0	0	0	0	0	10	81,851
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	81,851	0	0	0	0	0	0	10	81,851
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	24,973	0	0	0	0	0	0	4	24,973
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	271	3,458,843		(a)					271	3,458,843
21. Issued during year	6	102,500							6	102,500
22. Other changes to in force (Net)	(26)	(464,347)							(26)	(464,347)
23. In force December 31 of current year	251	3,096,996	0	(a) 0	0	0	0	0	251	3,096,996

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	5,120	5,119		839	605
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)	352,228	351,936		143,299	142,125
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)	352,228	351,936	0	143,299	142,125
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	357,348	357,055	0	144,138	142,730

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

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	55,645				55,645
2. Annuity considerations	317				317
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	55,962	0	0	0	55,962
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	427				427
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	49				49
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	476	0	0	0	476
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)	476	0	0	0	476
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	80,767				80,767
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	97,472				97,472
13. 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	178,239	0	0	0	178,239
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	1	3,000							1	3,000
17. Incurred during current year	10	86,058							10	86,058
Settled during current year:										
18.1 By payment in full	9	80,418							9	80,418
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	80,418	0	0	0	0	0	0	9	80,418
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	80,418	0	0	0	0	0	0	9	80,418
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	8,640	0	0	0	0	0	0	2	8,640
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	285	4,161,205		(a)					285	4,161,205
21. Issued during year	5	47,500							5	47,500
22. Other changes to in force (Net)	(26)	(363,727)							(26)	(363,727)
23. In force December 31 of current year	264	3,844,978	0	(a) 0	0	0	0	0	264	3,844,978

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,802,762	2,805,464		1,894,548	1,892,842
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,802,762	2,805,464	0	1,894,548	1,892,842
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,802,762	2,805,464	0	1,894,548	1,892,842

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	153,018				153,018
2. Annuity considerations	801				801
3. Deposit-type contract funds	104	XXX		XXX	104
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	153,923	0	0	0	153,923
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,494				1,494
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	153				153
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,647	0	0	0	1,647
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)	1,647	0	0	0	1,647
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	29,860				29,860
10. Matured endowments					0
11. Annuity benefits	750,589				750,589
12. Surrender values and withdrawals for life contracts	454,923				454,923
13. 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	1,235,372	0	0	0	1,235,372
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	4	29,845							4	29,845
Settled during current year:										
18.1 By payment in full	4	29,845							4	29,845
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	29,845	0	0	0	0	0	0	4	29,845
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	29,845	0	0	0	0	0	0	4	29,845
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	238	6,108,069		(a)					238	6,108,069
21. Issued during year	29	265,000							29	265,000
22. Other changes to in force (Net)	(34)	(1,057,634)							(34)	(1,057,634)
23. In force December 31 of current year	233	5,315,435	0	(a) 0	0	0	0	0	233	5,315,435

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,366	3,809		89	254
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)	8,270,809	8,279,267		5,779,558	5,770,815
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)	8,270,809	8,279,267	0	5,779,558	5,770,815
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,274,175	8,283,076	0	5,779,647	5,771,069

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	37,232				37,232
2. Annuity considerations					0
3. Deposit-type contract funds	53	XXX		XXX	53
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	37,285	0	0	0	37,285
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	616				616
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	122				122
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	738	0	0	0	738
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)	738	0	0	0	738
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	71,576				71,576
10. Matured endowments					0
11. Annuity benefits	110,091				110,091
12. Surrender values and withdrawals for life contracts	1,015,648				1,015,648
13. 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	1,197,315	0	0	0	1,197,315
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	5	31,900							5	31,900
17. Incurred during current year	16	50,682							16	50,682
Settled during current year:										
18.1 By payment in full	18	70,275							18	70,275
18.2 By payment on compromised claims									0	0
18.3 Totals paid	18	70,275	0	0	0	0	0	0	18	70,275
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	18	70,275	0	0	0	0	0	0	18	70,275
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	12,307	0	0	0	0	0	0	3	12,307
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	295	2,759,840		(a)					295	2,759,840
21. Issued during year	8	52,500							8	52,500
22. Other changes to in force (Net)	(24)	(178,987)							(24)	(178,987)
23. In force December 31 of current year	279	2,633,353	0	(a) 0	0	0	0	0	279	2,633,353

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,719,520	4,793,559		2,991,009	3,079,126
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	4,719,520	4,793,559	0	2,991,009	3,079,126
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,719,520	4,793,559	0	2,991,009	3,079,126

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

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	188,962		284		189,246
2. Annuity considerations	1,158				1,158
3. Deposit-type contract funds	79	XXX		XXX	79
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	190,199	0	284	0	190,483
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,073				2,073
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	27				27
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,100	0	0	0	2,100
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)	2,100	0	0	0	2,100
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	220,912				220,912
10. Matured endowments	145				145
11. Annuity benefits	237,357				237,357
12. Surrender values and withdrawals for life contracts	173,581				173,581
13. 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	631,995	0	0	0	631,995
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	8	132,872							8	132,872
17. Incurred during current year	26	178,584							26	178,584
Settled during current year:										
18.1 By payment in full	25	216,483							25	216,483
18.2 By payment on compromised claims									0	0
18.3 Totals paid	25	216,483	0	0	0	0	0	0	25	216,483
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	25	216,483	0	0	0	0	0	0	25	216,483
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	94,973	0	0	0	0	0	0	9	94,973
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	753	10,128,738		(a)	1	100,000			754	10,228,738
21. Issued during year	36	491,000							36	491,000
22. Other changes to in force (Net)	(77)	(923,947)							(77)	(923,947)
23. In force December 31 of current year	712	9,695,791	0	(a) 0	1	100,000	0	0	713	9,795,791

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	272,358	269,329		175,164	179,096
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)	3,851,204	3,870,012		2,201,929	2,212,210
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,851,204	3,870,012	0	2,201,929	2,212,210
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,123,562	4,139,341	0	2,377,093	2,391,306

(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 NORTHERN MARIANA ISLANDS DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

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

NONE

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

NONE

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

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

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	239,970		3,118		243,088
2.	Annuity considerations	2,709				2,709
3.	Deposit-type contract funds	256	XXX		XXX	256
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	242,935	0	3,118	0	246,053
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	3,777				3,777
6.2	Applied to pay renewal premiums	167				167
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)	3,944	0	0	0	3,944
	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)	3,944	0	0	0	3,944
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	294,641		3,007		297,648
10.	Matured endowments	1,039				1,039
11.	Annuity benefits	16,012				16,012
12.	Surrender values and withdrawals for life contracts	236,602				236,602
13.	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	548,294	0	3,007	0	551,301
	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	12	97,292							12	97,292
17.	Incurred during current year	44	272,811			1	3,000			45	275,811
	Settled during current year:										
18.1	By payment in full	41	293,734			1	3,000			42	296,734
18.2	By payment on compromised claims									0	0
18.3	Totals paid	41	293,734	0	0	1	3,000	0	0	42	296,734
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	41	293,734	0	0	1	3,000	0	0	42	296,734
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	15	76,369	0	0	0	0	0	0	15	76,369
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,078	16,173,516		(a)	1,790	565,880			2,868	16,739,396
21.	Issued during year	43	419,000							43	419,000
22.	Other changes to in force (Net)	(89)	(1,147,233)			(6)	(29,760)			(95)	(1,176,993)
23.	In force December 31 of current year	1,032	15,445,283	0	(a) 0	1,784	536,120	0	0	2,816	15,981,403

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	379,754	379,995		194,388	200,589
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies/certificates (b)	53	53			
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	6,316,952	6,317,782		4,271,142	4,246,497
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	6,316,952	6,317,782	0	4,271,142	4,246,497
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,696,759	6,697,830	0	4,465,530	4,447,086

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

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	680				680
2. Annuity considerations	8				8
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	688	0	0	0	688
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	186				186
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)	186	0	0	0	186
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)	186	0	0	0	186
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	6,950				6,950
12. Surrender values and withdrawals for life contracts	27,342				27,342
13. 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	34,292	0	0	0	34,292
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	1	5,087							1	5,087
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,087	0	0	0	0	0	0	1	5,087
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	13	70,870		(a)					13	70,870
21. Issued during year	-	-							0	0
22. Other changes to in force (Net)	(1)	(15,000)							(1)	(15,000)
23. In force December 31 of current year	12	55,870	0	(a) 0	0	0	0	0	12	55,870

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,174,296	1,185,587		867,399	861,233
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)	1,174,296	1,185,587	0	867,399	861,233
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,174,296	1,185,587	0	867,399	861,233

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

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	455,862				455,862
2. Annuity considerations	591				591
3. Deposit-type contract funds	13,049	XXX		XXX	13,049
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	469,502	0	0	0	469,502
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	14,383				14,383
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4,331				4,331
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	18,714	0	0	0	18,714
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)	18,714	0	0	0	18,714
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	484,348				484,348
10. Matured endowments	42,044				42,044
11. Annuity benefits	429,171				429,171
12. Surrender values and withdrawals for life contracts	571,328				571,328
13. 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	1,526,891	0	0	0	1,526,891
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	15	109,876							15	109,876
17. Incurred during current year	73	518,732							73	518,732
Settled during current year:										
18.1 By payment in full	75	520,314							75	520,314
18.2 By payment on compromised claims									0	0
18.3 Totals paid	75	520,314	0	0	0	0	0	0	75	520,314
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	75	520,314	0	0	0	0	0	0	75	520,314
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	13	108,294	0	0	0	0	0	0	13	108,294
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,139	26,642,106		(a)					2,139	26,642,106
21. Issued during year	74	639,000							74	639,000
22. Other changes to in force (Net)	(167)	(1,980,816)							(167)	(1,980,816)
23. In force December 31 of current year	2,046	25,300,290	0	(a) 0	0	0	0	0	2,046	25,300,290

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	24,846	25,017		4,072	4,635
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	7,281	7,597		10,386	10,102
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,542,718	5,549,882		3,655,527	3,548,886
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)	5,542,718	5,549,882	0	3,655,527	3,548,886
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,574,845	5,582,496	0	3,669,985	3,563,623

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

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,976		286		2,262
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,976	0	286	0	2,262
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	179				179
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)	179	0	0	0	179
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)	179	0	0	0	179
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	2,915				2,915
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,915	0	0	0	2,915
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	14	101,234		(a)	1	125,000			15	226,234
21. Issued during year	1	5,000							1	5,000
22. Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year	14	101,234	0	(a) 0	1	125,000	0	0	15	226,234

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	15,072	15,127		26,053	26,428
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)	142,495	141,808		68,855	65,828
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)	142,495	141,808	0	68,855	65,828
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	157,567	156,935	0	94,908	92,256

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

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	33,762				33,762
2. Annuity considerations					0
3. Deposit-type contract funds	4,265	XXX		XXX	4,265
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	38,027	0	0	0	38,027
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	289				289
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	4				4
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	293	0	0	0	293
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)	293	0	0	0	293
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	20,052				20,052
10. Matured endowments	131				131
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	118,220				118,220
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	138,403	0	0	0	138,403
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	1	20,131							1	20,131
Settled during current year:										
18.1 By payment in full	1	20,131							1	20,131
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	20,131	0	0	0	0	0	0	1	20,131
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	20,131	0	0	0	0	0	0	1	20,131
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	60	602,181		(a)					60	602,181
21. Issued during year	23	213,000							23	213,000
22. Other changes to in force (Net)	(5)	(53,268)							(5)	(53,268)
23. In force December 31 of current year	78	761,913	0	(a) 0	0	0	0	0	78	761,913

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,516	2,321		499	27
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)	2,854,202	2,867,588		1,895,007	1,919,905
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,854,202	2,867,588	0	1,895,007	1,919,905
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,856,718	2,869,909	0	1,895,506	1,919,932

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

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	11,577				11,577
2. Annuity considerations	8				8
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,585	0	0	0	11,585
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	204				204
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)	204	0	0	0	204
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)	204	0	0	0	204
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	23,787				23,787
10. Matured endowments					0
11. Annuity benefits	8,000				8,000
12. Surrender values and withdrawals for life contracts	74,939				74,939
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	106,726	0	0	0	106,726
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	1	3,641							1	3,641
17. Incurred during current year	2	19,911							2	19,911
Settled during current year:										
18.1 By payment in full	3	23,552							3	23,552
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	23,552	0	0	0	0	0	0	3	23,552
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	23,552	0	0	0	0	0	0	3	23,552
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	1,004,327		(a)					57	1,004,327
21. Issued during year	1	3,000							1	3,000
22. Other changes to in force (Net)	(4)	(39,680)							(4)	(39,680)
23. In force December 31 of current year	54	967,647	0	(a) 0	0	0	0	0	54	967,647

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	399	399			1
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)	103,570	103,351		20,412	21,663
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)	103,570	103,351	0	20,412	21,663
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	103,969	103,750	0	20,412	21,664

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

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	139,542				139,542
2. Annuity considerations	3,096				3,096
3. Deposit-type contract funds	353	XXX		XXX	353
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	142,991	0	0	0	142,991
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,021				1,021
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	36				36
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,057	0	0	0	1,057
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)	1,057	0	0	0	1,057
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	100,892				100,892
10. Matured endowments					0
11. Annuity benefits	960				960
12. Surrender values and withdrawals for life contracts	270,109				270,109
13. 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	371,961	0	0	0	371,961
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	4	24,000							4	24,000
17. Incurred during current year	23	146,220							23	146,220
Settled during current year:										
18.1 By payment in full	17	100,229							17	100,229
18.2 By payment on compromised claims									0	0
18.3 Totals paid	17	100,229	0	0	0	0	0	0	17	100,229
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	17	100,229	0	0	0	0	0	0	17	100,229
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	69,991	0	0	0	0	0	0	10	69,991
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,244	7,105,691		(a)					1,244	7,105,691
21. Issued during year	39	460,000							39	460,000
22. Other changes to in force (Net)	(52)	(214,517)							(52)	(214,517)
23. In force December 31 of current year	1,231	7,351,174	0	(a) 0	0	0	0	0	1,231	7,351,174

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,481	1,524		(1)	23
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)	19,000,442	18,965,709		15,842,993	15,685,611
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	19,000,442	18,965,709	0	15,842,993	15,685,611
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,001,923	18,967,233	0	15,842,992	15,685,634

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	44,647				44,647
2. Annuity considerations	104				104
3. Deposit-type contract funds	118	XXX		XXX	118
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	44,869	0	0	0	44,869
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	822				822
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)	822	0	0	0	822
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)	822	0	0	0	822
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	159,572				159,572
13. 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	159,572	0	0	0	159,572
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	76	1,464,935		(a)					76	1,464,935
21. Issued during year	19	114,500							19	114,500
22. Other changes to in force (Net)	(4)	(84,924)							(4)	(84,924)
23. In force December 31 of current year	91	1,494,511	0	(a) 0	0	0	0	0	91	1,494,511

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	891	891		200	233
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)	1,861,048	1,863,027		805,119	828,907
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)	1,861,048	1,863,027	0	805,119	828,907
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,861,939	1,863,918	0	805,319	829,140

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

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	38,692				38,692
2. Annuity considerations	8				8
3. Deposit-type contract funds	4,799	XXX		XXX	4,799
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	43,499	0	0	0	43,499
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,510				1,510
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)	1,510	0	0	0	1,510
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)	1,510	0	0	0	1,510
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	23,087				23,087
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	8,505				8,505
13. 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	31,592	0	0	0	31,592
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	1	25,000							1	25,000
17. Incurred during current year	3	(1,981)							3	(1,981)
Settled during current year:										
18.1 By payment in full	4	23,019							4	23,019
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	23,019	0	0	0	0	0	0	4	23,019
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	23,019	0	0	0	0	0	0	4	23,019
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	87	2,661,568		(a)					87	2,661,568
21. Issued during year	6	73,500							6	73,500
22. Other changes to in force (Net)	(12)	(192,892)							(12)	(192,892)
23. In force December 31 of current year	81	2,542,176	0	(a) 0	0	0	0	0	81	2,542,176

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	168	168			1
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)	501,913	502,433		361,068	362,805
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)	501,913	502,433	0	361,068	362,805
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	502,081	502,601	0	361,068	362,806

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

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	10,934				10,934
2. Annuity considerations	269				269
3. Deposit-type contract funds	355	XXX		XXX	355
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,558	0	0	0	11,558
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,552				1,552
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	122				122
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,674	0	0	0	1,674
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)	1,674	0	0	0	1,674
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	13,043				13,043
10. Matured endowments					0
11. Annuity benefits	38,754				38,754
12. Surrender values and withdrawals for life contracts	141,185				141,185
13. 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	192,982	0	0	0	192,982
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	3	13,008							3	13,008
Settled during current year:										
18.1 By payment in full	3	13,008							3	13,008
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	13,008	0	0	0	0	0	0	3	13,008
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	13,008	0	0	0	0	0	0	3	13,008
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	128	1,175,616		(a)					128	1,175,616
21. Issued during year									0	0
22. Other changes to in force (Net)	(8)	435,858							(8)	435,858
23. In force December 31 of current year	120	1,611,474	0	(a) 0	0	0	0	0	120	1,611,474

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	144,475	143,622		122,568	125,939
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)	144,475	143,622	0	122,568	125,939
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	144,475	143,622	0	122,568	125,939

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

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	218,332				218,332
2. Annuity considerations	772				772
3. Deposit-type contract funds	58	XXX		XXX	58
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	219,162	0	0	0	219,162
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,252				1,252
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)	1,252	0	0	0	1,252
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)	1,252	0	0	0	1,252
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	464,658				464,658
10. Matured endowments					0
11. Annuity benefits	521,674				521,674
12. Surrender values and withdrawals for life contracts	261,188				261,188
13. 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	1,247,520	0	0	0	1,247,520
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	1	250,000							1	250,000
17. Incurred during current year	13	217,790							13	217,790
Settled during current year:										
18.1 By payment in full	12	457,790							12	457,790
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	457,790	0	0	0	0	0	0	12	457,790
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	457,790	0	0	0	0	0	0	12	457,790
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	10,000	0	0	0	0	0	0	2	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	467	13,651,830		(a)					467	13,651,830
21. Issued during year	34	342,000							34	342,000
22. Other changes to in force (Net)	(40)	(1,242,717)							(40)	(1,242,717)
23. In force December 31 of current year	461	12,751,113	0	(a) 0	0	0	0	0	461	12,751,113

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	8,756	8,753		3,788	922
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)	5,023,130	5,045,420		2,813,979	2,770,932
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)	5,023,130	5,045,420	0	2,813,979	2,770,932
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,031,886	5,054,173	0	2,817,767	2,771,854

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

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	117,987		477		118,464
2. Annuity considerations	137				137
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	118,124	0	477	0	118,601
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,718				1,718
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	175				175
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,893	0	0	0	1,893
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)	1,893	0	0	0	1,893
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	46,610				46,610
10. Matured endowments	1,899				1,899
11. Annuity benefits	27,551				27,551
12. Surrender values and withdrawals for life contracts	70,036				70,036
13. 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	146,096	0	0	0	146,096
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	3	10,871							3	10,871
17. Incurred during current year	9	43,311							9	43,311
Settled during current year:										
18.1 By payment in full	10	46,182							10	46,182
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	46,182	0	0	0	0	0	0	10	46,182
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	46,182	0	0	0	0	0	0	10	46,182
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	8,000	0	0	0	0	0	0	2	8,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	300	3,601,298		(a)	7	33,000			307	3,634,298
21. Issued during year	42	306,500							42	306,500
22. Other changes to in force (Net)	(31)	(570,599)			(2)	(9,000)			(33)	(579,599)
23. In force December 31 of current year	311	3,337,199	0	(a) 0	5	24,000	0	0	316	3,361,199

