



# ANNUAL STATEMENT

For the Year Ended December 31, 2019

of the Condition and Affairs of the

## MANHATTAN NATIONAL LIFE INSURANCE COMPANY

NAIC Group Code.....0084, 0084

(Current Period) (Prior Period)

NAIC Company Code..... 67083

Employer's ID Number..... 45-0252531

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..... December 20, 1956

Commenced Business..... January 4, 1957

Statutory Home Office

301 East Fourth Street .. Cincinnati .. OH .. US .. 45202  
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

301 East Fourth Street .. Cincinnati .. OH .. US .. 45202  
(Street and Number) (City or Town, State, Country and Zip Code)

513-357-3300

(Area Code) (Telephone Number)

Mail Address

Post Office Box 5420 .. Cincinnati .. OH .. US .. 45201  
(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

301 East Fourth Street .. Cincinnati .. OH .. US .. 45202  
(Street and Number) (City or Town, State, Country and Zip Code)

513-357-3300

(Area Code) (Telephone Number)

Internet Web Site Address

www.gaig.com

Statutory Statement Contact

Robert Mayhew Earle II  
(Name)  
rearle@graig.com  
(E-Mail Address)

513-412-1735

(Area Code) (Telephone Number) (Extension)

513-412-1673

(Fax Number)

### OFFICERS

**Name**

1. Mark Francis Muething  
3. Christopher Patrick Milano

**Title**

President  
Treasurer

**Name**

2. John Paul Gruber  
4. Dominic Joseph Moster #

**Title**

Secretary  
Appointed Actuary

Adrienne Susan Baglier

Executive Vice President

Brian Patrick Sponaugle

Vice President

### OTHER

State of..... Ohio  
County of.... Hamilton

### DIRECTORS OR TRUSTEES

John Paul Gruber  
Michael James Prager

Jeffrey Gene Hester  
Brian Patrick Sponaugle

Christopher Patrick Milano

Mark Francis Muething

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)  
Mark Francis Muething  
1. (Printed Name)  
President  
(Title)

(Signature)  
John Paul Gruber  
2. (Printed Name)  
Secretary  
(Title)

(Signature)  
Christopher Patrick Milano  
3. (Printed Name)  
Treasurer  
(Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of February 2020

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

Yes [ X ] No [ ]



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

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	3,967				3,967
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,967	0	0	0	3,967
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	6,537				6,537
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.....	6,537	0	0	0	6,537

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	10	531,154	(a)						10	531,154
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	700,000	0	(a)	0	0	0	0	(2)	700,000
23. In force December 31 of current year.....	8	1,231,154	0	(a)	0	0	0	0	8	1,231,154

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



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

DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....					No. of Pol.					.0
21. Issued during year.....			(a)							.0
22. Other changes to in force (Net).....										.0
23. In force December 31 of current year.....	.0	.0	(a)	.0	.0	.0	.0	.0	.0	.0

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	10,046				10,046
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	10,046	0	0	0	10,046
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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.....	24				24
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	24	0	0	0	24
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).....	24	0	0	0	24
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....	428				428
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.....	428	0	0	0	428

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....		428							0	428
Settled during current year:										
18.1 By payment in full.....		428							0	428
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	428	0	0	0	0	0	0	0	428
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	428	0	0	0	0	0	0	0	428
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	16	1,625,012	(a)						16	1,625,012
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	(28,552)	0	(a)	0	0	0	0	1	(28,552)
23. In force December 31 of current year.....	17	1,596,460	0	(a)	0	0	0	0	17	1,596,460

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	50,860				50,860
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	50,860	0	0	0	50,860
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	60,000				60,000
10. Matured endowments.....					0
11. Annuity benefits.....	1,492				1,492
12. Surrender values and withdrawals for life contracts.....	2,000				2,000
13. 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.....	63,492	0	0	0	63,492

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....		(0)							0	(0)
17. Incurred during current year.....	3	60,000							3	60,000
Settled during current year:										
18.1 By payment in full.....	3	60,000							3	60,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	60,000	0	0	0	0	0	0	3	60,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	60,000	0	0	0	0	0	0	3	60,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	0	(0)
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	55	2,887,023	(a)						55	2,887,023
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(140,810)							(3)	(140,810)
23. In force December 31 of current year.....	52	2,746,213	0	(a)	0	0	0	0	.52	2,746,213