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	10,487	10,596		1,438	1,726
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)	3,786,145	3,785,851		1,768,559	1,915,983
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,786,145	3,785,851	0	1,768,559	1,915,983
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,796,632	3,796,447	0	1,769,997	1,917,709

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

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	43,902				43,902
2. Annuity considerations	45				45
3. Deposit-type contract funds	26	XXX		XXX	26
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	43,973	0	0	0	43,973
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	702				702
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)	702	0	0	0	702
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)	702	0	0	0	702
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	39,356				39,356
12. Surrender values and withdrawals for life contracts	8,762				8,762
13. 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	48,118	0	0	0	48,118
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	1	2,000							1	2,000
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	2,000	0	0	0	0	0	0	1	2,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	74	2,589,522		(a)					74	2,589,522
21. Issued during year	13	131,000							13	131,000
22. Other changes to in force (Net)	(4)	(54,740)							(4)	(54,740)
23. In force December 31 of current year	83	2,665,782	0	(a) 0	0	0	0	0	83	2,665,782

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	19,101,319	19,027,513		15,164,804	15,586,826
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	19,101,319	19,027,513	0	15,164,804	15,586,826
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,101,319	19,027,513	0	15,164,804	15,586,826

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	117,403				117,403
2. Annuity considerations	2				2
3. Deposit-type contract funds	309	XXX		XXX	309
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	117,714	0	0	0	117,714
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,736				1,736
6.2 Applied to pay renewal premiums	275				275
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)	2,011	0	0	0	2,011
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)	2,011	0	0	0	2,011
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	21,280				21,280
10. Matured endowments	976				976
11. Annuity benefits	10,778				10,778
12. Surrender values and withdrawals for life contracts	126,290				126,290
13. 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	159,324	0	0	0	159,324
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	3	120,000							3	120,000
17. Incurred during current year		976							0	976
Settled during current year:										
18.1 By payment in full	1	20,976							1	20,976
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	20,976	0	0	0	0	0	0	1	20,976
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	20,976	0	0	0	0	0	0	1	20,976
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	100,000	0	0	0	0	0	0	2	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	217	21,992,704		(a)					217	21,992,704
21. Issued during year									0	0
22. Other changes to in force (Net)	(36)	(2,379,944)							(36)	(2,379,944)
23. In force December 31 of current year	181	19,612,760	0	(a) 0	0	0	0	0	181	19,612,760

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	438	438		12	12
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)	438	438	0	12	12
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	438	438	0	12	12

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

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	210,682				210,682
2. Annuity considerations	6,432				6,432
3. Deposit-type contract funds	116	XXX		XXX	116
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	217,230	0	0	0	217,230
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,266				1,266
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)	1,266	0	0	0	1,266
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)	1,266	0	0	0	1,266
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	344,689				344,689
10. Matured endowments					0
11. Annuity benefits	394,589				394,589
12. Surrender values and withdrawals for life contracts	294,394				294,394
13. 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	1,033,672	0	0	0	1,033,672
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	3	22,500							3	22,500
17. Incurred during current year	10	321,183							10	321,183
Settled during current year:										
18.1 By payment in full	13	343,683							13	343,683
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	343,683	0	0	0	0	0	0	13	343,683
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	343,683	0	0	0	0	0	0	13	343,683
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	471	4,878,791		(a)					471	4,878,791
21. Issued during year	54	566,000							54	566,000
22. Other changes to in force (Net)	(37)	(534,498)							(37)	(534,498)
23. In force December 31 of current year	488	4,910,293	0	(a) 0	0	0	0	0	488	4,910,293

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,628	1,629		(2)	(23)
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)	3,675,926	3,677,149		2,142,886	2,099,327
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,675,926	3,677,149	0	2,142,886	2,099,327
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,677,554	3,678,778	0	2,142,884	2,099,304

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

DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	10,252				10,252
2. Annuity considerations					0
3. Deposit-type contract funds	293	XXX		XXX	293
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	10,545	0	0	0	10,545
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	486				486
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	42				42
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	528	0	0	0	528
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)	528	0	0	0	528
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	15	660,563		(a)					15	660,563
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(24,950)							(1)	(24,950)
23. In force December 31 of current year	14	635,613	0	(a) 0	0	0	0	0	14	635,613

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,170	4,169		2,765	2,878
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	4,170	4,169	0	2,765	2,878
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,170	4,169	0	2,765	2,878

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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	17,179				17,179
2. Annuity considerations	38				38
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	17,217	0	0	0	17,217
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	51,567				51,567
10. Matured endowments	2,299				2,299
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	112,599				112,599
13. 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	166,465	0	0	0	166,465
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	2	7,028							2	7,028
17. Incurred during current year	7	50,656							7	50,656
Settled during current year:										
18.1 By payment in full	8	52,659							8	52,659
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	52,659	0	0	0	0	0	0	8	52,659
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	52,659	0	0	0	0	0	0	8	52,659
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	5,025	0	0	0	0	0	0	1	5,025
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	169	2,867,975		(a)					169	2,867,975
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(67,470)							(11)	(67,470)
23. In force December 31 of current year	158	2,800,505	0	(a) 0	0	0	0	0	158	2,800,505

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	31,034	30,806		12,065	11,911
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)	31,034	30,806	0	12,065	11,911
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,034	30,806	0	12,065	11,911

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

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	347,713		73		347,786
2. Annuity considerations	1,247				1,247
3. Deposit-type contract funds	1,767	XXX		XXX	1,767
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	350,727	0	73	0	350,800
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	11,649				11,649
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	827				827
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	12,476	0	0	0	12,476
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)	12,476	0	0	0	12,476
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	402,689				402,689
10. Matured endowments	1,681				1,681
11. Annuity benefits	47,509				47,509
12. Surrender values and withdrawals for life contracts	136,919				136,919
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	588,798	0	0	0	588,798
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	13	86,607							13	86,607
17. Incurred during current year	45	361,921							45	361,921
Settled during current year:										
18.1 By payment in full	51	397,637							51	397,637
18.2 By payment on compromised claims									0	0
18.3 Totals paid	51	397,637	0	0	0	0	0	0	51	397,637
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	51	397,637	0	0	0	0	0	0	51	397,637
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	50,891	0	0	0	0	0	0	7	50,891
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,534	23,098,504		(a)	1	3,000			1,535	23,101,504
21. Issued during year	54	545,500							54	545,500
22. Other changes to in force (Net)	(105)	(1,499,696)			(1)	(3,000)			(106)	(1,502,696)
23. In force December 31 of current year	1,483	22,144,308	0	(a) 0	0	0	0	0	1,483	22,144,308

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,880	3,058		299	410
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	4,912	5,031		5,283	4,836
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,906,947	5,904,993		4,068,741	3,996,015
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)	5,906,947	5,904,993	0	4,068,741	3,996,015
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,914,739	5,913,082	0	4,074,323	4,001,261

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

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	21,237				21,237
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	21,237	0	0	0	21,237
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	21				21
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	84				84
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	105	0	0	0	105
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)	105	0	0	0	105
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	14,567				14,567
10. Matured endowments					0
11. Annuity benefits	3,645				3,645
12. Surrender values and withdrawals for life contracts	1,935				1,935
13. 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	20,147	0	0	0	20,147
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	3	14,438							3	14,438
Settled during current year:										
18.1 By payment in full	3	14,438							3	14,438
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	14,438	0	0	0	0	0	0	3	14,438
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	14,438	0	0	0	0	0	0	3	14,438
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	46	387,137		(a)					46	387,137
21. Issued during year	23	203,000							23	203,000
22. Other changes to in force (Net)	(5)	(40,581)							(5)	(40,581)
23. In force December 31 of current year	64	549,556	0	(a) 0	0	0	0	0	64	549,556

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,352	3,303		869	979
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)	841,830	835,496		599,809	604,889
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)	841,830	835,496	0	599,809	604,889
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	845,182	838,799	0	600,678	605,868

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	427,275		5,545		432,820
2. Annuity considerations	816				816
3. Deposit-type contract funds	409	XXX		XXX	409
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	428,500	0	5,545	0	434,045
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4,442				4,442
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	87				87
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,529	0	0	0	4,529
Annuities:					
7.1 Paid in cash or left on deposit	117				117
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	117	0	0	0	117
8. Grand Totals (Lines 6.5 + 7.4)	4,646	0	0	0	4,646
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	532,270				532,270
10. Matured endowments	3,640				3,640
11. Annuity benefits	98,771				98,771
12. Surrender values and withdrawals for life contracts	434,671				434,671
13. 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	1,069,352	0	0	0	1,069,352
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	25	91,517							25	91,517
17. Incurred during current year	101	576,890							101	576,890
Settled during current year:										
18.1 By payment in full	95	517,654							95	517,654
18.2 By payment on compromised claims									0	0
18.3 Totals paid	95	517,654	0	0	0	0	0	0	95	517,654
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	95	517,654	0	0	0	0	0	0	95	517,654
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	31	150,753	0	0	0	0	0	0	31	150,753
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,976	23,510,347		(a)	34	387,190			2,010	23,897,537
21. Issued during year	63	596,500							63	596,500
22. Other changes to in force (Net)	(186)	(1,865,573)			(5)	(52,094)			(191)	(1,917,667)
23. In force December 31 of current year	1,853	22,241,274	0	(a) 0	29	335,096	0	0	1,882	22,576,370

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	9,790	9,843		591	591
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	140	140			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	9,923,916	9,932,416		6,143,598	6,056,059
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)	9,923,916	9,932,416	0	6,143,598	6,056,059
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,933,846	9,942,399	0	6,144,189	6,056,650

(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.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	920,808		954		921,762
2. Annuity considerations	287				287
3. Deposit-type contract funds	4,478	XXX		XXX	4,478
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	925,573	0	954	0	926,527
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	9,072				9,072
6.2 Applied to pay renewal premiums	150				150
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	466				466
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	9,688	0	0	0	9,688
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)	9,688	0	0	0	9,688
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	309,090				309,090
10. Matured endowments	14				14
11. Annuity benefits	565,026				565,026
12. Surrender values and withdrawals for life contracts	1,681,351				1,681,351
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,555,481	0	0	0	2,555,481
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	7	103,880							7	103,880
17. Incurred during current year	40	320,612							40	320,612
Settled during current year:										
18.1 By payment in full	42	307,349							42	307,349
18.2 By payment on compromised claims									0	0
18.3 Totals paid	42	307,349	0	0	0	0	0	0	42	307,349
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	42	307,349	0	0	0	0	0	0	42	307,349
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	117,143	0	0	0	0	0	0	5	117,143
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,596	17,258,849		(a)	3	103,000			1,599	17,361,849
21. Issued during year	304	2,830,500							304	2,830,500
22. Other changes to in force (Net)	(169)	(2,111,830)							(169)	(2,111,830)
23. In force December 31 of current year	1,731	17,977,519	0	(a) 0	3	103,000	0	0	1,734	18,080,519

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,726,077	3,664,063		1,406,802	1,424,669
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	108	108			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	25,715,377	25,772,371		14,793,885	15,024,234
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	25,715,377	25,772,371	0	14,793,885	15,024,234
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	29,441,562	29,436,542	0	16,200,687	16,448,903

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

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	25,478				25,478
2. Annuity considerations	15				15
3. Deposit-type contract funds	120	XXX		XXX	120
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	25,613	0	0	0	25,613
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	707				707
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)	707	0	0	0	707
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)	707	0	0	0	707
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	42,764				42,764
12. Surrender values and withdrawals for life contracts	684,159				684,159
13. 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	726,923	0	0	0	726,923
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	1	2,757							1	2,757
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	2,757	0	0	0	0	0	0	1	2,757
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	42	389,070		(a)					42	389,070
21. Issued during year	11	64,500							11	64,500
22. Other changes to in force (Net)	-	49,057							0	49,057
23. In force December 31 of current year	53	502,627	0	(a) 0	0	0	0	0	53	502,627

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	840,184	842,325		392,652	387,748
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)	840,184	842,325	0	392,652	387,748
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	840,184	842,325	0	392,652	387,748

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

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	209,594				209,594
2.	Annuity considerations	510				510
3.	Deposit-type contract funds	867	XXX		XXX	867
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	210,971	0	0	0	210,971
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	22,868				22,868
6.2	Applied to pay renewal premiums	47				47
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,020				1,020
6.4	Other					0
6.5	Totals (Sum of Lines 6.1 to 6.4)	23,935	0	0	0	23,935
	Annuities:					
7.1	Paid in cash or left on deposit	108				108
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	108	0	0	0	108
8.	Grand Totals (Lines 6.5 + 7.4)	24,043	0	0	0	24,043
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	174,356				174,356
10.	Matured endowments	1,067				1,067
11.	Annuity benefits	142,171				142,171
12.	Surrender values and withdrawals for life contracts	139,397				139,397
13.	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	456,991	0	0	0	456,991
	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	8	7,528							8	7,528
17.	Incurred during current year	33	176,283							33	176,283
	Settled during current year:										
18.1	By payment in full	34	173,418							34	173,418
18.2	By payment on compromised claims									0	0
18.3	Totals paid	34	173,418	0	0	0	0	0	0	34	173,418
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	34	173,418	0	0	0	0	0	0	34	173,418
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	10,393	0	0	0	0	0	0	7	10,393
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	1,138	14,219,281		(a)					1,138	14,219,281
21.	Issued during year	67	726,000							67	726,000
22.	Other changes to in force (Net)	(93)	(1,219,810)							(93)	(1,219,810)
23.	In force December 31 of current year	1,112	13,725,471	0	(a) 0	0	0	0	0	1,112	13,725,471

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	1,466	1,513		(2)	(61)
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies/certificates (b)	151	159			(3)
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,128,011	1,126,917		794,805	784,715
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)	1,128,011	1,126,917	0	794,805	784,715
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,129,628	1,128,589	0	794,803	784,651

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

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

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,791				4,791
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,791	0	0	0	4,791
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	30				30
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	75				75
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	105	0	0	0	105
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)	105	0	0	0	105
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	35,681				35,681
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	35,681	0	0	0	35,681
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	4	45,000							4	45,000
Settled during current year:										
18.1 By payment in full	3	35,000							3	35,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	35,000	0	0	0	0	0	0	3	35,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	35,000	0	0	0	0	0	0	3	35,000
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	32	294,267		(a)					32	294,267
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(38,602)							(3)	(38,602)
23. In force December 31 of current year	29	255,665	0	(a) 0	0	0	0	0	29	255,665

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	105	105			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	419	541		3,686	4,182
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)	419	541	0	3,686	4,182
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	524	646	0	3,686	4,182

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

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	94,591		125		94,716
2. Annuity considerations	375				375
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	94,966	0	125	0	95,091
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	255				255
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)	255	0	0	0	255
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)	255	0	0	0	255
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	205,458				205,458
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	33,690				33,690
13. 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	239,148	0	0	0	239,148
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	3	86,249							3	86,249
17. Incurred during current year	9	127,191							9	127,191
Settled during current year:										
18.1 By payment in full	10	203,201							10	203,201
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	203,201	0	0	0	0	0	0	10	203,201
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	203,201	0	0	0	0	0	0	10	203,201
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	10,239	0	0	0	0	0	0	2	10,239
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	331	9,127,370		(a)	1	3,420			332	9,130,790
21. Issued during year									0	0
22. Other changes to in force (Net)	(19)	(444,379)			(1)	(3,420)			(20)	(447,799)
23. In force December 31 of current year	312	8,682,991	0	(a) 0	0	0	0	0	312	8,682,991

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,753,217	2,764,540		1,946,811	2,000,341
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,753,217	2,764,540	0	1,946,811	2,000,341
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,753,217	2,764,540	0	1,946,811	2,000,341

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

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	94,117				94,117
2. Annuity considerations	480				480
3. Deposit-type contract funds	192	XXX		XXX	192
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	94,789	0	0	0	94,789
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,004				2,004
6.2 Applied to pay renewal premiums	94				94
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	38				38
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,136	0	0	0	2,136
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)	2,136	0	0	0	2,136
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	35,583				35,583
10. Matured endowments					0
11. Annuity benefits	200,061				200,061
12. Surrender values and withdrawals for life contracts	664,901				664,901
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	900,545	0	0	0	900,545
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	5	35,516							5	35,516
Settled during current year:										
18.1 By payment in full	5	35,516							5	35,516
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	35,516	0	0	0	0	0	0	5	35,516
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	35,516	0	0	0	0	0	0	5	35,516
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	200	1,809,524		(a)					200	1,809,524
21. Issued during year	14	111,500							14	111,500
22. Other changes to in force (Net)	(16)	(139,799)							(16)	(139,799)
23. In force December 31 of current year	198	1,781,225	0	(a) 0	0	0	0	0	198	1,781,225

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	242	242			1
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)	40,635,934	40,864,138		34,226,988	35,131,233
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)	40,635,934	40,864,138	0	34,226,988	35,131,233
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	40,636,176	40,864,380	0	34,226,988	35,131,234

(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 THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	40,359				40,359
2. Annuity considerations	23				23
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	40,382	0	0	0	40,382
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	252				252
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	123				123
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	375	0	0	0	375
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)	375	0	0	0	375
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	12,536				12,536
10. Matured endowments					0
11. Annuity benefits	8,355				8,355
12. Surrender values and withdrawals for life contracts	161,066				161,066
13. 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	181,957	0	0	0	181,957
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	2	12,500							2	12,500
Settled during current year:										
18.1 By payment in full	2	12,500							2	12,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	12,500	0	0	0	0	0	0	2	12,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	12,500	0	0	0	0	0	0	2	12,500
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	62	1,486,235		(a)					62	1,486,235
21. Issued during year	20	296,500							20	296,500
22. Other changes to in force (Net)	2	9,749							2	9,749
23. In force December 31 of current year	84	1,792,484	0	(a) 0	0	0	0	0	84	1,792,484

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,001,996	1,002,635		380,193	481,713
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)	1,001,996	1,002,635	0	380,193	481,713
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,001,996	1,002,635	0	380,193	481,713

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

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	136,421		72		136,493
2. Annuity considerations	785				785
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	137,206	0	72	0	137,278
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,402				2,402
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)	2,402	0	0	0	2,402
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)	2,402	0	0	0	2,402
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	239,033				239,033
10. Matured endowments	7				7
11. Annuity benefits	240				240
12. Surrender values and withdrawals for life contracts	122,784				122,784
13. 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	362,064	0	0	0	362,064
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	7	37,551							7	37,551
17. Incurred during current year	30	249,077							30	249,077
Settled during current year:										
18.1 By payment in full	31	235,870							31	235,870
18.2 By payment on compromised claims									0	0
18.3 Totals paid	31	235,870	0	0	0	0	0	0	31	235,870
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	31	235,870	0	0	0	0	0	0	31	235,870
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	50,758	0	0	0	0	0	0	6	50,758
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	798	9,838,426		(a)	2	1,500			800	9,839,926
21. Issued during year	11	106,000							11	106,000
22. Other changes to in force (Net)	(58)	(690,472)			(1)	(1,000)			(59)	(691,472)
23. In force December 31 of current year	751	9,253,954	0	(a) 0	1	500	0	0	752	9,254,454

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	5,069	4,793		(5)	(47)
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)	1,164,006	1,165,630		469,022	459,449
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)	1,164,006	1,165,630	0	469,022	459,449
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,169,075	1,170,423	0	469,017	459,402

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

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0901 NAIC Company Code.....65722

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	6,628				6,628
2. Annuity considerations	15				15
3. Deposit-type contract funds	1,034	XXX		XXX	1,034
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,677	0	0	0	7,677
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	196				196
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)	196	0	0	0	196
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)	196	0	0	0	196
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	20	128,996		(a)					20	128,996
21. Issued during year	2	35,000							2	35,000
22. Other changes to in force (Net)	(1)	(5,000)							(1)	(5,000)
23. In force December 31 of current year	21	158,996	0	(a) 0	0	0	0	0	21	158,996

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	937	937		(1)	3
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)	403,323	404,154		252,375	250,729
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)	403,323	404,154	0	252,375	250,729
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	404,260	405,091	0	252,374	250,732

(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	759,908
2. Current year's realized pre-tax capital gains/(losses) of $.....444,347 transferred into the reserve net of taxes of $.....93,313	351,034
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	1,110,942
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	623,690
6. Reserve as of December 31, current year (Line 4 minus Line 5)	487,252

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	600,620	23,070		623,690
2. 2020	368,942	61,381		430,323
3. 2021	186,070	55,139		241,209
4. 2022	5,823	48,801		54,624
5. 2023	(82,051)	42,497		(39,554)
6. 2024	(72,236)	36,120		(36,116)
7. 2025	(59,182)	29,397		(29,785)
8. 2026	(49,822)	23,518		(26,304)
9. 2027	(41,008)	17,148		(23,860)
10. 2028	(33,644)	10,534		(23,110)
11. 2029	(30,769)	3,429		(27,340)
12. 2030	(27,650)			(27,650)
13. 2031	(20,310)			(20,310)
14. 2032	(11,023)			(11,023)
15. 2033	(1,899)			(1,899)
16. 2034	4,232			4,232
17. 2035	6,575			6,575
18. 2036	7,074			7,074
19. 2037	4,958			4,958
20. 2038	2,717			2,717
21. 2039	1,695			1,695
22. 2040	763			763
23. 2041	74			74
24. 2042	(42)			(42)
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)	759,907	351,034	0	1,110,941

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	1,748,462		1,748,462	0		0	1,748,462
2. Realized capital gains/(losses) net of taxes - General Account	12,051		12,051			0	12,051
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	430,845		430,845			0	430,845
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	2,191,358	0	2,191,358	0	0	0	2,191,358
9. Maximum reserve	2,190,236		2,190,236			0	2,190,236
10. Reserve objective	1,301,226		1,301,226			0	1,301,226
11. 20% of (Line 10 minus Line 8)	(178,026)	0	(178,026)	(0)	0	(0)	(178,026)
12. Balance before transfers (Lines 8 + 11)	2,013,331	0	2,013,331	0	0	0	2,013,332
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)	2,013,331	0	2,013,331	0	0	0	2,013,332

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	4,118,862	XXX	XXX	4,118,862	0.0000	0	0.0000	0	0.0000	0
2	1	Highest quality	72,852,459	XXX	XXX	72,852,459	0.0005	36,426	0.0016	116,564	0.0033	240,413
3	2	High quality	157,667,209	XXX	XXX	157,667,209	0.0021	331,101	0.0064	1,009,070	0.0106	1,671,272
4	3	Medium quality	5,023,377	XXX	XXX	5,023,377	0.0099	49,731	0.0263	132,115	0.0376	188,879
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)	239,661,907	XXX	XXX	239,661,907	XXX	417,259	XXX	1,257,749	XXX	2,100,565
		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	27,173,423	XXX	XXX	27,173,423	0.0005	13,587	0.0016	43,477	0.0033	89,672
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)	27,173,423	XXX	XXX	27,173,423	XXX	13,587	XXX	43,477	XXX	89,672
		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)	266,835,330	XXX	XXX	266,835,330	XXX	430,846	XXX	1,301,226	XXX	2,190,237

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		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

NONE

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		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	68,726,671	XXX	XXX	68,726,671	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)	68,726,671	0	0	68,726,671	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	368,217,393	XXX	1,865,849	XXX		XXX	346,603	XXX	513,621	XXX	365,222,150	XXX	246,892	XXX		XXX	22,278	XXX
2.	Premiums earned	368,475,602	XXX	1,867,820	XXX		XXX	346,568	XXX	523,052	XXX	365,462,305	XXX	252,725	XXX		XXX	23,132	XXX
3.	Incurred claims	258,732,813	70.2	1,209,360	64.7	0	0.0	199,121	57.5	1,016,858	194.4	256,143,978	70.1	63,440	25.1	0	0.0	100,056	432.5
4.	Cost containment expenses	509,452	0.1		0.0		0.0		0.0		0.0	509,452	0.1		0.0		0.0		0.0
5.	Incurred claims and cost containment expenses (Lines 3 and 4)	259,242,265	70.4	1,209,360	64.7	0	0.0	199,121	57.5	1,016,858	194.4	256,653,430	70.2	63,440	25.1	0	0.0	100,056	432.5
6	Increase in contract reserves	11,608,303	3.2	688,051	36.8	0	0.0	(41,514)	(12.0)	(291,426)	(55.7)	11,260,254	3.1	(1,421)	(0.6)	0	0.0	(5,641)	(24.4)
7	Commissions (a)	46,723,622	12.7	182,537	9.8		0.0	(15,551)	(4.5)	30,100	5.8	46,526,862	12.7	(1,073)	(0.4)		0.0	747	3.2
8	Other general insurance expenses	34,661,853	9.4	173,465	9.3		0.0	54,819	15.8	56,990	10.9	34,299,318	9.4	71,815	28.4		0.0	5,446	23.5
9	Taxes, licenses and fees	8,713,789	2.4	141,978	7.6		0.0	1,641	0.5		0.0	8,570,103	2.3	67	0.0		0.0		0.0
10	Total other expenses incurred	90,099,264	24.5	497,980	26.7	0	0.0	40,909	11.8	87,090	16.7	89,396,283	24.5	70,809	28.0	0	0.0	6,193	26.8
11.	Aggregate write-ins for deductions	(34,555)	(0.0)	(4,242)	(0.2)	0	0.0	68	0.0	(171)	(0.0)	(29,988)	(0.0)	(205)	(0.1)	0	0.0	(17)	(0.1)
12.	Gain from underwriting before dividends or refunds	7,560,325	2.1	(523,329)	(28.0)	0	0.0	147,984	42.7	(289,299)	(55.3)	8,182,326	2.2	120,102	47.5	0	0.0	(77,459)	(334.9)
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	7,560,325	2.1	(523,329)	(28.0)	0	0.0	147,984	42.7	(289,299)	(55.3)	8,182,326	2.2	120,102	47.5	0	0.0	(77,459)	(334.9)
DETAILS OF WRITE-INS																			
1101.	11.01 Increase in Loading	73,440	0.0	(3,703)	(0.2)		0.0	241	0.1		0.0	76,883	0.0	19	0.0		0.0		0.0
1102.	11.02 Penalties	(108,244)	(0.0)	(542)	(0.0)		0.0	(171)	(0.0)	(178)	(0.0)	(107,112)	(0.0)	(224)	(0.1)		0.0	(17)	(0.1)
1103.	11.03 Express Script Rebates	608	0.0	3	0.0		0.0		0.0	2	0.0	603	0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	(359)	(0.0)	0	0.0	0	0.0	(2)	(0.0)	5	0.0	(362)	(0.0)	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above)	(34,555)	(0.0)	(4,242)	(0.2)	0	0.0	68	0.0	(171)	(0.0)	(29,988)	(0.0)	(205)	(0.1)	0	0.0	(17)	(0.1)

(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	11,653,965	67,028		20,082	63,966	11,443,208	55,784		3,897
2. Advance premiums	3,785,531	22,809		7,081	3,153	3,749,346	2,793		349
3. Reserve for rate credits	0								
4. Total premium reserves, current year	15,439,496	89,837	0	27,163	67,119	15,192,554	58,577	0	4,246
5. Total premium reserves, prior year	15,905,985	87,653		27,230	77,051	15,645,754	63,339		4,958
6. Increase in total premium reserves	(466,489)	2,184	0	(67)	(9,932)	(453,200)	(4,762)	0	(712)
B. Contract Reserves:									
1. Additional reserves (a)	131,120,083	7,782,094		129,643	965,659	122,221,114	3,740		17,833
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	131,120,083	7,782,094	0	129,643	965,659	122,221,114	3,740	0	17,833
4. Total contract reserves, prior year	119,511,780	7,094,043		171,157	1,257,085	110,960,860	5,161		23,474
5. Increase in contract reserves	11,608,303	688,051	0	(41,514)	(291,426)	11,260,254	(1,421)	0	(5,641)
C. Claim Reserves and Liabilities:									
1. Total current year	54,515,909	544,070	0	42,730	6,118,911	47,569,156	41,060	0	199,982
2. Total prior year	54,287,545	717,298		49,287	6,716,658	46,600,429	41,732		162,141
3. Increase	228,364	(173,228)	0	(6,557)	(597,747)	968,727	(672)	0	37,841
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	38,050,375	426,864		24,636	1,503,262	36,005,046	30,247		60,320
1.2 On claims incurred during current year	220,454,074	955,724		181,042	111,343	219,170,205	33,865		1,895
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	13,579,916	133,329		631	5,386,093	7,855,058	11,133		193,672
2.2 On claims incurred during current year	40,935,993	410,741		42,099	732,818	39,714,098	29,927		6,310
3. Test:									
3.1 Lines 1.1 and 2.1	51,630,291	560,193	0	25,267	6,889,355	43,860,104	41,380	0	253,992
3.2 Claim reserves and liabilities, December 31, prior year	54,287,545	717,298		49,287	6,716,658	46,600,429	41,732		162,141
3.3 Line 3.1 minus Line 3.2	(2,657,254)	(157,105)	0	(24,020)	172,697	(2,740,325)	(352)	0	91,851
PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	83,766,770	1,812,783		327,571	513,621	80,843,625	246,892		22,278
2. Premiums earned	84,299,557	1,814,587		327,286	523,052	81,358,775	252,725		23,132
3. Incurred claims	57,175,473	1,203,186		177,244	1,015,475	54,618,405	61,108		100,055
4. Commissions	6,836,708	181,447		(16,957)	30,100	6,642,444	(1,073)		747
B. Reinsurance Ceded:									
1. Premiums written	13,911,574	5,522,311				8,389,263			
2. Premiums earned	13,912,907	5,519,697				8,393,210			
3. Incurred claims	8,293,952	2,291,229		230		6,002,493			
4. Commissions	2,714,159	1,397,621				1,316,538			

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims	(32)		209,851,307	209,851,275
2.	Beginning claim reserves and liabilities	32		34,038,197	34,038,229
3.	Ending claim reserves and liabilities			35,918,407	35,918,407
4.	Claims paid	0	0	207,971,097	207,971,097
B.	Assumed Reinsurance:				
5.	Incurred claims	57,368	150,111	56,967,999	57,175,478
6.	Beginning claim reserves and liabilities	60,222	14,857	21,909,102	21,984,181
7.	Ending claim reserves and liabilities	48,137	13,495	20,598,778	20,660,410
8.	Claims paid	69,453	151,473	58,278,323	58,499,249
C.	Ceded Reinsurance:				
9.	Incurred claims			8,293,951	8,293,951
10.	Beginning claim reserves and liabilities			4,100,357	4,100,357
11.	Ending claim reserves and liabilities			4,283,820	4,283,820
12.	Claims paid	0	0	8,110,488	8,110,488
D.	Net:				
13.	Incurred claims	57,336	150,111	258,525,355	258,732,802
14.	Beginning claim reserves and liabilities	60,254	14,857	51,846,942	51,922,053
15.	Ending claim reserves and liabilities	48,137	13,495	52,233,365	52,294,997
16.	Claims paid	69,453	151,473	258,138,932	258,359,858
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	57,336	156,622	259,028,308	259,242,266
18.	Beginning reserves and liabilities	60,254	14,857	51,979,309	52,054,420
19.	Ending reserves and liabilities	48,137	13,495	52,334,179	52,395,811
20.	Paid claims and cost containment expenses	69,453	157,984	258,673,438	258,900,875

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld under Coinsurance
General Account - Non-Affiliates - U.S. Non-Affiliates												
86231.....	39-0989781....	10/20/1978	Transamerica Life Insurance Company.....	IA.....	CO/I.....	OL.....	1,582,877	729,683	18,732	.....	.....	.....
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....			.....	.....	.....	1,582,877	729,683	18,732	0	0	0
1099999.	Total - General Account - Non-Affiliates.....			.....	.....	.....	1,582,877	729,683	18,732	0	0	0
1199999.	Total - General Account.....			.....	.....	.....	1,582,877	729,683	18,732	0	0	0
2399999.	Total U.S.....			.....	.....	.....	1,582,877	729,683	18,732	0	0	0
9999999.	Total.....			.....	.....	.....	1,582,877	729,683	18,732	0	0	0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld under Coinsurance
Non-Affiliates - U.S. Non-Affiliates												
66044	46-0164570	01/01/1994	Midland National Life	IA	OTH/I	LTDI	210		1,652	84		
66044	46-0164570	01/01/1994	Midland National Life	IA	OTH/I	SD	8,075	512	15,275	741		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	A	1,076	321	4,620	1,802		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	LTDI	3,369	1,891	47,750	29,863		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	MS	3,295,412	126,501	939,304	264,945		
63312	13-1935920	08/31/2012	Great American Life Insurance Comapny	OH	OTH/I	OM	2,198	570	21,758	14,335		
66583	39-0493780	11/15/2017	National Guardian Life Insurance Company	WI	OTH/I	MS	2,464,130	48,485		301,626		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	A	635,628	53,902	281,107	150,081		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	CMM	145,075	16,919	135,816	48,137		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	D	172,371	11,901		12,299		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	LTDI	1,394,070	176,015	12,766,177	767,799		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	MS	43,844,050	3,862,961	6,742,872	3,409,081		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	OM	254,175	23,315	387,333	55,415		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	SD	29,696,055	1,362,212	87,008,049	8,225,186		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/I	STM	38,093	4,061	209,757	5,810		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	D	66,254	270		1,195		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	MS	484,027	10,984	17,554	39,163		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	OM	61,940	1,785	29,868	16,650		
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	LTDI	131					
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	OTH/G	SD	1,200,432	51,601	7,637,177	440,564		
0899999	Total - Non-Affiliates - U.S. Non-Affiliates						83,766,771	5,754,206	116,246,069	13,784,776	0	0
1099999	Total - Non-Affiliates						83,766,771	5,754,206	116,246,069	13,784,776	0	0
1199999	Total - U.S.						83,766,771	5,754,206	116,246,069	13,784,776	0	0
9999999	Total						83,766,771	5,754,206	116,246,069	13,784,776	0	0

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
86258	13-2572994	11/01/1982	General Re Life Corp	CT		28,000
86231	39-0989781	04/24/1975	Transamerica Life Insurance Company	IA	12,500	992
91472	63-0782739	05/17/1972	Globe Life & Accident Company	NE	20,000	49,837
63312	13-1935920	08/31/2012	Great American Life Insurance	OH		3,138,138
63312	13-1935920	01/01/2007	Great American Life Insurance	OH		843,883
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				32,500	4,060,850
1099999.	Total - Life and Annuity Non-Affiliates				32,500	4,060,850
1199999.	Total - Life and Annuity				32,500	4,060,850
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
71404	47-0463747	08/31/2012	Continental General Insurance Company	TX	2,223,410	23,351
99724	73-1155182	06/01/2008	LifeShield National Insurance Company	OK		3,621,699
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				2,223,410	3,645,050
2199999.	Total - Accident and Health Non-Affiliates				2,223,410	3,645,050
2299999.	Total - Accident and Health				2,223,410	3,645,050
2399999.	Total U.S.				2,255,910	7,705,900
9999999.	Total				2,255,910	7,705,900

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														
86231	39-0989781	04/24/1975	Transamerica LIfe Insurance Company	IA	YRT/I	OL	1,665,018	53,043	59,199	97,723				
93572	43-1235868	06/01/1989	RGA Insurance Company	MO	YRT/I	OL	87,461	20	19	481				
93572	43-1235868	12/15/1989	RGA Insurance Company	MO	YRT/I	OL	52,000	626	571	1,223				
93572	43-1235868	09/01/1986	RGA Insurance Company	MO	YRT/I	OL	233,334	292	267	6,321				
60895	35-0145825	05/01/1980	American United Life Insurance Company	IN	CO/I	OL	360,000	10,222	9,434	14,929				
60895	35-0145825	03/01/1965	American United Life Insurance Company	IN	YRT/I	OL	4,823	304	315	685				
60895	35-0145825	02/14/1962	American United Life Insurance Company	IN	YRT/I	OL	11,362	3,923	4,087	842				
88099	75-1608507	01/01/1975	Optimum Re Insurance Company	TX	YRT/I	OL	42,395	190	180	317				
86258	13-2572994	02/01/1990	General Re Life Corporation	CT	YRT/I	OL	10,885	7	7	172				
86258	13-2572994	12/15/1989	General Re Life Corporation	CT	YRT/I	OL	52,000	626	571	1,223				
86258	13-2572994	11/22/1966	General Re Life Corporation	CT	YRT/I	OL	8,000	158	145	237				
86258	13-2572994	02/12/1965	General Re Life Corporation	CT	YRT/I	OL	583,482	19,214	20,418	16,365				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	101,945	49	2,651	802				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL				1,069				
68276	48-1024691	07/01/1983	Employers Reassurance Corporation	KS	YRT/I	OL	170,734	80,264	74,422	246,774				
68276	48-1024691	10/01/1986	Employers Reassurance Corporation	KS	CO/I	OL	33,333	292	267	802				
91472	63-0782739	05/17/1972	Globe Life & Accident Insurance Company	NE	CO/I	OL	2,031,181	1,325,839	1,434,818	39,644				
86258	13-2572994	05/01/1984	General Re Life Corporation	CT	CO/I	OL	2,628,570	2,073,340	1,939,311	210,284				
82627	06-0839705	04/01/1984	Swiss Re Life & Health America Inc	MO	CO/I	OL			110,220	17,611				
82627	06-0839705	04/01/1982	Swiss Re Life & Health America Inc	MO	YRT/I	OL	424,803	16,817	15,282	18,117				
82627	06-0839705	11/01/2000	Swiss Re Life & Health America Inc	MO	OTH/I	OL			152	8,524				
88099	75-1608507	09/01/1980	Optimum Re Insurance Company	TX	CO/I	OL	200,000	89,400		5,644				
88099	75-1608507	12/31/1985	Optimum Re Insurance Company	TX	CO/I	OL	1,000,000	22,449	21,914	11,550				
88099	75-1608507	12/31/1966	Optimum Re Insurance Company	TX	YRT/I	OL	12,050	1,908	5,384	23,330				
88099	75-1608507	10/15/1980	Optimum Re Insurance Company	TX	YRT/I	OL	386,396	2,812	2,805	(37)				
87572	23-2038295	03/01/1980	Scottish Re (US) Inc	DE	CO/I	OL	10,000	419	387					
87572	23-2038295	10/01/1981	Scottish Re (US) Inc	DE	YRT/I	OL	28,056	38	41	936				
87572	23-2038295	01/01/1969	Scottish Re (US) Inc	DE	YRT/I	OL	114,728	3,280	3,015	5,750				
88340	59-2859797	11/01/1991	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	4,001,700	2,939	2,677	67,063				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	1,928,755	980	1,212	24,148				
88340	59-2859797	07/01/1983	Hannover Life Reassurance Company Of America	FL	YRT/I	OL	504,588	447	400	13,177				
88340	59-2859797	04/01/1996	Hannover Life Reassurance Company Of America	FL	CO/I	OL	202,299	581	558	1,163				
64688	75-6020048	06/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	76,576	13	12	283				
64688	75-6020048	09/01/1986	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	33,334	292	267	861				
64688	75-6020048	08/01/1987	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	45,393	84		198				
64688	75-6020048	06/01/1991	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL	2,390,682	1,651	1,512	37,708				
64688	75-6020048	11/01/1989	SCOR Global Life Americas Reinsurance Company	DE	YRT/I	OL				1				