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	150,572				150,572
2. Annuity considerations.....	500				500
3. Deposit-type contract funds.....	XXX			XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	151,072	0	0	0	151,072
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	9				9
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).....	9	0	0	0	9
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	0	0	0	9
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	1,060,000				1,060,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	43,409				43,409
13. 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.....	1,103,409	0	0	0	1,103,409

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	1,075,000							4	1,075,000
Settled during current year:										
18.1 By payment in full.....	3	1,060,000							3	1,060,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	1,060,000	0	0	0	0	0	0	3	1,060,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	1,060,000	0	0	0	0	0	0	3	1,060,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	15,000	0	0	0	0	0	0	1	15,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	106	8,541,464	(a)						106	8,541,464
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(1,048,851)							(2)	(1,048,851)
23. In force December 31 of current year.....	104	7,492,613	0	(a)	0	0	0	0	104	7,492,613

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	197,064				197,064
2. Annuity considerations.....	125				125
3. Deposit-type contract funds.....	XXX			XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	197,189	0	0	0	197,189
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	897				897
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	65				65
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	962	0	0	0	962
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	962	0	0	0	962
8. Grand Totals (Lines 6.5 + 7.4).....					962
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	403,772				403,772
10. Matured endowments.....					0
11. Annuity benefits.....	33,616				33,616
12. Surrender values and withdrawals for life contracts.....	73,033				73,033
13. 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.....	510,421	0	0	0	510,421

**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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	65,000							1	65,000
17. Incurred during current year.....	8	363,772							8	363,772
Settled during current year:										
18.1 By payment in full.....	8	403,772							8	403,772
18.2 By payment on compromised claims.....								0		0
18.3 Totals paid.....	8	403,772	0	0	0	0	0	8	403,772	
18.4 Reduction by compromise.....								0		0
18.5 Amount rejected.....								0		0
18.6 Total settlements.....	8	403,772	0	0	0	0	0	8	403,772	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	25,000	0	0	0	0	0	1	25,000	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	173	13,481,720	(a)						173	13,481,720
21. Issued during year.....								0		0
22. Other changes to in force (Net).....	(27)	(2,817,839)						(27)		(2,817,839)
23. In force December 31 of current year.....	146	10,663,881	0	(a)	0	0	0	0	146	10,663,881

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,798,610				1,798,610
2. Annuity considerations.....	1,846				1,846
3. Deposit-type contract funds.....	XXX			XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,800,456	0	0	0	1,800,456
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	121				121
6.2 Applied to pay renewal premiums.....	61				61
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	45				45
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	227	0	0	0	227
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	227	0	0	0	227
8. Grand Totals (Lines 6.5 + 7.4).....					227
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	1,547,819				1,547,819
10. Matured endowments.....					0
11. Annuity benefits.....	.87,916				.87,916
12. Surrender values and withdrawals for life contracts.....	159,303				159,303
13. 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.....	1,795,038	0	0	0	1,795,038

**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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	4	145,080							4	145,080
17. Incurred during current year.....	.27	1,553,144							.27	1,553,144
Settled during current year:										
18.1 By payment in full.....	.25	1,547,819							.25	1,547,819
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	.25	1,547,819	0	0	0	0	0	.25	1,547,819	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	.25	1,547,819	0	0	0	0	0	.25	1,547,819	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	.6	150,405	0	0	0	0	0	.6	150,405	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1,353	155,257,050	(a)						1,353	155,257,050
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(145)	(23,180,548)	0	(a)	0	0	0	0	(145)	(23,180,548)
23. In force December 31 of current year.....	1,208	132,076,502	0	(a)	0	0	0	0	1,208	132,076,502

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	653				653
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	653	0	0	0	653
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....					No. of Pol.					0
21. Issued during year.....			(a)						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	0	0	0	0	0	0

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

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

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

**NONE****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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	173,315				173,315
2. Annuity considerations.....	300				300
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	173,615	0	0	0	173,615
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	3,241				3,241
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).....	3,241	0	0	0	3,241
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	3,241	0	0	0	3,241
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	121,000				121,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	51,052				51,052
13. 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.....	172,052	0	0	0	172,052

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	1,000							1	1,000
17. Incurred during current year.....	3	120,000							3	120,000
Settled during current year:										
18.1 By payment in full.....	4	121,000							4	121,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	121,000	0	0	0	0	0	4	121,000	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	121,000	0	0	0	0	0	4	121,000	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	215	17,245,952	(a)						215	17,245,952
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(27)	(4,302,221)	0	(a)	0	0	0	0	(27)	(4,302,221)
23. In force December 31 of current year.....	188	12,943,731	0	(a)	0	0	0	0	188	12,943,731