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
88099	75-1608507	03/01/1976	Optimum Re Insurance Company	TX	YRT/I	OL	34,567	177	167	428				
88099	75-1608507	04/19/1976	Optimum Re Insurance Company	TX	CO/I	OL			362					
82627	06-0839705	07/01/1981	Swiss Re Life & Health America Inc	MO	YRT/I	OL	186,716	433	437	1,527				
88099	75-1608507	03/01/2002	Optimum Re Insurance Company	TX	CO/I	XXXL	13,202,160	334,640	376,223	14,811				
88340	59-2859797	03/01/2002	Hannover Life Reassurance Company Of America	FL	CO/I	XXXL	17,602,881	446,187	501,630	19,748				
93572	43-1235868	03/01/2002	RGA Reinsurance Company	MO	CO/I	XXXL	4,400,721	223,094	125,408	9,874				
68713	84-0499703	03/01/2002	Security Life of Denver Insurance Company	CO	CO/I	XXXL	8,801,440	110,937	250,815	4,937				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	OL	296,039,632	108,871,901	113,305,433	3,087,058				
63312	13-1935920	08/31/2012	Great American Life Insurance Company	OH	CO/I	FA		96,904,203	106,147,302	33,750				
63312	13-1935920	01/01/2007	Great American Life Insurance Company	OH	CO/I	IA		20,037,761	24,469,015	9,624				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						359,704,000	230,641,852	248,889,312	4,057,677	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						359,704,000	230,641,852	248,889,312	4,057,677	0	0	0	0
1199999.	Total - General Account - Authorized						359,704,000	230,641,852	248,889,312	4,057,677	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						359,704,000	230,641,852	248,889,312	4,057,677	0	0	0	0
6999999.	Total U.S.						359,704,000	230,641,852	248,889,312	4,057,677	0	0	0	0
9999999.	Total						359,704,000	230,641,852	248,889,312	4,057,677	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													
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/G	LTDI	8,685	28					
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/G	OM	1,076,552	4,330	620,970				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/G	SD	4,437,075	19,263	842,131				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/I	A	1,365,626	36,106	624,763				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/I	LTDI	126,380	4,019	63,522				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/I	OM	1,822,149	33,765	4,079,026				
99724	73-1155182	.06/01/2008	LifeShield National Insurance Company	OK	OTH/I	SD	4,971,017	104,221	8,270,284				
71404	47-0463747	.01/01/2009	Continental General Insurance Company	TX	OTH/I	LTDI	104,086	27,425	1,803,554				
62308	06-0303370	.01/01/1984	Connecticut General Life Insurance Co	CT	OTH/I	A	26						
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						13,911,596	229,157	16,304,250	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	10,744						
00000	AA-1122000	.07/01/2019	Lloyds of London	BGR	CAT/G	A	9,396						
0999999.	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						20,140	0	0	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates						13,931,736	229,157	16,304,250	0	0	0	0
1199999.	Total - General Account - Authorized						13,931,736	229,157	16,304,250	0	0	0	0
3499999.	Total - General Account - Authorized, Unauthorized and Certified						13,931,736	229,157	16,304,250	0	0	0	0
6999999.	Total - U.S						13,911,596	229,157	16,304,250	0	0	0	0
7099999.	Total - Non-U.S						20,140	0	0	0	0	0	0
9999999.	Total						13,931,736	229,157	16,304,250	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 2019	2 2018	3 2017	4 2016	5 2015
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	17,989	20,279	22,089	22,800	23,738
2.	Commissions and reinsurance expense allowances	2,796	3,962	4,002	5,101	5,310
3.	Contract claims	20,793	21,849	21,513	19,778	24,697
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	1,197	1,314	1,490	1,505	1,567
9.	Aggregate reserves for life and accident and health contracts	247,175	265,366	285,759	289,587	305,447
10.	Liability for deposit-type contracts	9,191	9,483	10,139	10,320	10,684
11.	Contract claims unpaid	7,706	8,049	8,495	9,236	9,726
12.	Amounts recoverable on reinsurance	2,256	2,443	2,937	3,012	3,712
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 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	330,287,088		330,287,088
2.	Reinsurance (Line 16)	3,081,796		3,081,796
3.	Premiums and considerations (Line 15)	(1,288,306)	1,196,991	(91,315)
4.	Net credit for ceded reinsurance	XXX	253,684,169	253,684,169
5.	All other admitted assets (balance)	35,773,151		35,773,151
6.	Total assets excluding Separate Accounts (Line 26)	367,853,729	254,881,160	622,734,889
7.	Separate Account assets (Line 27)			0
8.	Total assets (Line 28)	367,853,729	254,881,160	622,734,889
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	154,752,004	237,984,245	392,736,249
10.	Liability for deposit-type contracts (Line 3)	119	9,191,015	9,191,134
11.	Claim reserves (Line 4)	44,715,894	7,705,900	52,421,794
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)			0
13.	Premium & annuity considerations received in advance (Line 8)	3,790,348		3,790,348
14.	Other contract liabilities (Line 9)	1,766,776		1,766,776
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)	27,963,609		27,963,609
20.	Total liabilities excluding Separate Accounts (Line 26)	232,988,750	254,881,160	487,869,910
21.	Separate Account liabilities (Line 27)			0
22.	Total liabilities (Line 28)	232,988,750	254,881,160	487,869,910
23.	Capital & surplus (Line 38)	134,864,979	XXX	134,864,979
24.	Total liabilities, capital & surplus (Line 39)	367,853,729	254,881,160	622,734,889
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	237,984,245		
26.	Claim reserves	7,705,900		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	9,191,015		
30.	Other contract liabilities	0		
31.	Reinsurance ceded assets	0		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	254,881,160		
34.	Premiums and considerations	1,196,991		
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	1,196,991		
41.	Total net credit for ceded reinsurance	253,684,169		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama AL	491,999	2,753	11,701		683	507,136
2.	Alaska AK	3,231	12				3,243
3.	Arizona AZ	42,832	52	4,623		1,867	49,374
4.	Arkansas AR	233,719	269	3,005		160	237,153
5.	California CA	117,306	891	45,857	1,830	1,450	167,334
6.	Colorado CO	55,701	46	303	11,375	544	67,969
7.	Connecticut CT	24,132	30	9,367			33,529
8.	Delaware DE	19,040	23				19,063
9.	District of Columbia DC	9,107	8				9,115
10.	Florida FL	410,500	16,059	6,938	5,310	844	439,651
11.	Georgia GA	358,325	144	1,708	17,940	2,465	380,582
12.	Hawaii HI	7,983	23			671	8,677
13.	Idaho ID	12,421					12,421
14.	Illinois IL	302,684	331	1,705	1,437		306,157
15.	Indiana IN	305,759	565	263		509	307,096
16.	Iowa IA	70,139		3,055		257	73,451
17.	Kansas KS	108,218	8	2,286	4,002	102	114,616
18.	Kentucky KY	219,602	116	1,665		214	221,597
19.	Louisiana LA	228,929	222	8,239		164	237,554
20.	Maine ME	55,645	317	186			56,148
21.	Maryland MD	91,567	517	96		2,170	94,350
22.	Massachusetts MA	59,310	257			420	59,987
23.	Michigan MI	153,018	801			104	153,923
24.	Minnesota MN	37,232				53	37,285
25.	Mississippi MS	243,088	2,709	146		256	246,199
26.	Missouri MO	189,246	1,158	1,137	10,634	79	202,254
27.	Montana MT	680	8				688
28.	Nebraska NE	33,762			1,899	4,265	39,926
29.	Nevada NV	38,692	8	336		4,799	43,835
30.	New Hampshire NH	11,577	8				11,585
31.	New Jersey NJ	139,542	3,096			353	142,991
32.	New Mexico NM	44,647	104			118	44,869
33.	New York NY	10,934	269			355	11,558
34.	North Carolina NC	455,862	591	8,363	15,339	13,049	493,204
35.	North Dakota ND	2,262					2,262
36.	Ohio OH	218,332	772	3,617		58	222,779
37.	Oklahoma OK	118,464	137				118,601
38.	Oregon OR	43,902	45			26	43,973
39.	Pennsylvania PA	210,682	6,432	5,917		116	223,147
40.	Rhode Island RI	17,179	38	114			17,331
41.	South Carolina SC	347,786	1,247	3,159		1,767	353,959
42.	South Dakota SD	21,237					21,237
43.	Tennessee TN	432,820	816	2,623	4,200	409	440,868
44.	Texas TX	921,762	287	14,663		4,478	941,190
45.	Utah UT	25,478	15	389		120	26,002
46.	Vermont VT	94,716	375				95,091
47.	Virginia VA	209,594	510	108		867	211,079
48.	Washington WA	94,117	480	174	2,040	192	97,003
49.	West Virginia WV	136,493	785				137,278
50.	Wisconsin WI	40,359	23		13,564		53,946
51.	Wyoming WY	6,628	15	574		1,034	8,251
52.	American Samoa AS						0
53.	Guam GU	883				219	1,102
54.	Puerto Rico PR	10,252				293	10,545
55.	US Virgin Islands VI	4,791					4,791
56.	Northern Mariana Islands MP						0
57.	Canada CAN	87					87
58.	Aggregate Other Alien OT	117,403	2			309	117,714
59.	Totals	7,661,656	43,374	142,317	89,570	45,839	7,982,756

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	DS	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.	DE	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

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

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0901	Cigna Group		81-3313562				CGGL City Parkway LLC	DE	NIA	CGGL Orange Collection LLC	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		61-1797835				CGGL Orange Collection LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				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 Affilates 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	NIA	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

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1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0901	Cigna Group	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	GBR	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 19				Cigna Global Wellbeing Holdings Limited	GBR	NIA	Connecticut General Corporation	Ownership	70.000	Cigna Corporation	N	
0901	Cigna Group		579 23011 03				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	

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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	NIA	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	

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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	IA	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	

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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	IND	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	UIP	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 Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		27-3555688				CR Washington Street Investors LP	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	33.820	Charles River Washington Street LLC (non-affiliate)	N	
0901	Cigna Group		47-2746692				Cricket Health, Inc	DE	NIA	Cigna Health and Life Insurance Company	Ownership	9.000	Cigna Corporation	N	
0901	Cigna Group		36-4369972				CuraScript, Inc	DE	NIA	Express Scripts, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		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 Affilates Realty Investment Group, LLC.	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		27-3542089				Econdisc Contracting Solutions, LLC	DE	NIA	Express Scripts Pharmaceutical Procurement LLC (90%)	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		CN 98-035879				ESI Canada	CAN	NIA	Express Scripts Canada Co. (99.9%); ESI-GP Canada, ULC (0.1%)	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		CN 98-035879				ESI GP Canada ULC	CAN	NIA	Express Scripts Canada Co	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		43-1925556				ESI GP Holdings, Inc	DE	NIA	Express Scripts, Inc	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		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

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0901	Cigna Group	13918...	27-3175443..				Express Reinsurance Company	MI	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	

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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 Corporaiton	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	

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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	RE	Cigna Health and Life Insurance Company	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		58-2593075..				Lynnfield Compounding Center, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		04-3546044..				Lynnfield Drug, Inc.	FL	NIA	Priority Healthcare Corporation	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		27-1506930..				MAH Pharmacy, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	....100.000	Cigna Corporation	.....N.....	
0901	Cigna Group		80-0908244..				Mallory Square Partners I, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	.....80.000	Cigna Corporation	.....N.....	
0901	Cigna Group		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.....	

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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 Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		91-1599329				Olympic Health Management Services, Inc.	WA	NIA	Olympic Health Management Systems, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		91-1500758				Olympic Health Management Systems, Inc.	WA	NIA	Sterling Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		45-2355015		1611115		Omada Health, Inc.	DE	NIA	Cigna Health and Life Insurance Company	Ownership	7.693	Cigna Corporation	N	
0901	Cigna Group		00-0000000				OnePath Life (NZ) Limited	NZL	IA	Cigna New Zealand Holdings Limited	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		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	IA	Cigna National Health Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		00-0000000				PT GAR Indonesia	IDN	NIA	Cigna Holdings Overseas, Inc.	Ownership	99.160	Cigna Corporation	N	
0901	Cigna Group		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 Affilates 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	

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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 Affilates Realty Investment Group, LLC.	Ownership	85.000	Cigna Corporation	N	
0901	Cigna Group		22-2483867				Scibal Associates, Inc.	NJ	NIA	QualCare Alliance Networks, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		95-2876207				Secon Properties, LP	CA	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	50.000	South Coast Plaza Associates, LLC (non-affiliate)	N	
0901	Cigna Group		82-1732483				SOMA Apartments Venture LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	90.000	Cigna Corporation	N	
0901	Cigna Group		82-4405071				Specialty Products Acquisitions, LLC	DE	NIA	Medco Health Solutions, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		61-1317695				SpectraCare Health Care Ventures, Inc.	FL	NIA	SpectraCare, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		61-1147068				SpectraCare, Inc.	KY	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	77399	13-1867829		1259055		Sterling Life Insurance Company	IL	IA	Cigna Health and Life Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		47-2658932				Strategic Pharmaceutical Investments, LLC	DE	NIA	Priority Healthcare Corp	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		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 Affilates Realty Investment Group, LLC.	Ownership	7.616	Cigna Corporation	N	
0901	Cigna Group		39-1886617				Triad Healthcare, Inc.	CT	NIA	eviCore healthcare MSI, LLC	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group	65269	75-2305400				United Benefit Life Insurance Company	OH	IA	Provident American Life and Health Insurance Company	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		88-0344624				Universal Claims Administration	MT	NIA	Mediversal, Inc.	Ownership	100.000	Cigna Corporation	N	
0901	Cigna Group		46-4901453				UVL, LLC	DE	NIA	Cigna Affilates Realty Investment Group, LLC.	Ownership	71.400	Cigna Corporation	N	
0901	Cigna Group		82-4410128				ValoremRx Sourcing Solutions, LLC	DE	NIA	Specialty Products Acquisitions, LLC (50%)	Ownership	50.000	Cigna Corporation	N	
0901	Cigna Group		98-0463704				Vielife Services, Inc.	DE	NIA	Cigna Global Wellbeing Holdings Limited	Ownership	100.000	Cigna Corporation	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
0901	Cigna Group		00-0000000				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 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	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	
	01-0947889	Cigna Benefits Financing, Inc.					42,477,450				42,477,450	
	26-0180898	CareAllies, Inc.					1,134,492				1,134,492	
	06-0840391	Connecticut General Corporation					(7,809)				(7,809)	
	81-0585518	Benefit Management Corp.		2,000,000			(705)				1,999,295	
12814	20-4433475	Allegiance Life & Health Insurance Company	(4,000,000)								(4,000,000)	
	20-3851464	Allegiance Re, Inc.					(2,267,801)				(2,267,801)	41,042
	81-0400550	Allegiance Benefit Plan Management, Inc.									0	
	71-0916514	Allegiance COBRA Services, Inc.	(3,000,000)				11,254,765				8,254,765	
	26-2201582	Allegiance Provider Direct, LLC					704				704	
	84-1461840	Community Health Network, LLC									0	
	81-0425785	Intermountain Underwriters, Inc.									0	
	03-0507057	Allegiance Care Management, LLC					44,174				44,174	
	20-1821898	HealthSpring, Inc.					96,666				96,666	
	76-0628370	NewQuest, LLC					54,965,071				54,965,071	
	52-1929677	NewQuest Management Northeast, LLC	190,050,000				(144,533)				189,905,467	
10095	52-2259087	Bravo Health Mid-Atlantic, Inc.		(7,500,000)			114,910,534				107,410,534	
11524	52-2363406	Bravo Health Pennsylvania, Inc.		7,500,000			(27,887,903)				(20,387,903)	
12902	20-8534298	HealthSpring Life & Health Insurance Company	(21,000,000)				(93,268,504)				(114,268,504)	
11532	65-1129599	HealthSpring of Florida, Inc.	(90,200,000)				(655,040,117)				(745,240,117)	
	77-0632665	NewQuest Management of Illinois, LLC	(26,100,000)				(100,649,901)				(126,749,901)	
	20-4954206	NewQuest Management of Florida, LLC					14,184,650				14,184,650	
	20-8647386	HealthSpring Management of America, LLC	(4,400,000)				94,035,418				89,635,418	
	45-0633893	NewQuest Management of West Virginia, LLC					140,579,939				140,579,939	
	75-3108527	TexQuest, LLC									0	
	75-3108521	HouQuest, LLC									0	
	76-0657035	GulfQuest, LP									0	
	33-1033586	NewQuest Management of Alabama, LLC	(40,000,000)				294,471,236				254,471,236	
	72-1559530	HealthSpring USA, LLC					143,020,739				143,020,739	
	20-5524622	Tennessee Quest, LLC					168,471,915				168,471,915	
	26-2353476	HealthSpring Pharmacy Services, LLC	(8,350,000)				(13,358,914)				(21,708,914)	
	26-2353772	HealthSpring Pharmacy of Tennessee, LLC									0	
	20-4266628	Home Physicians Management, LLC									0	
	35-2562415	Alegis Care Services, LLC									0	
13733	03-0452349	Cigna Arbor Life Insurance Company									0	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	41-1648670	Cigna Behavioral Health, Inc.					(9,749)				(9,749)	
	94-3107309	Cigna Behavioral Health of California, Inc.	(120,000,000)				(299,807,133)				(419,807,133)	
	75-2751090	Cigna Behavioral Health of Texas, Inc.					(34,436)				(34,436)	
	06-1346406	MCC Independent Practice Association of New York, Inc.					(129,596)				(129,596)	
	59-2308055	Cigna Dental Health, Inc.									0	
47013	86-0807222	Cigna Dental Health Plan of Arizona, Inc.	(17,975,000)				27,942,449				9,967,449	
	59-2600475	Cigna Dental Health of California, Inc.	(4,500,000)				(964,182)				(5,464,182)	
11175	59-2675861	Cigna Dental Health of Colorado, Inc.	(11,100,000)				(79,334)				(11,179,334)	
95380	59-2676987	Cigna Dental Health of Delaware, Inc.	(2,500,000)				(936,329)				(3,436,329)	
52021	59-1611217	Cigna Dental Health of Florida, Inc.					(18,874)				(18,874)	
	06-1351097	Cigna Dental Health of Illinois, Inc.	(8,800,000)				(4,180,247)				(12,980,247)	
52024	59-2625350	Cigna Dental Health of Kansas, Inc.									0	
52108	59-2619589	Cigna Dental Health of Kentucky, Inc.	(300,000)				(168,900)				(468,900)	
48119	20-2844020	Cigna Dental Health of Maryland, Inc.	(3,100,000)				(1,202,307)				(4,302,307)	
11160	06-1582068	Cigna Dental Health of Missouri, Inc.	(2,900,000)				(1,103,979)				(4,003,979)	
11167	59-2308062	Cigna Dental Health of New Jersey, Inc.	(865,000)				(483,934)				(1,348,934)	
95179	56-1803464	Cigna Dental Health of North Carolina, Inc.	(1,000,000)				(1,660,188)				(2,660,188)	
47805	59-2579774	Cigna Dental Health of Ohio, Inc.					(544,514)				(544,514)	
47041	52-1220578	Cigna Dental Health of Pennsylvania, Inc.	(2,445,000)				(883,134)				(3,328,134)	
95037	59-2676977	Cigna Dental Health of Texas, Inc.	(2,100,000)				(657,129)				(2,757,129)	
52617	52-2188914	Cigna Dental Health of Virginia, Inc.	(10,250,000)				(4,350,658)				(14,600,658)	
	62-1312478	Cigna Health Corporation	(2,165,000)				(631,731)				(2,796,731)	
	02-0387748	Healthsource, Inc.	(47,000,000)				45,182,170				(1,817,830)	
95125	86-0334392	Cigna HealthCare of Arizona, Inc.	45,000,000								45,000,000	
	95-3310115	Cigna HealthCare of California, Inc.	(20,000,000)				(4,769,723)	(604,107)			(25,373,830)	298,373
95604	84-1004500	Cigna HealthCare of Colorado, Inc.		6,000,000		(147,500)	(40,388,026)	(814,511)			(35,350,037)	3,040,893
95660	06-1141174	Cigna HealthCare of Connecticut, Inc.		3,000,000			(52,864)	(37,812)			2,909,324	9,661
95136	59-2089259	Cigna HealthCare of Florida, Inc.	(3,500,000)				(521,547)	(2,124)			(4,023,671)	543
96229	58-1641057	Cigna HealthCare of Georgia, Inc.					(52,152)	20,237			(31,915)	10,605
95602	36-3385638	Cigna HealthCare of Illinois, Inc.					(36,495,947)	64,149			(36,431,798)	21,513
95525	35-1679172	Cigna HealthCare of Indiana, Inc.				(23,000)	(581,970)	(1,234,182)			(1,839,152)	577,396
	01-0418220	Cigna HealthCare of Maine, Inc.		100,000			(6,371)	(660)			92,969	169
	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.									0	
95500	22-2720890	Cigna HealthCare of New Jersey, Inc.					(9,749)				(9,749)	
95132	56-1479515	Cigna HealthCare of North Carolina, Inc.					(26,562)	374,153			347,591	2,959
	23-2301807	Cigna HealthCare of Pennsylvania, Inc.	(15,000,000)				(10,422,369)	943,190			(24,479,179)	159,613
95635	36-3359925	Cigna HealthCare of St. Louis, Inc.									0	
95708	06-1185590	Cigna HealthCare of South Carolina, Inc.					(1,982,653)	(25,090)			(2,007,743)	6,911
95606	62-1218053	Cigna HealthCare of Tennessee, Inc.	(6,500,000)				(7,492,403)	(1,548)			(13,993,951)	396
95383	74-2767437	Cigna HealthCare of Texas, Inc.		2,000,000			(618,457)				1,381,543	135,577

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	62-1230908	Cigna HealthCare of Utah, Inc.					(1,296,234)	(266,310)			(1,562,544)	278,270
	00-0000000	Temple Insurance Company Limited									0	
	86-3581583	Arizona Health Plan, Inc.					(22,342)				(22,342)	
	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.									0	
	84-0985843	Cigna Healthcare Holdings, Inc.					1,108,495				1,108,495	
	93-1174749	Great-West Healthcare of Illinois, Inc.									0	
	02-0495422	Cigna Healthcare, Inc.									0	
64548	13-2556568	Cigna Life Insurance Company of New York					(10,729)				(10,729)	
62308	06-0303370	Connecticut General Life Insurance Company	(17,900,000)				(441,902)	9,759,926			(8,581,976)	122,154,130
	81-2760646	CareAllies, LLC	(123,600,000)	26,789,764			(10,678,721)	(148,717,469)			(256,206,426)	(795,229,496)
	32-0222252	Cigna Onsite Health, LLC									0	
	00-0000000	Gillette Ridge Community Council,Inc.					(13,576)				(13,576)	
	20-3700105	Gillette Ridge Golf LLC									0	
	52-2149519	Hazard Center Investment Company LLC									0	
	23-3074013	Tel-Drug of Pennsylvania, LLC									0	
	00-0000000	GRG Acquisitions LLC	(101,700,000)				(40,612)				(101,740,612)	
	27-5402196	Cigna Affiliates Realty Investment Group, LLC		305,757							305,757	
	00-0000000	Secon Properties, LP		(41,471,609)							(41,471,609)	
	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	
	81-3389374	CIG-LEI Ygnacio Associates LLC									0	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	61-1797835	CGGL Orange Collection LLC									0	
	81-3281922	CGGL Chapman LLC									0	
	81-3313562	CGGL City Parkway LLC									0	
	81-4139432	Heights at Bear Creek Venture LLC									0	
	82-1732483	SOMA Apartments Venture LLC									0	
	82-3315524	Arbor Heights Venture LLC									0	
	82-1280312	CG/Wood ALTA 601, LLC									0	
	82-4936006	CPI-CII 9171 Wilshire JV LLC									0	
	82-4794800	9171 Wilshire CPI-CII LLC									0	
	32-0570889	CARING Capitol Hill GP LLC									0	
	37-1903297	CARING Capitol Hill LP LLC									0	
	83-1460134	Rise-CG Capitol Hill, LP									0	
	83-2318410	CARING 9171 Wilshire Investor LLC									0	
	83-2318233	CARING Heights at Bear Creek Investor LLC									0	
	83-2318370	CARING Dulles Town Center Investor LLC									0	
	83-2562994	CARING 500 Ygnacio Investor LLC									0	
	84-1960231	CARING 3130 Investor LLC									0	
	83-2851501	CARING Alta Englewood Investor LLC									0	
	83-2563284	CARING Alta Woodson Investor LLC									0	
	83-2339522	CARING Mallory Square Investor LLC									0	
	83-2563138	CARING Soma Investor LLC									0	
	83-2851364	CARING Century Plaza Investor LLC									0	
	83-2993316	CG-Muller 550 Winchester, LLC									0	
	83-1400482	CARING Hillcrest Investor LLC									0	
	82-1612980	CI-GS Hillcrest LLC									0	
	83-2633790	CARING Alexan Enclave Investor LLC									0	
	83-2633886	CARING Orange Collection Investor LLC									0	
	00-0000000	CGGL Orange Collection Mezz LLC									0	
	83-8294933	CARING South Coast Subsidiary LLC									0	
	83-1400586	CARING 18th & Salmon Investor LLC									0	
	82-4774243	CI-GS Portland, LLC									0	
	83-3701937	CARING Firestone Investor LLC									0	
	84-2083351	CG-AQ 477 South Market Street LLC									0	
	83-4317078	CARING XR 2 International Investor LLC									0	
	84-1843578	CGGL XR 2 International LLC									0	
	83-3923178	CARING XR International Investor LLC									0	
	84-1921719	CGGL XR International LLC									0	
	00-0000000	CARING JA Lofts Investor GP LLC									0	
	00-0000000	CARING JA Lofts Investor LP LLC									0	
	84-3395923	JA Lofts JV Limited Partnership									0	
	84-3406799	JA Lofts Holdings LLC									0	
	84-3254168	RISE-CG JA Lofts Limited Partnership									0	

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
	38-4085763	CARING Westcore Holding Investor LLC									0	
	00-0000000	Westcore CG AC, LLC									0	
	00-0000000	Westcore CG Commerce, LLC									0	
	00-0000000	Westcore CG Venture, LLC									0	
67369	59-1031071	Cigna Health and Life Insurance Company									0	
	45-2681649	CarePlexus, LLC	(1,610,100,000)	(168,629,181)			158,451,282	123,071,143			(1,497,206,756)	84,373,504
	27-3396038	Cigna Corporate Services, LLC									0	
	27-1903785	Cigna Insurance Agency, LLC									0	
	34-1970892	Ceres Sales of Ohio, LLC									0	
61727	34-0970995	Cigna National Health Insurance Company					(588)				(588)	
67903	23-1335885	Provident American Life & Health Insurance Company					(161,020)				(161,020)	
65269	75-2305400	United Benefit Life Insurance Company	(1,500,000)				(286,654)				(1,786,654)	
65722	63-0343428	Loyal American Life Insurance Company					(27,410)				(27,410)	
88366	59-2760189	American Retirement Life Insurance Company		(5,000,000)			(59,377,529)				(64,377,529)	
	23-3744987	QualCare Alliance Networks, Inc.		30,000,000			(25,719,509)				4,280,491	
	22-3129563	QualCare, Inc.									0	
	22-2483867	Scibal Associates, Inc.					(5,279)				(5,279)	
	46-1634843	QualCare Captive Insurance Company Inc., PCC					(4,875)				(4,875)	
	46-1801639	QualCare Management Resources Limited Liability Company									0	
	46-2086778	Health-Lynx, LLC									0	
77399	13-1867829	Sterling Life Insurance Company									0	
	91-1500758	Olympic Health Management Systems, Inc.	(10,000,000)				(2,726,629)				(12,726,629)	
	91-1599329	Olympic Health Management Services, Inc.									0	
	88-0455414	WorldDoc, Inc.									0	
	45-2355015	Omada Health, Inc.									0	
	83-1069280	Cigna Ventures, LLC									0	
	47-2746692	Cricket Health, Inc.		127,377,363							127,377,363	
	00-0000000	Verity Solutions Group, Inc.									0	
	23-1728483	Cigna Health Management, Inc.									0	
	20-8064696	Kronos Optimal Health Company					114,109,679				114,109,679	
65498	23-1503749	Life Insurance Company of North America					803,812				803,812	
	00-0000000	Cigna & CMB Life Insurance Company Limited	(200,000,000)	30,627,906			(22,397,985)	139,076,243			(52,693,836)	669,404,188
	00-0000000	Cigna & CMB Health Services Company, Ltd									0	
	58-1136865	Cigna Direct Marketing Company, Inc.									0	
	46-0427127	Tel-Drug, Inc.									0	
	00-0000000	Cigna Global Wellbeing Holdings Limited	(148,500,000)				(152,886)				(148,652,886)	
	00-0000000	Cigna Global Wellbeing Solutions Limited									0	
	98-0463704	Vielife Services, Inc.									0	
	06-1332403	CG Individual Tax Benefit Payments, Inc.									0	
	06-1332405	CG Life Pension Benefits Payments, Inc.									0	
	06-1332401	CG LINA Pension Benefits Payments, Inc.									0	
	62-1724116	Cigna Federal Benefits, Inc.									0	

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	23-2741293	Cigna Healthcare Benefits, Inc.									0	
	23-2924152	Cigna Integratedcare, Inc.									0	
	23-2741294	Cigna Managed Care Benefits Company									0	
	06-1071502	Cigna Re Corporation					20,616,245				20,616,245	
	06-1522976	Blodget & Hazard Limited									0	
	06-1567902	Cigna Resource Manager, Inc.									0	
	06-1252419	Connecticut General Benefit Payments, Inc.									0	
	06-1533555	Healthsource Benefits, Inc.									0	
	35-2041388	IHN, Inc.									0	
	06-1252418	LINA Benefit Payments, Inc.					(6,094)				(6,094)	
	88-0334401	Mediversal, Inc.									0	
	88-0344624	Universal Claims Administration									0	
	27-1713977	Brighter, Inc.									0	
	80-0818758	Patient Provider Alliance, Inc.					424,705				424,705	
	51-0389196	Cigna Global Holdings, Inc.									0	
	51-0111677	Cigna International Corporation, Inc.	(24,813,000)	160,670,875							135,857,875	
	23-2610178	Cigna International Services, Inc.									0	
	00-0000000	Cigna International Marketing (Thailand) Limited									0	
	00-0000000	CGO Participatos LTDA.									0	
	00-0000000	YCFM Servicos LTDA.									0	
	98-0210110	Cigna Global Reinsurance Company, Ltd.									0	
	23-3009279	Cigna Holdings Overseas, Inc.	(83,677,000)				(73,877)	(125,880,361)			(209,631,238)	(109,666,054)
	00-0000000	Cigna Bellevue Alpha LLC									0	
	46-4110289	Cigna Linden Holdings, Inc.									0	
	98-1146864	Cigna Laurel Holdings, Inc.									0	
	98-1232443	Cigna Palmetto Holdings, Ltd.									0	
	00-0000000	Cigna Apac Holdings, Ltd.									0	
	00-0000000	Cigna Alder Holdings, LLC.									0	
	00-0000000	Cigna Walnut Holdings, Ltd.									0	
	98-1137759	Cigna Chestnut Holdings, Ltd.									0	
	00-0000000	LINA Life Insurance Company of Korea									0	
	00-0000000	Cigna International Services Australia Pty Ltd									0	14,529,469
	00-0000000	Cigna Hong Kong Holdings Company Limited									0	
	00-0000000	Cigna Data Services (Shanghai) Company Limited									0	
	00-0000000	Cigna HLA Technology Services Limited									0	
	00-0000000	Cigna Worldwide General Insurance Company Limited									0	
	00-0000000	Cigna Worldwide Life Insurance Company Limited									0	
	00-0000000	Cigna International Health Services Sdn Bhd					55,479				55,479	
	00-0000000	Cigna New Zealand Holdings Limited									0	
	00-0000000	Cigna New Zealand Finance Limited									0	
	00-0000000	OnePath Life (NZ) Limited									0	
	00-0000000	Cigna Life Insurance New Zealand Limited									0	

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	00-0000000	Grown Ups New Zealand Limited									0	
	AA-1560515	Cigna Life Insurance Company of Canada									0	
	00-0000000	Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)					(7,539,467)	322,425			(7,217,042)	742,041
	00-0000000	LINA Financial Service									0	
	00-0000000	Cigna Spruce Holdings GmbH									0	
	00-0000000	Ascent Health Services LLC									0	
	00-0000000	Cigna Nederland Gamma B.V.									0	
	00-0000000	Cigna Finans Emeklilik Ve Hayat A.S.									0	
	00-0000000	RHP (Thailand) Limited									0	
	00-0000000	Cigna Brokerage & Marketing (Thailand) Limited									0	
	00-0000000	KDM (Thailand) Limited									0	
	00-0000000	Cigna Insurance Public Company Limited									0	
	00-0000000	Cigna Taiwan Life Assurance Company Limited									0	
	98-1154657	Cigna Myrtle Holdings, Ltd.									0	2,860,588
	98-1155943	Cigna Elmwood Holdings, Ltd.									0	
	98-1181787	Cigna Beechwood Holdings									0	
	AA-1240009	Cigna Life Insurance Company of Europe S.A.-N.V.									0	
	00-0000000	Cigna Europe Insurance Company S.A.-N.V.					40,192	(165,325)			(125,133)	
	00-0000000	Cigna European Services (UK) Limited									0	
	00-0000000	Cigna 2000 UK Pension LTD									0	
	00-0000000	Cigna Oak Holdings, LTD.									0	
	00-0000000	Cigna Willow Holdings, LTD									0	
	00-0000000	FirstAssist Administration Limited									0	
	00-0000000	Cigna Legal Protection U.K. Ltd									0	
	00-0000000	Cigna Insurance Services (Europe) Ltd									0	
	00-0000000	Cigna International Health Services, BVBA									0	
	30-0526216	Cigna International Health Services, LLC									0	
	00-0000000	Cigna International Health Services Kenya Limited									0	
	00-0000000	Cigna Cedar Holdings, Ltd.									0	
	00-0000000	Cigna Insurance Middle East S.A.L.									0	
	00-0000000	Cigna Insurance Management Services (DIFC), Ltd					5,875,225				5,875,225	
	98-1232512	Cigna Magnolia Holdings, Ltd.									0	
	00-0000000	Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consulta									0	
	00-0000000	Cigna Health Solution India Pvt. Ltd.									0	
	46-4099800	Cigna Poplar Holdings, Inc.									0	
	00-0000000	PT GAR Indonesia									0	
	68-0676638	Cigna Global Insurance Company Limited									0	
	00-0000000	Manipal Cigna Health Insurance Company Limited					(1,979)	4,559,302			4,557,323	
90859	23-2088429	Cigna Worldwide Insurance Company									0	
	AA-5360003	PT Asuransi Cigna					(78,001)	(441,269)			(519,270)	6,247,709
	00-0000000	Cigna Teak Holdings, LLC									0	
	45-2884094	Express Scripts Holding Company									0	

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	43-1420563	Express Scripts, Inc.					(365,240)				(365,240)	
	43-1832983	Express Scripts Services Co.					188,511,978				188,511,978	
	41-1627938	Diversified Pharmaceutical Services, Inc.									0	
	16-1526641	Diversified NY IPA, Inc.									0	
	43-1867735	ESI Mail Pharmacy Service, Inc.									0	
	20-5826948	Express Scripts Pharmaceutical Procurement, LLC									0	
	27-3542089	Econdisc Contracting Solutions, LLC									0	
	22-3114423	Express Scripts Sales Operations, Inc.									0	
	43-1869712	Express Scripts Specialty Distribution Services, Inc.									0	
	43-1925562	ESI Partnership									0	
	41-2006555	ESI Resources, Inc.									0	
	43-1925556	ESI GP Holdings, Inc.									0	
	43-1869714	Express Scripts Utilization Management Company									0	
	22-2230703	Express Scripts Strategic Development, Inc.									0	
	75-3040465	Airport Holdings, LLC									0	
	36-4369972	CuraScript, Inc.									0	
	35-1927379	Priority Healthcare Corporation									0	
	04-3546044	Lynnfield Drug, Inc.									0	
	20-3229217	Freedom Service Company, LLC									0	
	59-3761140	Priority Healthcare Distribution, Inc.									0	
	02-0523249	Freco, Inc.									0	
	58-2593075	Lynnfield Compounding Center, Inc.									0	
	61-1147068	SpectraCare, Inc.									0	
	61-1317695	SpectraCare Health Care Ventures, Inc.									0	
	61-1162797	Care Continuum, Inc.									0	
	51-0500147	Matrix GPO, LLC									0	
	04-2992335	Healthbridge Reimbursement & Product Support, Inc.									0	
	47-2658932	Strategic Pharmaceutical Investments, LLC									0	
	47-5292506	L&C Investments, LLC									0	
	20-3126104	Express Scripts Senior Care Holdings, Inc.									0	
	20-3126075	Express Scripts Senior Care, Inc.									0	
	74-2974964	ESI Mail Order Processing, Inc. (f/k/a NXI)									0	
13918	27-3175443	Express Reinsurance Company									0	
	43-1942542	Express Scripts Canada Holding Co.									0	
	00-0000000	Express Scripts Canada Co.									0	
	00-0000000	ESI Canada									0	
	00-0000000	ESI GP Canada ULC									0	
	00-0000000	ESI GP2 Canada ULC									0	
	00-0000000	Express Scripts Canada Wholesale									0	
	00-0000000	Express Scripts Canada Services (Ontario Partnership)									0	
	00-0000000	Express Scripts Pharmacy Ontario, Ltd.									0	
	00-0000000	Express Scripts Pharmacy West, Ltd.									0	