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	97,463				97,463
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	97,463	0	0	0	97,463
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	15				15
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.9				9
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	24	0	0	0	24
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).....	24	0	0	0	24
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	50,000				50,000
10. Matured endowments.....					0
11. Annuity benefits.....	36,007				36,007
12. Surrender values and withdrawals for life contracts.....	12,266				12,266
13. 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.....	98,273	0	0	0	98,273

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	100,000							1	100,000
17. Incurred during current year.....	2	50,000							2	50,000
Settled during current year:										
18.1 By payment in full.....	2	50,000							2	50,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	50,000	0	0	0	0	0	0	2	50,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	50,000	0	0	0	0	0	0	2	50,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	.84	10,600,054	(a)						.84	10,600,054
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(380,576)	0	(a)	0	0	0	0	(5)	(380,576)
23. In force December 31 of current year.....	.79	10,219,478	0	(a)	0	0	0	0	.79	10,219,478

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	24,356				24,356
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	24,356	0	0	0	24,356
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	44,000				44,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	5,551				5,551
13. 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.....	49,551	0	0	0	49,551

**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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	44,000							2	44,000
Settled during current year:										
18.1 By payment in full.....	2	44,000							2	44,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	44,000	0	0	0	0	0	0	2	44,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	44,000	0	0	0	0	0	0	2	44,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	23	2,041,919	(a)						23	2,041,919
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(1,278,685)							(6)	(1,278,685)
23. In force December 31 of current year.....	17	763,234	0	(a)	0	0	0	0	17	763,234

(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).....					
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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	43,452				43,452
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	43,452	0	0	0	43,452
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	31	4,085,204	(a)						31	4,085,204
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	50,118	0	(a)	0	0	0	0	1	50,118
23. In force December 31 of current year.....	32	4,135,322	0	(a)	0	0	0	0	32	4,135,322

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	799,176				799,176
2. Annuity considerations.....	1,298				1,298
3. Deposit-type contract funds.....	XXX			XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	800,474	0	0	0	800,474
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	1,843				1,843
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	16				16
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	1,859	0	0	0	1,859
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	1,859	0	0	0	1,859
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	1,055,177				1,055,177
10. Matured endowments.....	5,000				5,000
11. Annuity benefits.....	49,725				49,725
12. Surrender values and withdrawals for life contracts.....	347,944				347,944
13. 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.....	1,457,846	0	0	0	1,457,846

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	10,173							2	10,173
17. Incurred during current year.....	20	1,229,177							20	1,229,177
Settled during current year:										
18.1 By payment in full.....	19	1,060,176							19	1,060,176
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	19	1,060,176	0	0	0	0	0	19	1,060,176	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	19	1,060,176	0	0	0	0	0	19	1,060,176	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	179,173	0	0	0	0	0	3	179,173	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	656	72,358,724	(a)						656	72,358,724
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(64)	(10,955,455)	0	(a)	0	0	0	(64)	(10,955,455)	
23. In force December 31 of current year.....	592	61,403,269	0			0	0	592	61,403,269	

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....	80,662	80,733		248,076	176,054
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).....	80,662	80,733	0	248,076	176,054
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	80,662	80,733	0	248,076	176,054

(b) For health 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.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	442,502				442,502
2. Annuity considerations.....	2,500				2,500
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	445,002	0	0	0	445,002
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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.....	47				47
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	47	0	0	0	47
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	47	0	0	0	47
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	469,097				469,097
10. Matured endowments.....	5,000				5,000
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	101,633				101,633
13. 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.....	575,730	0	0	0	575,730

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	20,000							2	20,000
17. Incurred during current year.....	17	649,097							17	649,097
Settled during current year:										
18.1 By payment in full.....	16	484,097							16	484,097
18.2 By payment on compromised claims.....								0	0	0
18.3 Totals paid.....	16	484,097	0	0	0	0	0	16	484,097	
18.4 Reduction by compromise.....								0	0	0
18.5 Amount rejected.....								0	0	0
18.6 Total settlements.....	16	484,097	0	0	0	0	0	16	484,097	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	185,000	0	0	0	0	0	3	185,000	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	537	36,719,303	(a)						537	36,719,303
21. Issued during year.....								0	0	0
22. Other changes to in force (Net).....	(52)	(5,479,228)						(52)	(5,479,228)	
23. In force December 31 of current year.....	485	31,240,075	0	(a)	0	0	0	485	31,240,075	

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1 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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....		1,318	1,319		
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).....		1,318	1,319	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		1,318	1,319	0	0

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



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

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	13,586,491				13,586,491
2. Annuity considerations.....	100,140				100,140
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	13,686,631	0	0	0	13,686,631
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	84,645				84,645
6.2 Applied to pay renewal premiums.....	2,961				2,961
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	1,343				1,343
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	88,949	0	0	0	88,949
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....		0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	88,949	0	0	0	88,949
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	22,583,580				22,583,580
10. Matured endowments.....	27,946				27,946
11. Annuity benefits.....	1,133,108				1,133,108
12. Surrender values and withdrawals for life contracts.....	3,380,679				3,380,679
13. 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.....	27,125,313	0	0	0	27,125,313

**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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	84	3,146,951							84	3,146,951
17. Incurred during current year.....	453	21,043,315							453	21,043,315
Settled during current year:										
18.1 By payment in full.....	460	22,611,525							460	22,611,525
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	460	22,611,525	0	0	0	0	0	460	22,611,525	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	460	22,611,525	0	0	0	0	0	460	22,611,525	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	77	1,578,741	0	0	0	0	0	77	1,578,741	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	17,410	1,275,232,090		(a)					17,410	1,275,232,090
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(1,557)	(173,885,099)	0	(a)	0	0	0	0	(1,557)	(173,885,099)
23. In force December 31 of current year.....	15,854	1,101,356,991	0	(a)	0	0	0	0	15,854	1,101,356,991

(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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....	6,521	6,505			
25.2 Guaranteed renewable (b).....	86,047	86,123		248,076	176,054
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	92,568	92,628	0	248,076	176,054
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	92,568	92,628	0	248,076	176,054

(b) For health 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 7 0 8 3 2 0 1 9 4 3 0 5 3 1 0 0 \*

DIRECT BUSINESS IN GUAM DURING THE YEAR  
NAIC Group Code.....0084 NAIC Company Code.....67083

## LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

### DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....				No. of Pol.					0	0
21. Issued during year.....			(a)						0	0
22. Other changes to in force (Net).....									0	0
23. In force December 31 of current year.....	0	0	0	0	0	0	0	0	0	0

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

## ACCIDENT AND HEALTH INSURANCE

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	62,476				62,476
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	62,476	0	0	0	62,476
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....	17				17
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).....	17	0	0	0	17
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....		0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	17	0	0	0	17
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	1,200				1,200
12. Surrender values and withdrawals for life contracts.....	6,891				6,891
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	8,091	0	0	0	8,091

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	100,000							1	100,000
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	100,000	0	0	0	0	0	0	1	100,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	.47	4,432,500	(a)						.47	4,432,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(240,000)	0	(a)	0	0	0	0	(2)	(240,000)
23. In force December 31 of current year.....	.45	4,192,500	0	(a)	0	0	0	0	.45	4,192,500

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	154,163				154,163
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	154,163	0	0	0	154,163
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	2,197				2,197
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	149				149
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,346	0	0	0	2,346
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	2,346	0	0	0	2,346
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	3,318,133				3,318,133
10. Matured endowments.....					0
11. Annuity benefits.....	114,117				114,117
12. Surrender values and withdrawals for life contracts.....	7,458				7,458
13. 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.....	3,439,708	0	0	0	3,439,708

**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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	9	3,318,133							9	3,318,133
Settled during current year:										
18.1 By payment in full.....	9	3,318,133							9	3,318,133
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	9	3,318,133	0	0	0	0	0	0	9	3,318,133
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	9	3,318,133	0	0	0	0	0	0	9	3,318,133
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	240	19,494,234	(a)						240	19,494,234
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(23)	(5,220,818)							(23)	(5,220,818)
23. In force December 31 of current year.....	217	14,273,416	0	(a)	0	0	0	0	217	14,273,416

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....	1,245	1,242			
25.2 Guaranteed renewable (b).....	336	336			
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).....	1,581	1,578	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,581	1,578	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	19,382				19,382
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,382	0	0	0	19,382
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	52				.52
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	46				.46
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	98	0	0	0	.98
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).....	98	0	0	0	.98
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....	98				.98
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	10,216				10,216
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	10,314	0	0	0	10,314