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	00-0000000	Express Scripts Pharmacy Central, Ltd									0	
	00-0000000	Express Scripts Pharmacy Atlantic, Ltd									0	
	27-1490640	Express Scripts Canada Holding, LLC									0	
	26-2159005	Healthbridge, Inc									0	
	82-0658250	Inside RX, LLC									0	
	82-1350878	myMatrixx Holdings, LLC									0	
	59-3720653	Matrix Healthcare Services, Inc									0	
	46-2589799	myMatrixx-B, LLC									0	
	36-4833284	MyM Technology Services, LLC									0	
	82-1655179	Innovative Product Alignment, LLC									0	
	83-2368310	Piso Delmatico, LLC (55%)									0	
	22-3461740	Medco Health Solutions, Inc.									0	
	27-1506930	MAH Pharmacy, LLC	148,800,000								148,800,000	
63762	42-1425239	Medco Containment Life Insurance Company									0	
34720	13-3506395	Medco Containment Insurance Company of NY	(148,800,000)				(177,002,093)				(325,802,093)	
	55-0894449	Accredo Health, Incorporated					(11,509,885)				(11,509,885)	
	13-3888838	AHG of New York, Inc									0	
	43-1815573	Biopartners in Care, Inc.									0	
	11-3358535	Accredo Health Group, Inc.									0	
	46-2166374	Medco Europe, LLC									0	
	27-3709630	Medco Europe II, LLC									0	
	41-2063830	Express Scripts Administrators LLC									0	
	81-0616525	Medco Health Puerto Rico, LLC									0	
	22-3474888	Systemed, LLC									0	
	26-3544786	Medco Health Services, Inc.									0	
	30-0789911	Express Scripts Pharmacy, Inc									0	
	82-4405071	Specialty Products Acquisitions, LLC									0	
	82-4410128	ValoremRx Sourcing Solutions, LLC (50%)									0	
	00-0000000	SureScripts, LLC (16.67%)									0	
	46-4676347	eviCore 1, Inc									0	
	14-1831391	CareCore National, LLC									0	
	47-2873703	CareNext Post-Acute, LLC					9,514,318				9,514,318	
	27-3845847	CareNext Managed Care, LLC									0	
	27-3801345	MedSolutions Holdings, Inc									0	
	62-1615395	eviCore healthcare MSI, LLC									0	
10144	20-1089572	CareCore NJ, LLC					3,020,417				3,020,417	
	33-1039759	CCN-WNY IPA, LLC					(12,539,063)				(12,539,063)	
	45-2604992	CCN NMO, LLC									0	
	62-1872797	MedSolutions of Texas, Inc									0	
	32-0071543	MSI Health Organization of Texas, Inc									0	
	26-1737661	Premerus, Inc									0	
	39-1886617	Triad Healthcare, Inc									0	

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	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.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (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?	YES
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?	YES
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
30.	Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
31.	Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
32.	Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	NO
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
	APRIL FILING	
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
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?	YES
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?	YES
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.

4.

5.

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7.

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9.

10.

11.

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

13.

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

15.

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17.

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.

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.

35.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

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

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

40.

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

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

48.

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

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

Overflow Page for Write-Ins

Additional Write-ins for Exhibit 2:

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3	All Other Lines			
	Life	Cost Containment	All Other	of Business	Investment	Fraternal	Total
09.304. Allocated HO	24,571		2,359,190				2,383,761
09.305. Value Added Silver & Fit			993,476				993,476
09.306. Marketing Leads			325,386				325,386
09.307. Change in LAE	(1,407)		(222,850)				(224,257)
09.397. Summary of remaining write-ins for Line 9.3	23,164	0	3,455,202	0	0	0	3,478,366

Overflow Page for Write-Ins

Additional Write-ins for Schedule H:

	Total		Group Accident and Health		Credit Accident and Health (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 %
1104. 11.04 Interest and adjustments on contract or deposit-type c	(359)	(0.0)		0.0		0.0	(2)	(0.0)	5	0.0	(362)	(0.0)		0.0		0.0		0.0
1197. Summary of remaining write-ins for Line 11	(359)	(0.0)	0	0.0	0	0.0	(2)	(0.0)	5	0.0	(362)	(0.0)	0	0.0	0	0.0	0	0.0

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MSX-AA-F-AK	F	NO	30500	09/15/2015				Modernized Medicare Supplement Insurance Plan	10,903	7,071	64.9	4	86,258	45,343	52.6	38
YES	LOYAL-MS-AA-F-AK	F	NO	34000	05/02/2013				Modernized Medicare Supplement Insurance Plan	106,271	93,362	87.9	41	56,339	43,896	77.9	22
YES	LOYAL-MS-AA-G-AK	G	NO	34000	05/02/2013				Modernized Medicare Supplement Insurance Plan	116,802	142,501	122.0	67	250,036	208,278	83.3	166
YES	LOYAL-MS-AA-N-AK	N	NO	34000	05/02/2013				Modernized Medicare Supplement Insurance Plan	39,427	29,761	75.5	30	46,310	29,536	63.8	46
YES	LOYAL-MSD-AA-F-AK	F	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan			0.0		30,048	44,409	147.8	16
YES	LOYAL-MSD-AA-N-AK	N	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan			0.0		12,090	5,223	43.2	15
YES	LOYAL-MSX-AA-G-AK	G	NO	30500	09/15/2015				Modernized Medicare Supplement Insurance Plan			0.0		63,641	72,536	114.0	36
YES	LOYAL-MSX-AA-HDF-AK	F	NO	30500	09/15/2015				Modernized Medicare Supplement Insurance Plan	4,226	10,735	254.0	5	24,550	5,570	22.7	32
YES	LOYAL-MSX-AA-N-AK	N	NO	30500	09/15/2015				Modernized Medicare Supplement Insurance Plan	7,408	585	7.9	4	75,884	99,575	131.2	42
YES	LOYAL-MSD-AA-G-AK	G	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	1,587	42	2.6	1	76,477	66,514	87.0	56
0199999.	Total Policy Experience on Individual Policies									286,624	284,057	99.1	152	721,633	620,880	86.0	469

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.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

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.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	L-6201-AL	I	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,375	3,460	102.5	1			0.0	
YES	L-6202-AL	J	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	63,494	47,032	74.1	14			0.0	
YES	LOYAL-MS-AA-F-AL	F	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	728,273	407,320	55.9	230			0.0	
YES	LOYAL-MS-AA-G-AL	G	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	272,405	189,988	69.7	97			0.0	
YES	LOYAL-MS-AA-N-AL	N	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	178,784	113,383	63.4	83			0.0	
YES	L-6200-AL	H	NO	34000	08/29/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,349	(277)	(5.2)	1			0.0	
0199999.	Total Policy Experience on Individual Policies									1,251,680	760,906	60.8	426	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	L-5234-AR	F	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	83,459	47,386	56.8	36			0.0	
YES	LOYAL-MS-CR-D-AR	D	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,215	7,337	71.8	5			0.0	
YES	LOYAL-MS-CR-N-AR	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	327,948	286,631	87.4	212			0.0	
YES	LOYAL-MS-CR-G-AR	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	375,782	531,159	141.3	189			0.0	
YES	LOYAL-MS-CR-F-AR	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	1,964,769	1,725,054	87.8	818			0.0	
YES	L-5235-AR	G	NO	34060	09/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,718	8,406	309.3	1			0.0	
YES	LOYAL-MS-CR-C-AR	C	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	1,383	(192)	(13.9)				0.0	
0199999.	Total Policy Experience on Individual Policies									2,766,274	2,605,781	94.2	1,261	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6572220193600031100*

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-IA-G-AZ	G	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	29,789	8,439	28.3	10			0.0	
YES	L-5233-AZ	D	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,490	3,096	88.7	1			0.0	
YES	L-5234-AZ	F	NO	34000	11/22/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	37,537	13,833	36.9	8			0.0	
YES	LOYAL-MS-IA-F-AZ	F	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	75,883	58,604	77.2	20			0.0	
YES	LOYAL-MS-IA-N-AZ	N	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	2,843	533	18.7	1			0.0	
0199999.	Total Policy Experience on Individual Policies									149,542	84,505	56.5	40	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-F-CA	F	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan	11,774,883	9,399,625	79.8	3,708	7,466,005	6,209,865	83.2	2,712
YES	LOYAL-MS-AA-G-CA	G	NO	34000	.04/02/2014				Modernized Medicare Supplement Insurance Plan	3,125,367	2,607,332	83.4	1,418	11,240,962	10,883,817	96.8	6,338
YES	LOYAL-MS-AA-N-CA	N	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan	1,394,400	1,117,622	80.2	718	4,274,306	3,363,595	78.7	2,751
YES	LOYAL-MS-AA-A-CA	A	NO	34060	.04/02/2014				Modernized Medicare Supplement Insurance Plan	8,504	1,780	20.9	3	3,089	941	30.5	
0199999.	Total Policy Experience on Individual Policies									16,303,154	13,126,359	80.5	5,847	22,984,362	20,458,218	89.0	11,801

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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.....	LOYAL-MS-AA-F-CO.....	F.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	1,055,712	715,455	.....67.8	335	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-G-CO.....	G.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	211,178	172,418	.....81.6	83	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-N-CO.....	N.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	26,558	26,139	.....98.4	11	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									1,293,448	914,012	.....70.7	429	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-CR-F-CT	F	NO	34000	.11/08/2013				Modernized Medicare Supplement Insurance Plan	504,153	287,531	57.0	128	405,844	271,003	66.8	112
YES	LOYAL-MSD-CR-A-CT	A	NO	204060	.05/23/2014				Modernized Medicare Supplement Insurance Plan	11,523	2,899	25.2	3	3,427	52	1.5	1
YES	LOYAL-MS-CR-G-CT	G	NO	34000	.11/08/2013				Modernized Medicare Supplement Insurance Plan	609,360	443,614	72.8	187	864,095	488,466	56.5	267
YES	LOYAL-MS-CR-A-CT	A	NO	34060	.11/08/2013				Modernized Medicare Supplement Insurance Plan	24,054	23,777	98.8	7			0.0	
YES	LOYAL-MS-CR-N-CT	N	NO	34000	.11/08/2013				Modernized Medicare Supplement Insurance Plan	90,775	37,119	40.9	39	101,433	60,172	59.3	43
0199999.	Total Policy Experience on Individual Policies									1,239,865	794,940	64.1	364	1,374,799	819,693	59.6	423

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MSD-AA-N-DC	N	NO	204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	8,195	6,643	81.1	5	6,054	2,246	37.1	3
YES	LOYAL-MS-AA-F-DC	F	NO	34000	05/09/2013				Modernized Medicare Supplement Insurance Plan	42,368	26,303	62.1	15	8,963	4,191	46.8	3
YES	LOYAL-MSX-AA-N-DC	N	NO	30500	06/12/2015				Modernized Medicare Supplement Insurance Plan	1,432	(4)	(0.3)	1	8,709	2,296	26.4	5
YES	LOYAL-MSX-AA-HDF-DC	F	NO	30500	06/12/2015				Modernized Medicare Supplement Insurance Plan			0.0		1,755	2,125	121.1	2
YES	LOYAL-MSX-AA-G-DC	G	NO	30500	06/12/2015				Modernized Medicare Supplement Insurance Plan			0.0		13,536	3,739	27.6	6
YES	LOYAL-MSX-AA-F-DC	F	NO	30500	06/12/2015				Modernized Medicare Supplement Insurance Plan	7,186	4,335	60.3	3	69,464	49,750	71.6	26
YES	LOYAL-MSD-AA-G-DC	G	NO	204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	25,163	48,726	193.6	13	42,885	30,478	71.1	28
YES	LOYAL-MSD-AA-F-DC	F	NO	204000	08/05/2013				Modernized Medicare Supplement Insurance Plan	32,607	26,556	81.4	11	62,852	37,556	59.8	22
YES	LOYAL-MSD-AA-A-DC	A	NO	204000	08/05/2013				Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MS-AA-G-DC	G	NO	34000	05/09/2013				Modernized Medicare Supplement Insurance Plan	30,857	13,889	45.0	14	38,932	26,064	66.9	21
YES	LOYAL-MS-AA-A-DC	A	NO	34000	05/09/2013				Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MS-AA-N-DC	N	NO	34000	05/09/2013				Modernized Medicare Supplement Insurance Plan	5,523	287	5.2	4	6,495	1,443	22.2	5
0199999.	Total Policy Experience on Individual Policies									153,331	126,735	82.7	66	259,645	159,888	61.6	121

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

NONE

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

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

NONE

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

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

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.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722

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

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	L-6201-GA	I	NO	34000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	16,209	4,448	27.4	5			0.0	
YES	L-6202-GA	J	NO	34000	09/22/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	200,048	115,001	57.5	50			0.0	
YES	LOYAL-MS-IA-G-GA	G	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	200,914	166,886	83.1	73			0.0	
YES	LOYAL-MS-IA-N-GA	N	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	85,855	62,685	73.0	39			0.0	
YES	LOYAL-MS-IA-F-GA	F	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	492,852	365,205	74.1	147			0.0	
0199999.	Total Policy Experience on Individual Policies									995,878	714,225	71.7	314	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-G-HI	G	NO	34060	01/03/2014				Modernized Medicare Supplement Insurance Plan	71,722	38,273	53.4	46	259,621	247,738	95.4	192
YES	LOYAL-MS-AA-N-HI	N	NO	34060	01/03/2014				Modernized Medicare Supplement Insurance Plan	7,053	4,166	59.1	4	51,050	43,235	84.7	36
YES	LOYAL-MSD-AA-A-HI	A	NO	204060	02/03/2014				Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MSD-AA-F-HI	F	NO	204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	22,295	16,657	74.7	9	17,790	21,131	118.8	14
YES	LOYAL-MSD-AA-G-HI	G	NO	204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	44,617	35,891	80.4	26	39,278	24,569	62.6	29
YES	LOYAL-MSD-AA-N-HI	N	NO	204060	02/03/2014				Modernized Medicare Supplement Insurance Plan	4,321	5,418	125.4	3	7,498	8,540	113.9	6
YES	LOYAL-MS-AA-F-HI	F	NO	34060	01/03/2014				Modernized Medicare Supplement Insurance Plan	54,912	30,876	56.2	27	146,131	144,246	98.7	90
0199999.	Total Policy Experience on Individual Policies									204,920	131,281	64.1	115	521,368	489,459	93.9	367

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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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

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.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-N-IA	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	57,731	30,294	52.5	27			0.0	
YES	L-5234-IA	F	NO	34000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	267,951	249,142	93.0	76			0.0	
YES	L-5235-IA	G	NO	34000	10/31/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,233	4,968	53.8	1			0.0	
YES	L-6200-IA	H	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,434	507	14.8	1			0.0	
YES	L-6201-IA	I	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,089	129	4.2	1			0.0	
YES	L-6202-IA	J	NO	34000	09/12/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	739,604	660,083	89.2	188			0.0	
YES	LOYAL-MS-AA-G-IA	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	62,969	33,287	52.9	21			0.0	
YES	LOYAL-MS-AA-F-IA	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	759,242	620,559	81.7	208			0.0	
0199999.	Total Policy Experience on Individual Policies									1,903,253	1,598,969	84.0	523	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-IA-N-ID	N	NO	34000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	162,098	85,666	52.8	90	6,399	4,586	71.7	4
YES	L-5234-ID	F	NO	34000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	34,784	43,513	125.1	12			0.0	
YES	L-5235-ID	G	NO	34000	07/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	34,572	36,238	104.8	14			0.0	
YES	L-6202-ID	J	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	281,870	180,329	64.0	78			0.0	
YES	LOYAL-MS-IA-A-ID	A	NO	34000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	2,869	4,128	143.9	1			0.0	
YES	LOYAL-MS-IA-B-ID	B	NO	34000	08/04/2010				Modernized Medicare Supplement Insurance Plan	2,559	5,287	206.6	1			0.0	
YES	LOYAL-MS-IA-D-ID	D	NO	34000	08/04/2010				Modernized Medicare Supplement Insurance Plan		430	0.0				0.0	
YES	LOYAL-MS-IA-F-ID	F	NO	34000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	754,667	576,062	76.3	265	49,051	49,025	99.9	18
YES	LOYAL-MS-IA-G-ID	G	NO	34000	06/01/2010			12/01/2018	Modernized Medicare Supplement Insurance Plan	156,234	122,138	78.2	67	47,197	23,027	48.8	23
YES	LOYAL-MSX-IA-F-MI	F	NO	30500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	76,024	40,183	52.9	31	392,625	287,789	73.3	161
YES	LOYAL-MSX-IA-HDF-MI	F	NO	30500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	2,360	(12)	(0.5)	3	22,055	2,405	10.9	24
YES	LOYAL-MSX-IA-N-MI	N	NO	30500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	30,645	22,700	74.1	17	202,929	128,899	63.5	121
YES	LOYAL-MSX-IA-G-MI	G	NO	30500	08/04/2015			06/23/2019	Modernized Medicare Supplement Insurance Plan	35,571	16,469	46.3	17	293,247	204,378	69.7	139
0199999.	Total Policy Experience on Individual Policies									1,574,253	1,133,131	72.0	596	1,013,503	700,109	69.1	490

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	L-5235-IL	G	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,983	6,588	33.0	6			0.0	
YES	L-6200-IL	H	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,534	754	10.0	2			0.0	
YES	L-6201-IL	I	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,778	2,359	24.1	2			0.0	
YES	L-6202-IL	J	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,477,777	1,013,746	68.6	327			0.0	
YES	LOYAL-MS-AA-C-IL	C	NO	34060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	8,240	15,789	191.6	2			0.0	
YES	LOYAL-MS-AA-D-IL	D	NO	34060	06/28/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	3,654	2,274	62.2	1			0.0	
YES	LOYAL-MS-AA-F-IL	F	NO	34060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	4,897,842	3,675,183	75.0	1,342			0.0	
YES	LOYAL-MS-AA-G-IL	G	NO	34060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	675,404	487,422	72.2	216			0.0	
YES	L-5234-IL	F	NO	34060	11/07/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	384,173	302,956	78.9	82			0.0	
YES	LOYAL-MS-AA-N-IL	N	NO	34060	06/01/2010			01/04/2017	Modernized Medicare Supplement Insurance Plan	825,342	692,002	83.8	340			0.0	
0199999.	Total Policy Experience on Individual Policies									8,309,727	6,199,073	74.6	2,320	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.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722

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

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	L-5231-IN	B	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,142	1,051	33.5	1			0.0	
YES	L-5235-IN	G	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	192,214	171,429	89.2	45			0.0	
YES	L-6200-IN	H	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,777	16,593	140.9	3			0.0	
YES	L-6201-IN	I	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,995	4,409	36.8	3			0.0	
YES	L-6202-IN	J	NO	34000	11/14/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	948,572	703,132	74.1	220			0.0	
YES	LOYAL-MS-AA-A-IN	A	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	5,373	4,092	76.2	3			0.0	
YES	LOYAL-MS-AA-B-IN	B	NO	34000	07/26/2010				Modernized Medicare Supplement Insurance Plan	2,152	406	18.9	1			0.0	
YES	LOYAL-MS-AA-C-IN	C	NO	34000	07/26/2010				Modernized Medicare Supplement Insurance Plan	18,082	22,313	123.4	5			0.0	
YES	LOYAL-MS-AA-D-IN	D	NO	34000	07/26/2010				Modernized Medicare Supplement Insurance Plan	35,890	17,581	49.0	13	157	(149)	(94.9)	
YES	LOYAL-MS-AA-F-IN	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	4,479,521	3,246,670	72.5	1,507	147,158	72,562	49.3	49
YES	LOYAL-MS-AA-G-IN	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,070,233	844,178	78.9	442	222,610	147,789	66.4	104
YES	LOYAL-MS-AA-N-IN	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,306,983	1,217,016	93.1	654	267,634	257,670	96.3	138
YES	L-5234-IN	F	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	439,150	337,014	76.7	100			0.0	
YES	L-5233-IN	D	NO	34000	12/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,129	638	20.4	1			0.0	
0199999.	Total Policy Experience on Individual Policies									8,528,213	6,586,522	77.2	2,998	637,559	477,872	75.0	291

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-F-KS	F	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	2,291,215	1,787,074	78.0	744	312,449	218,826	70.0	112
YES	L-6200-KS	H	NO	34060	.11/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,980	259	8.7	1			0.0	
YES	L-6201-KS	I	NO	34060	.11/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	35,789	25,414	71.0	9			0.0	
YES	LOYAL-MS-AA-A-KS	A	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	1,991	113	5.7	1			0.0	
YES	LOYAL-MS-AA-G-KS	G	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	196,890	142,243	72.2	77	287,037	257,038	89.5	134
YES	LOYAL-MS-AA-N-KS	N	NO	34060	.06/01/2010				Modernized Medicare Supplement Insurance Plan	64,327	49,511	77.0	31	23,693	23,870	100.7	12
YES	L-6202-KS	J	NO	34060	.11/04/2008			.05/31/2010	Senior Class Medicare Supplement Insurance Plan	570,696	476,829	83.6	124			0.0	
0199999.	Total Policy Experience on Individual Policies									3,163,888	2,481,443	78.4	987	623,179	499,734	80.2	258

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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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-A-KY	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,899	9,390	240.8	2	7,576	1,748	23.1	2
YES	LOYAL-MS-AA-F-KY	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,743,356	1,915,210	69.8	904	93,808	65,789	70.1	33
YES	LOYAL-MS-AA-G-KY	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	476,902	354,301	74.3	186	558,503	388,349	69.5	218
YES	LOYAL-MS-AA-D-KY	D	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	2,998	1,256	41.9	1			0.0	
YES	LOYAL-MS-AA-N-KY	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	442,401	289,921	65.5	214	174,632	123,531	70.7	90
YES	LOYAL-MS-AA-B-KY	B	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,997	1,049	52.5				0.0	
YES	L-5232-KY	C	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,891	5,832	149.9	1			0.0	
YES	L-5235-KY	G	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,720	10,734	51.8	5			0.0	
YES	L-5234-KY	F	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	273,650	229,173	83.7	65			0.0	
YES	L-5233-KY	D	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,659	2,176	81.8				0.0	
YES	L-5230-KY	A	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan		(5)	0.0				0.0	
YES	L-5231-KY	B	NO	34060	08/26/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,815	13,916	66.9	5			0.0	
YES	LOYAL-MS-AA-C-KY	C	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	19,535	17,632	90.3	7			0.0	
0199999.	Total Policy Experience on Individual Policies									4,012,823	2,850,585	71.0	1,390	834,519	579,417	69.4	343

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-A-LA	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,088	4,814	230.6	1			0.0	
YES	L-5231-LA	B	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,205	8,478	83.1	1			0.0	
YES	L-5232-LA	C	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,875	3,207	54.6	1			0.0	
YES	L-5235-LA	G	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	16,464	5,381	32.7	4			0.0	
YES	L-5333-LA	F	YES	34060	06/30/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,082	1,814	58.9	1			0.0	
YES	LOYAL-MS-AA-F-LA	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	607,843	430,878	70.9	180			0.0	
YES	LOYAL-MS-AA-G-LA	G	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	190,800	145,716	76.4	66			0.0	
YES	L-5234-LA	F	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	117,155	55,488	47.4	23			0.0	
YES	LOYAL-MS-AA-N-LA	N	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	96,565	45,960	47.6	39			0.0	
YES	L-5233-LA	D	NO	34060	11/09/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,483	5,191	115.8	1			0.0	
YES	LOYAL-MS-AA-C-LA	C	NO	34060	06/25/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,333	3,041	48.0	2			0.0	
0199999.	Total Policy Experience on Individual Policies									1,060,893	709,968	66.9	319	0	0	0.0	0

360

GENERAL INTERROGATORIES

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

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

NONE

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

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

NONE

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

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-CR-G-ME	G	NO	34000	05/29/2013				Modernized Medicare Supplement Insurance Plan	183,180	126,007	68.8	77	1,676,881	1,204,604	71.8	727
YES	LOYAL-MSD-CR-N-ME	N	NO	204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	10,025	24,567	245.1	4	23,926	13,343	55.8	20
YES	LOYAL-MSD-CR-G-ME	G	NO	204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	69,642	43,588	62.6	29	140,846	79,353	56.3	72
YES	LOYAL-MSD-CR-F-ME	F	NO	204000	07/03/2013				Modernized Medicare Supplement Insurance Plan	12,470	5,599	44.9	3	8,972	1,826	20.4	4
YES	LOYAL-MS-CR-N-ME	N	NO	34000	05/29/2013				Modernized Medicare Supplement Insurance Plan	24,443	12,399	50.7	11	326,743	201,887	61.8	199
YES	LOYAL-MS-CR-F-ME	F	NO	34000	05/29/2013				Modernized Medicare Supplement Insurance Plan	48,783	30,326	62.2	16	159,127	129,862	81.6	51
YES	LOYAL-MS-CR-A-ME	A	NO	34060	05/29/2013				Modernized Medicare Supplement Insurance Plan	2,277	217	9.5	1	2,615	5,798	221.7	1
YES	LOYAL-MSD-CR-A-ME	A	NO	204060	07/03/2013				Modernized Medicare Supplement Insurance Plan			0.0			(34)	0.0	
0199999.	Total Policy Experience on Individual Policies									350,820	242,703	69.2	141	2,339,110	1,636,639	70.0	1,074

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-D-MI	D	NO	34000	06/07/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	51,492	33,961	66.0	16			0.0	
YES	L-6200-MI	H	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	8,158	461	5.7	2			0.0	
YES	LOYAL-MSX-AA-N-MI	N	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	95,650	59,860	62.6	53	439,629	400,011	91.0	245
YES	L-6201-MI	I	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	13,819	2,751	19.9	3			0.0	
YES	L-6202-MI	J	NO	34000	08/19/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	440,001	208,174	47.3	99			0.0	
YES	LOYAL-MS-AA-C-MI	C	NO	34000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	39,850	24,343	61.1	11	4,063	2,927	72.0	2
YES	LOYAL-MSX-AA-HDF-MI	F	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	43,520	21,477	49.3	43	107,535	66,579	61.9	113
YES	LOYAL-MS-AA-G-MI	G	NO	34000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	807,679	637,881	79.0	303	7,643	5,393	70.6	3
YES	LOYAL-MS-AA-N-MI	N	NO	34000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	614,433	513,690	83.6	283		(22)	0.0	
YES	LOYAL-MSX-AA-F-MI	F	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	244,599	185,729	75.9	86	1,085,283	879,261	81.0	394
YES	LOYAL-MSX-AA-G-MI	G	NO	30500	09/24/2015				Modernized Medicare Supplement Insurance Plan	84,227	39,485	46.9	40	523,827	422,597	80.7	246
YES	L-5234-MI	F	NO	34000	09/21/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	28,300	8,222	29.1	6			0.0	
YES	LOYAL-MS-AA-F-MI	F	NO	34000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan	2,893,951	2,258,015	78.0	927	7	(203)	(2,900.0)	
YES	LOYAL-MS-AA-A-MI	A	NO	34000	06/01/2010			12/04/2018	Modernized Medicare Supplement Insurance Plan		32	0.0				0.0	
0199999.	Total Policy Experience on Individual Policies									5,365,679	3,994,081	74.4	1,872	2,167,987	1,776,543	81.9	1,003

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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.....	LOYAL-MS-BASIC-MN.....	O.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	449,783	420,997	.....93.6	177	2,537,139	1,346,963	.....53.1	1,096
.....YES.....	LOYAL-MS-COPAYMENT-MN	O.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	7,653	1,636	.....21.4	3	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-EXTENDED-MN....	O.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.....	Modernized Medicare Supplement Insurance Plan	689,464	655,840	.....95.1	239	936,282	671,955	.....71.8	363
0199999.	Total Policy Experience on Individual Policies.....									1,146,900	1,078,473	.....94.0	419	3,473,421	2,018,918	.....58.1	1,459

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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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	L-6200-MO	H	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,946	434	8.8	1			0.0	
YES	LOYAL-MS-IA-N-MO	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	36,655	19,749	53.9	18	4,312	62	1.4	2
YES	LOYAL-MS-IA-G-MO	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	211,404	194,890	92.2	85	73,878	52,382	70.9	30
YES	LOYAL-MS-IA-F-MO	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,122,676	811,036	72.2	376	40,912	18,476	45.2	14
YES	LOYAL-MS-IA-A-MO	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,792	(18)	(1.0)	1	4,589	1,571	34.2	2
YES	L-6201-MO	I	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,375	3,607	56.6	2			0.0	
YES	L-6202-MO	J	NO	34060	08/26/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	518,965	347,652	67.0	136			0.0	
0199999.	Total Policy Experience on Individual Policies									1,902,813	1,377,350	72.4	619	123,691	72,491	58.6	48

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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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-A-MS	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	11,220	6,170	55.0	5			0.0	
YES	L-5234-MS	F	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	127,721	144,928	113.5	28			0.0	
YES	L-5235-MS	G	NO	34060	07/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,439	4,539	315.4				0.0	
YES	L-5333-MS	F	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	211,784	153,365	72.4	64			0.0	
YES	L-5334-MS	G	YES	34060	03/11/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,697	10,128	375.5	1			0.0	
YES	L-6200-MS	H	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,659	1,045	22.4	1			0.0	
YES	L-6201-MS	I	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,266	834	25.5	1			0.0	
YES	LOYAL-MS-AA-B-MS	B	NO	34060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,689	4,125	38.6	4			0.0	
YES	LOYAL-MS-AA-C-MS	C	NO	34060	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	19,623	6,610	33.7	6			0.0	
YES	LOYAL-MS-AA-D-MS	D	NO	34000	07/22/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	8,068	5,121	63.5	3			0.0	
YES	LOYAL-MS-AA-F-MS	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,852,407	2,115,382	74.2	875			0.0	
YES	LOYAL-MS-AA-G-MS	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	426,150	295,116	69.3	160			0.0	
YES	LOYAL-MS-AA-N-MS	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	373,686	273,629	73.2	175			0.0	
YES	L-6202-MS	J	NO	34060	11/20/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	662,664	436,480	65.9	151			0.0	
0199999.	Total Policy Experience on Individual Policies									4,716,073	3,457,472	73.3	1,474	0	0	0.0	0

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

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.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	L-6201-MT	I	NO	34000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,177	1,779	42.6	1			0.0	
YES	LOYAL-MS-AA-N-MT	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	19,047	23,699	124.4	9			0.0	
YES	LOYAL-MS-AA-G-MT	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	57,820	50,570	87.5	23			0.0	
YES	L-6202-MT	J	NO	34000	02/25/2009			05/31/2010	Senior Class Medicare Supplement Insurance Plan	887,542	719,245	81.0	244			0.0	
YES	L-5234-MT	F	NO	34000	09/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	17,764	14,402	81.1	4			0.0	
YES	LOYAL-MS-AA-F-MT	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	164,479	95,472	58.0	52			0.0	
0199999.	Total Policy Experience on Individual Policies									1,150,829	905,167	78.7	333	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

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.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-B-NC	B	NO	34000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	2,394	68	2.8	1			0.0	
YES	LOYAL-MS-AA-A-NC	A	NO	34060	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	6,330	7,121	112.5	2			0.0	
YES	LOYAL-MS-AA-N-NC	N	NO	34000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	237,589	132,522	55.8	106			0.0	
YES	LOYAL-MS-AA-G-NC	G	NO	34000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	379,818	288,496	76.0	135			0.0	
YES	LOYAL-MS-AA-F-NC	F	NO	34000	06/01/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	1,873,568	1,332,673	71.1	536			0.0	
YES	LOYAL-MS-AA-D-NC	D	NO	34000	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	17,719	14,310	80.8	6			0.0	
YES	L-5232-NC	C	NO	34060	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,361	1,320	30.3	1			0.0	
YES	L-6201-NC	I	NO	34000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	26,837	8,723	32.5	7			0.0	
YES	L-6200-NC	H	NO	34000	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,432	8,082	125.7	1			0.0	
YES	L-5235-NC	G	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,216	19,943	195.2	2			0.0	
YES	L-5234-NC	F	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	175,273	113,535	64.8	40			0.0	
YES	L-5233-NC	D	NO	34000	08/16/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,620	846	23.4	1			0.0	
YES	L-6202-NC	J	NO	34060	09/30/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,031,531	601,988	58.4	231			0.0	
YES	LOYAL-MS-AA-C-NC	C	NO	34060	07/02/2010			01/31/2017	Modernized Medicare Supplement Insurance Plan	43,446	27,199	62.6	12			0.0	
0199999.	Total Policy Experience on Individual Policies									3,819,134	2,556,826	66.9	1,081	0	0	0.0	0

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

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.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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.....	L-6202-ND.....	J.....	.....NO...	....34000.....	.10/21/2008	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	11,758	4,984	.....42.4	3	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-F-ND.....	F.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	47,465	33,273	.....70.1	15	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-G-ND.....	G.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	6,896	12,350	.....179.1	3	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									66,119	50,607	.....76.5	21	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	L-5234-NE	F	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	105,602	130,793	123.9	23			0.0	
YES	LOYAL-MS-AA-N-NE	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	13,274	1,316	9.9	6			0.0	
YES	LOYAL-MS-AA-G-NE	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	91,350	80,706	88.3	33			0.0	
YES	LOYAL-MS-AA-F-NE	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	994,739	881,126	88.6	302			0.0	
YES	L-6202-NE	J	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	554,740	367,989	66.3	133			0.0	
YES	L-5235-NE	G	NO	34000	09/13/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	7,465	2,173	29.1	1			0.0	
YES	L-6200-NE	H	NO	34000	10/08/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,576	722	20.2	1			0.0	
0199999.	Total Policy Experience on Individual Policies									1,770,746	1,464,825	82.7	499	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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.....	LOYAL-MS-IA-F-NH.....	F.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	9,142	3,054	.....33.4	2	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-IA-G-NH.....	G.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	6,298	3,645	.....57.9	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									15,440	6,699	.....43.4	3	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MSD-AA-C-NJ	C	NO	204060	07/12/2013				Modernized Medicare Supplement Insurance Plan	39,914	22,881	57.3	16	5,162	2,694	52.2	2
YES	LOYAL-MS-AA-C-NJ	C	NO	34060	05/16/2013				Modernized Medicare Supplement Insurance Plan	120,013	207,854	173.2	50	77,958	218,295	280.0	29
YES	LOYAL-MSD-AA-N-NJ	N	NO	204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	197,701	160,386	81.1	113	166,445	111,918	67.2	97
YES	LOYAL-MSD-AA-G-NJ	G	NO	204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	646,964	524,834	81.1	299	603,195	434,584	72.0	307
YES	LOYAL-MSD-AA-F-NJ	F	NO	204000	07/12/2013				Modernized Medicare Supplement Insurance Plan	605,215	455,180	75.2	209	498,662	356,233	71.4	195
YES	LOYAL-MS-AA-N-NJ	N	NO	34000	05/16/2013				Modernized Medicare Supplement Insurance Plan	736,532	597,311	81.1	423	722,432	492,726	68.2	457
YES	LOYAL-MS-AA-F-NJ	F	NO	34000	05/16/2013				Modernized Medicare Supplement Insurance Plan	3,726,400	3,110,934	83.5	1,327	3,655,388	3,005,255	82.2	1,479
YES	LOYAL-MS-AA-G-NJ	G	NO	34000	05/16/2013				Modernized Medicare Supplement Insurance Plan	3,453,790	2,988,338	86.5	1,551	4,358,936	3,585,706	82.3	2,310
YES	LOYAL-MSD-AA-A-NJ	A	NO	204000	07/12/2013				Modernized Medicare Supplement Insurance Plan			0.0		2,449	1,811	73.9	1
0199999.	Total Policy Experience on Individual Policies									9,526,529	8,067,718	84.7	3,988	10,090,627	8,209,222	81.4	4,877

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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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	L-6201-NM	I	NO	34000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	15,513	10,045	64.8	5			0.0	
YES	L-6202-NM	J	NO	34000	10/07/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	309,744	239,074	77.2	82			0.0	
YES	LOYAL-MS-AA-F-NM	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	227,573	141,494	62.2	75			0.0	
YES	LOYAL-MS-AA-G-NM	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	48,418	34,173	70.6	19			0.0	
YES	LOYAL-MS-AA-N-NM	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	12,154	8,493	69.9	6			0.0	
0199999.	Total Policy Experience on Individual Policies									613,402	433,279	70.6	187	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

NONE

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

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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
									NONE								

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-C-OH	C	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	187,594	122,216	65.1	48			0.0	
YES	LOYAL-MS-AA-N-OH	N	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	373,418	242,614	65.0	154			0.0	
YES	LOYAL-MS-AA-G-OH	G	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	365,048	255,517	70.0	114			0.0	
YES	LOYAL-MS-AA-D-OH	D	NO	34000	07/12/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	17,632	27,611	156.6	3			0.0	
YES	L-6202-OH	J	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	682,822	392,750	57.5	143			0.0	
YES	L-6201-OH	I	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,456	(365)	(6.7)	1			0.0	
YES	L-5235-OH	G	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	29,509	15,891	53.9	7			0.0	
YES	L-5234-OH	F	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	190,402	148,614	78.1	38			0.0	
YES	L-5233-OH	D	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	19,532	1,187	6.1	4			0.0	
YES	L-5232-OH	C	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	29,503	21,831	74.0	7			0.0	
YES	L-5231-OH	B	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	206	(537)	(260.7)				0.0	
YES	L-5230-OH	A	NO	34000	08/10/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,246	18,700	576.1	1			0.0	
YES	L-6200-OH	H	NO	34060	09/05/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	(98)	3,475	(3,545.9)				0.0	
YES	LOYAL-MS-AA-F-OH	F	NO	34000	06/01/2010			08/09/2017	Modernized Medicare Supplement Insurance Plan	1,522,985	934,659	61.4	399			0.0	
0199999.	Total Policy Experience on Individual Policies									3,427,255	2,184,163	63.7	919	0	0	0.0	0