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	196							1	196
Settled during current year:										
18.1 By payment in full.....		98							0	.98
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	.98	0	0	0	0	0	0	0	.98
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	.98	0	0	0	0	0	0	0	.98
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	.98	0	0	0	0	0	0	1	.98
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	27	1,651,832	(a)						27	1,651,832
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(369,895)							(4)	(369,895)
23. In force December 31 of current year.....	23	1,281,937	0	(a)	0	0	0	0	23	1,281,937

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	312,562				312,562
2. Annuity considerations.....	13,630				13,630
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	326,192	0	0	0	326,192
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	53				53
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	.8				8
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	61	0	0	0	61
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	.0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	.61	0	0	0	61
8. Grand Totals (Lines 6.5 + 7.4).....					61
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	200,356				200,356
10. Matured endowments.....					0
11. Annuity benefits.....	172,873				172,873
12. Surrender values and withdrawals for life contracts.....	252,931				252,931
13. 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.....	626,160	0	0	0	626,160

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	8	240,356							8	240,356
Settled during current year:										
18.1 By payment in full.....	8	200,356							8	200,356
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	200,356	0	0	0	0	0	0	8	200,356
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	200,356	0	0	0	0	0	0	8	200,356
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	50,000	0	0	0	0	0	0	1	50,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	672	35,038,515	(a)						672	35,038,515
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(47)	(4,023,809)							(47)	(4,023,809)
23. In force December 31 of current year.....	625	31,014,706	0	(a)	0	0	0	0	625	31,014,706

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	466,566				466,566
2. Annuity considerations.....	1,919				1,919
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	468,485	0	0	0	468,485
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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.....	4				4
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	4	0	0	0	4
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	4	0	0	0	4
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	158,000				158,000
10. Matured endowments.....	420				420
11. Annuity benefits.....	12,673				12,673
12. Surrender values and withdrawals for life contracts.....	129,562				129,562
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	300,655	0	0	0	300,655

**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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....		0							0	0
17. Incurred during current year.....	5	158,420							5	158,420
Settled during current year:										
18.1 By payment in full.....	5	158,420							5	158,420
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	158,420	0	0	0	0	0	0	5	158,420
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	158,420	0	0	0	0	0	0	5	158,420
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	668	40,800,195	(a)						668	40,800,195
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(43)	(3,875,490)	0	(a)	0	0	0	0	(43)	(3,875,490)
23. In force December 31 of current year.....	625	36,924,705	0	(a)	0	0	0	0	625	36,924,705

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....	335	334			
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).....	335	334	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	335	334	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	127,878				127,878
2. Annuity considerations.....	4,171				4,171
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	132,049	0	0	0	132,049
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	8				8
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).....	8	0	0	0	8
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).....	8	0	0	0	8
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	725,000				725,000
10. Matured endowments.....					0
11. Annuity benefits.....	9,221				9,221
12. Surrender values and withdrawals for life contracts.....	19,050				19,050
13. 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.....	753,271	0	0	0	753,271

**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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	15,000							1	15,000
17. Incurred during current year.....	5	725,000							5	725,000
Settled during current year:										
18.1 By payment in full.....	5	725,000							5	725,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	725,000	0	0	0	0	0	0	5	725,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	725,000	0	0	0	0	0	0	5	725,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	15,000	0	0	0	0	0	0	1	15,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	135	16,315,462	(a)						135	16,315,462
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(15)	(1,709,924)	0	(a)	0	0	0	0	(15)	(1,709,924)
23. In force December 31 of current year.....	120	14,605,538	0	(a)	0	0	0	0	120	14,605,538

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....		137	138		
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).....		137	138	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		137	138	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	164,089				164,089
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	164,089	0	0	0	164,089
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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.....	.9				9
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.9	0	0	0	9
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	0	0	0	9
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	190,000				190,000
10. Matured endowments.....					0
11. Annuity benefits.....	9,533				9,533
12. Surrender values and withdrawals for life contracts.....	3,780				3,780
13. 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.....	203,313	0	0	0	203,313

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	190,000							4	190,000
Settled during current year:										
18.1 By payment in full.....	4	190,000							4	190,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	190,000	0	0	0	0	0	0	4	190,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	190,000	0	0	0	0	0	0	4	190,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	134	14,057,953	(a)						134	14,057,953
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(15)	(1,680,866)	0	(a)	0	0	0	0	(15)	(1,680,866)
23. In force December 31 of current year.....	119	12,377,087	0	(a)	0	0	0	0	119	12,377,087