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

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.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	L-6200-OK	H	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,628	2,872	27.0	3			0.0	
YES	LOYAL-MS-AA-N-OK	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	52,338	117,419	224.3	23			0.0	
YES	LOYAL-MS-AA-G-OK	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	38,360	22,632	59.0	13			0.0	
YES	LOYAL-MS-AA-F-OK	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	388,852	246,110	63.3	109			0.0	
YES	LOYAL-MS-AA-A-OK	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	10,858	21,678	199.7	4			0.0	
YES	L-6201-OK	I	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan		6	0.0				0.0	
YES	L-5235-OK	G	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	29,171	17,228	59.1	7			0.0	
YES	L-5234-OK	F	NO	34000	08/18/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	186,047	157,521	84.7	41			0.0	
YES	L-6202-OK	J	NO	34060	08/28/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	590,115	480,060	81.4	131			0.0	
0199999.	Total Policy Experience on Individual Policies									1,306,369	1,065,526	81.6	331	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-B-OR	B	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan			0.0		3,208	1,553	48.4	1
YES	LOYAL-MS-AA-N-OR	N	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	311,880	355,253	113.9	159	1,652,335	1,521,623	92.1	1,023
YES	LOYAL-MS-AA-G-OR	G	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	486,448	342,587	70.4	214	10,191,530	8,416,119	82.6	6,046
YES	LOYAL-MS-AA-F-OR	F	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,917,927	1,415,287	73.8	632	3,927,828	3,508,599	89.3	1,507
YES	LOYAL-MS-AA-D-OR	D	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan	21,753	41,083	188.9	7	17,967	42,561	236.9	6
YES	LOYAL-MS-AA-C-OR	C	NO	34060	06/10/2010				Modernized Medicare Supplement Insurance Plan	34,191	26,421	77.3	7	16,927	12,250	72.4	7
YES	L-6202-OR	J	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	467,411	288,143	61.6	109			0.0	
YES	L-6201-OR	I	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,808	1,594	41.9	1			0.0	
YES	L-6200-OR	H	NO	34060	10/13/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,277	938	28.6	1			0.0	
YES	L-5235-OR	G	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,683	13,515	237.8	2			0.0	
YES	L-5234-OR	F	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	39,672	20,100	50.7	10			0.0	
YES	L-5230-OR	A	NO	34060	09/08/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,492	291	11.7	1			0.0	
YES	LOYAL-MS-AA-A-OR	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan			0.0		3,317	526	15.9	2
0199999.	Total Policy Experience on Individual Policies									3,294,542	2,505,212	76.0	1,143	15,813,112	13,503,231	85.4	8,592

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	L-5234-PA	F	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	117,939	73,648	62.4	36			0.0	
YES	L-5232-PA	C	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,593	3,842	58.3	2			0.0	
YES	LOYAL-MS-AA-N-PA	N	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	747,493	485,657	65.0	290			0.0	
YES	LOYAL-MS-AA-G-PA	G	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	437,011	231,994	53.1	122			0.0	
YES	LOYAL-MS-AA-F-PA	F	NO	34060	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	1,794,721	989,044	55.1	479			0.0	
YES	LOYAL-MS-AA-D-PA	D	NO	34060	06/10/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	8,264	6,663	80.6	3			0.0	
YES	L-5235-PA	G	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	16,639	6,524	39.2	5			0.0	
YES	L-5233-PA	D	NO	34060	12/02/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	41,036	45,358	110.5	11			0.0	
YES	LOYAL-MS-AA-C-PA	C	NO	34060	06/10/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	4,253	4,616	108.5	1			0.0	
0199999.	Total Policy Experience on Individual Policies									3,173,949	1,847,346	58.2	949	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

NONE

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

360

GENERAL INTERROGATORIES

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

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

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.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	LOYAL-MS-AA-C-SC	C	NO	34000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	13,944	11,172	80.1	5			0.0	
YES	LOYAL-MS-AA-F-SC	F	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	2,862,618	1,925,081	67.2	839			0.0	
YES	LOYAL-MS-AA-G-SC	G	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	608,364	425,474	69.9	211			0.0	
YES	LOYAL-MS-AA-D-SC	D	NO	34000	08/25/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	9,363	4,035	43.1	3			0.0	
YES	L-6201-SC	I	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	57,173	28,344	49.6	19			0.0	
YES	L-6200-SC	H	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	21,887	14,497	66.2	6			0.0	
YES	L-6202-SC	J	NO	34000	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,377,262	1,008,057	73.2	382			0.0	
YES	L-5235-SC	G	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	41,437	33,836	81.7	14			0.0	
YES	L-5234-SC	F	NO	34000	12/29/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	169,789	118,719	69.9	49			0.0	
YES	LOYAL-MS-AA-N-SC	N	NO	34000	06/01/2010			09/30/2016	Modernized Medicare Supplement Insurance Plan	289,019	177,045	61.3	128			0.0	
0199999.	Total Policy Experience on Individual Policies									5,450,856	3,746,260	68.7	1,656	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.

GENERAL INTERROGATORIES

2.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
2.2 Contact person and phone number..... David Brosig 1-866-459-4272

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MS-AA-A-SD	A	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,773	30	1.1	1			0.0	
YES	LOYAL-MS-AA-N-SD	N	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,009	1,723	85.8	1			0.0	
YES	LOYAL-MS-AA-F-SD	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	287,488	215,027	74.8	92			0.0	
YES	L-6202-SD	J	NO	34060	08/01/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	386,110	248,493	64.4	101			0.0	
YES	LOYAL-MS-AA-G-SD	G	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	20,163	25,189	124.9	8			0.0	
0199999.	Total Policy Experience on Individual Policies									698,543	490,462	70.2	203	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	L-5235-TN	G	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	29,566	34,403	116.4	7			0.0	
YES	LOYAL-MS-AA-G-TN	G	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	786,343	537,175	68.3	285			0.0	
YES	LOYAL-MS-AA-F-TN	F	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	6,453,573	4,197,547	65.0	1,975			0.0	
YES	LOYAL-MS-AA-N-TN	N	NO	34060	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	951,334	690,687	72.6	451			0.0	
YES	LOYAL-MS-AA-D-TN	D	NO	34060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	33,678	36,493	108.4	9			0.0	
YES	LOYAL-MS-AA-B-TN	B	NO	34060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	19,745	16,448	83.3	6			0.0	
YES	L-5234-TN	F	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	118,832	47,745	40.2	28			0.0	
YES	L-5233-TN	D	NO	34000	09/15/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan		(36)	0.0				0.0	
YES	LOYAL-MS-AA-C-TN	C	NO	34060	07/30/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	13,797	16,694	121.0	4			0.0	
0199999.	Total Policy Experience on Individual Policies									8,406,868	5,577,156	66.3	2,765	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

GENERAL INTERROGATORIES

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

3.2 Contact person and phone number..... David Brosig 1-866-459-4272

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722

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

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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5334-TX	G	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	20,879	13,029	62.4	7			0.0	
YES	LOYAL-MS-AA-G-TX	G	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	1,152,944	985,218	85.5	423	701,875	562,445	80.1	283
YES	LOYAL-MS-AA-F-TX	F	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	3,556,704	2,850,534	80.1	961	106,176	105,630	99.5	34
YES	LOYAL-MS-AA-D-TX	D	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan	21,948	17,397	79.3	6			0.0	
YES	LOYAL-MS-AA-C-TX	C	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan	6,776	382	5.6	2			0.0	
YES	LOYAL-MS-AA-B-TX	B	NO	34000	08/05/2010				Modernized Medicare Supplement Insurance Plan	2,884	16	0.6	1			0.0	
YES	LOYAL-MS-AA-A-TX	A	NO	34060	06/01/2010				Modernized Medicare Supplement Insurance Plan	108,275	159,532	147.3	27			0.0	
YES	L-6202-TX	J	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,262,800	3,345,848	78.5	907			0.0	
YES	LOYAL-MS-AA-N-TX	N	NO	34000	06/01/2010				Modernized Medicare Supplement Insurance Plan	850,760	802,716	94.4	394	416,927	412,001	98.8	197
YES	L-5333-TX	F	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	6,764	1,213	17.9	2			0.0	
YES	L-5332-TX	D	YES	34000	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	2,758	2,456	89.1	1			0.0	
YES	L-5235-TX	G	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	139,950	156,970	112.2	33			0.0	
YES	L-5234-TX	F	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	1,337,407	1,080,320	80.8	313			0.0	
YES	L-5233-TX	D	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	12,359	6,252	50.6	3			0.0	

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

6572220193604410 0 *

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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
YES	L-5232-TX	C	NO	34000	10/19/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	9,121	8,795	96.4	2			0.0	
YES	L-5230-TX	A	NO	34060	02/14/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	5,845	3,840	65.7				0.0	
YES	L-6201-TX	I	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	862,092	674,118	78.2	231			0.0	
YES	L-6200-TX	H	NO	34000	09/03/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	540,730	419,744	77.6	139			0.0	
0199999.	Total Policy Experience on Individual Policies									12,900,996	10,528,380	81.6	3,452	1,224,978	1,080,076	88.2	514

360.1

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	L-6200-UT	H	NO	34000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan		15	0.0				0.0	
YES	LOYAL-MS-AA-N-UT	N	NO	34000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	142,828	100,305	70.2	71			0.0	
YES	LOYAL-MS-AA-G-UT	G	NO	34000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	45,672	17,797	39.0	19			0.0	
YES	L-6202-UT	J	NO	34000	10/04/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	195,196	104,369	53.5	50			0.0	
YES	LOYAL-MS-AA-F-UT	F	NO	34000	06/01/2010			01/02/2017	Modernized Medicare Supplement Insurance Plan	226,910	104,631	46.1	71			0.0	
0199999.	Total Policy Experience on Individual Policies									610,606	327,117	53.6	211	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

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.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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.....	LOYAL-MS-AA-F-VA.....	F.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	644,350	455,048	.....70.6	207	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-G-VA.....	G.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	207,680	151,108	.....72.8	81	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-N-VA.....	N.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	21,220	22,721	.....107.1	10	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									873,250	628,877	.....72.0	298	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

NAIC Group Code.....0901
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani

NAIC Company Code.....65722
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MSD-CR-A-VT	A	NO	204060	07/25/2013				Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MSD-CR-G-VT	G	NO	204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	28,017	18,439	65.8	13	93,526	47,774	51.1	54
YES	LOYAL-MSD-CR-F-VT	F	NO	204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	25,154	26,742	106.3	9	31,908	31,005	97.2	13
YES	LOYAL-MS-CR-G-VT	G	NO	34060	06/18/2013				Modernized Medicare Supplement Insurance Plan	183,523	119,731	65.2	83	673,366	487,823	72.4	366
YES	LOYAL-MS-CR-F-VT	F	NO	34060	06/18/2013				Modernized Medicare Supplement Insurance Plan	181,181	117,661	64.9	75	1,164,163	958,826	82.4	517
YES	LOYAL-MS-CR-A-VT	A	NO	34060	06/18/2013				Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MSD-CR-N-VT	N	NO	204060	07/25/2013				Modernized Medicare Supplement Insurance Plan	21,691	9,372	43.2	13	27,210	11,460	42.1	21
YES	LOYAL-MS-CR-N-VT	N	NO	34060	06/18/2013				Modernized Medicare Supplement Insurance Plan	92,157	71,047	77.1	54	310,190	171,135	55.2	214
0199999.	Total Policy Experience on Individual Policies									531,723	362,992	68.3	247	2,300,363	1,708,023	74.3	1,185

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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	LOYAL-MSD-CR-N-WA	N	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	97,505	78,204	80.2	61	794,320	644,699	81.2	569
YES	LOYAL-MS-CR-A-WA	A	NO	34000	06/20/2013				Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MS-CR-F-WA	F	NO	34000	06/20/2013				Modernized Medicare Supplement Insurance Plan	87,093	72,305	83.0	28	1,482,918	1,121,942	75.7	523
YES	LOYAL-MS-CR-G-WA	G	NO	34000	06/20/2013				Modernized Medicare Supplement Insurance Plan	723,240	638,532	88.3	285	25,797,982	23,180,089	89.9	13,155
YES	LOYAL-MS-CR-N-WA	N	NO	34000	06/20/2013				Modernized Medicare Supplement Insurance Plan	271,688	266,754	98.2	163	7,058,675	5,683,440	80.5	5,287
YES	LOYAL-MSD-CR-A-WA	A	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan			0.0				0.0	
YES	LOYAL-MSD-CR-F-WA	F	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	102,841	128,735	125.2	35	400,034	433,924	108.5	146
YES	LOYAL-MSD-CR-G-WA	G	NO	204000	08/21/2013				Modernized Medicare Supplement Insurance Plan	321,935	239,390	74.4	141	3,696,751	3,164,130	85.6	1,852
0199999.	Total Policy Experience on Individual Policies									1,604,302	1,423,920	88.8	713	39,230,680	34,228,224	87.2	21,532

GENERAL INTERROGATORIES

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

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

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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.....	L-5220-WI.....	O.....	.....NO...	....34060.....	.04/23/2004	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	82,388	53,219	.....64.6	14	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-WI.....	O.....	.....NO...	....34060.....	.06/01/2010	.....	.....	.09/30/2016	Modernized Medicare Supplement Insurance Plan	206,163	181,692	.....88.1	61	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									288,551	234,911	.....81.4	75	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	12 Amount	13 Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	16 Amount	17 Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	L-5232-WV	C	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	4,004	2,705	67.6	1			0.0	
YES	L-5234-WV	F	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	10,937	8,091	74.0	3			0.0	
YES	L-5235-WV	G	NO	34000	08/25/2005			05/31/2010	Senior Class Medicare Supplement Insurance Plan	3,834	908	23.7	1			0.0	
YES	L-6202-WV	J	NO	34060	09/24/2008			05/31/2010	Senior Class Medicare Supplement Insurance Plan	148,379	63,249	42.6	37			0.0	
YES	LOYAL-MS-AA-D-WV	D	NO	34000	06/23/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	2,971	33	1.1	1			0.0	
YES	LOYAL-MS-AA-F-WV	F	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	274,094	170,006	62.0	78			0.0	
YES	LOYAL-MS-AA-G-WV	G	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	42,290	14,274	33.8	16			0.0	
YES	LOYAL-MS-AA-N-WV	N	NO	34000	06/01/2010			11/01/2016	Modernized Medicare Supplement Insurance Plan	87,946	58,481	66.5	38			0.0	
0199999.	Total Policy Experience on Individual Policies									574,455	317,747	55.3	175	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272

GENERAL INTERROGATORIES

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

Supplement for the year 2019 of the **Loyal American Life Insurance Company**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

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

NAIC Group Code.....0901
NAIC Company Code.....65722
Address (City, State and Zip Code).....11200 Lakeline Blvd Suite 100 Austin TX 78717
Person Completing This Exhibit.....Mohammed Umar Gilani
Title.....Actuarial Director.....Telephone Number.....512-807-4966

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.....	LOYAL-MS-AA-N-WY.....	N.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	37,035	24,965	.....67.4	17	.....	.....	.....0.0	.....
.....YES.....	L-6202-WY.....	J.....	.....NO...	....34060.....	.08/27/2008	.....	.....	.05/31/2010	Senior Class Medicare Supplement Insurance Plan	111,481	61,697	.....55.3	27	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-F-WY.....	F.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	101,834	69,375	.....68.1	30	.....	.....	.....0.0	.....
.....YES.....	LOYAL-MS-AA-G-WY.....	G.....	.....NO...	....34000.....	.06/01/2010	.....	.....	.11/01/2016	Modernized Medicare Supplement Insurance Plan	12,559	4,087	.....32.5	5	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									262,909	160,124	.....60.9	79	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 1-866-459-4272
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-866-459-4272
4. Explain any policies identified as policy type "O".

VM20 Reserves Supp. Pt. 1
NONE

VM20 Reserves Supp. Pt. 2
NONE

VM20 Reserves Supp. Pt. 3
NONE

VM20 Reserves Supp. Pt. 4
NONE

SCHEDULE O SUPPLEMENT

For the year ended December 31, 2019
(To Be Filed March 1)

Of The.....Loyal American Life Insurance Company
Address (City, State, Zip Code).....Cleveland, OH 44114
NAIC Group Code.....0901 NAIC Company Code.....65722 Employer's ID Number.....63-0343428

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1	2	3	4	5
	2015	2016	2017	2018	2019 (a)
1. Prior	12,746	12,852	12,871	12,884	12,917
2. 2015	1,584	1,779	1,845	1,847	1,847
3. 2016	XXX	1,016	1,357	1,357	1,377
4. 2017	XXX	XXX	1,222	1,696	1,697
5. 2018	XXX	XXX	XXX	1,728	2,100
6. 2019	XXX	XXX	XXX	XXX	956

Section B - Other Accident and Health

1. Prior	599,480	607,564	613,819	619,617	625,324
2. 2015	153,878	175,666	177,092	177,678	178,052
3. 2016	XXX	155,202	178,580	179,860	180,544
4. 2017	XXX	XXX	172,455	196,933	198,854
5. 2018	XXX	XXX	XXX	199,044	227,983
6. 2019	XXX	XXX	XXX	XXX	219,498

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	

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

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

Section B - Other Accident and Health

1. Prior					
2. 2015	606				
3. 2016	XXX	632			
4. 2017	XXX	XXX	601		
5. 2018	XXX	XXX	XXX	528	
6. 2019	XXX	XXX	XXX	XXX	509

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	

NONE

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	2,190	1,835	1,874	XXX	XXX
2. 2016	XXX	1,586	1,409	1,384	XXX
3. 2017	XXX	XXX	1,759	1,751	1,725
4. 2018	XXX	XXX	XXX	2,356	2,189
5. 2019	XXX	XXX	XXX	XXX	1,367

Section B - Other Accident and Health

1. 2015	182,934	177,856	178,180	XXX	XXX
2. 2016	XXX	184,510	180,900	180,875	XXX
3. 2017	XXX	XXX	207,362	199,951	200,376
4. 2018	XXX	XXX	XXX	239,171	231,529
5. 2019	XXX	XXX	XXX	XXX	260,023

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	2,190	1,835	1,874		
2. 2016	XXX	1,586	1,409	1,384	
3. 2017	XXX	XXX	1,763	1,751	1,725
4. 2018	XXX	XXX	XXX	2,359	2,189
5. 2019	XXX	XXX	XXX	XXX	1,370

Section B - Other Accident and Health

1. 2015	183,540	177,856	178,180		
2. 2016	XXX	185,069	180,900	180,875	
3. 2017	XXX	XXX	207,963	199,951	200,376
4. 2018	XXX	XXX	XXX	239,699	231,529
5. 2019	XXX	XXX	XXX	XXX	260,551

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	Standard Factor	274
3. Individual annuity		
4. Supplementary contracts		
5. Credit life		
6. Group life		
7. Group annuities		
8. Group accident and health	Development	505
9. Credit accident and health		
10. Other accident and health	Development	54,011
11. Total		54,790

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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