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	198,724				198,724
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	198,724	0	0	0	198,724
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....	85				.85
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).....	85	0	0	0	.85
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....		0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	85	0	0	0	.85
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	293,000				293,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	101,968				101,968
13. 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.....	394,968	0	0	0	394,968

**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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	4	264,000							4	264,000
17. Incurred during current year.....	4	29,000							4	.29,000
Settled during current year:										
18.1 By payment in full.....	8	293,000							8	293,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	293,000	0	0	0	0	0	8	293,000	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	293,000	0	0	0	0	0	8	293,000	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	157	12,344,273	(a)						157	12,344,273
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(16)	(1,371,384)							(16)	(1,371,384)
23. In force December 31 of current year.....	141	10,972,889	0	(a)	0	0	0	0	141	10,972,889

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	.330,877				.330,877
2. Annuity considerations.....	.75				.75
3. Deposit-type contract funds.....	XXX			XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	.330,952	.0	.0	.0	.330,952
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	.623,197				.623,197
10. Matured endowments.....					0
11. Annuity benefits.....	.140,554				.140,554
12. Surrender values and withdrawals for life contracts.....	.172,326				.172,326
13. 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.....	.936,077	.0	.0	.0	.936,077

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	4	.56,947							4	.56,947
17. Incurred during current year.....	6	.618,820							6	.618,820
Settled during current year:										
18.1 By payment in full.....	8	.623,197							8	.623,197
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	.623,197	.0	.0	.0	.0	0	.0	8	.623,197
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	.623,197	.0	.0	.0	.0	0	.0	8	.623,197
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	.52,570	.0	.0	.0	.0	0	.0	2	.52,570
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	376	.38,933,219	(a)						376	.38,933,219
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(36)	-(5,572,243)							(36)	-(5,572,243)
23. In force December 31 of current year.....	340	.33,360,976	0	(a)	0	0	0	0	340	.33,360,976

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.0	.0	.0	.0	.0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.0	.0	.0	.0	.0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	465,458				465,458
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	465,458	0	0	0	465,458
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	3				3
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).....	3	0	0	0	3
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....		0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	3	0	0	0	3
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	426,586				426,586
10. Matured endowments.....					0
11. Annuity benefits.....	4,475				4,475
12. Surrender values and withdrawals for life contracts.....	62,889				62,889
13. 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.....	493,950	0	0	0	493,950

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	275,000							2	275,000
17. Incurred during current year.....	2	151,586							2	151,586
Settled during current year:										
18.1 By payment in full.....	4	426,586							4	426,586
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	426,586	0	0	0	0	0	4	426,586	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	426,586	0	0	0	0	0	4	426,586	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	(0)	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	372	42,799,747	(a)						372	42,799,747
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(32)	(6,464,826)							(32)	(6,464,826)
23. In force December 31 of current year.....	340	36,334,921	0	(a)	0	0	0	0	340	36,334,921

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	66,369				66,369
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	66,369	0	0	0	66,369
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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.....	11				11
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	11	0	0	0	11
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....		0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	11	0	0	0	11
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	15,000				15,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	36,535				36,535
13. 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.....	51,535	0	0	0	51,535

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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.....	2	15,000							2	15,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	15,000	0	0	0	0	0	0	2	15,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	15,000	0	0	0	0	0	0	2	15,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	.72	6,110,098	(a)						.72	6,110,098
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	5,016	0	0	0	0	0	0	(3)	5,016
23. In force December 31 of current year.....	.69	6,115,114	0	(a)	0	0	0	0	.69	6,115,114

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	.573,932				.573,932
2. Annuity considerations.....	5,360				5,360
3. Deposit-type contract funds.....	XXX			XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	.579,292	.0	.0	.0	.579,292
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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.....	41				41
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	41	.0	.0	.0	.41
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....		.0	.0	.0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....		.41	.0	.0	.41
8. Grand Totals (Lines 6.5 + 7.4).....					.41
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	1,191,825				1,191,825
10. Matured endowments.....					0
11. Annuity benefits.....	.8,232				.8,232
12. Surrender values and withdrawals for life contracts.....	163,629				163,629
13. 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.....	1,363,686	.0	.0	.0	1,363,686

**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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	14	131,122							14	131,122
17. Incurred during current year.....	.84	1,115,678							.84	1,115,678
Settled during current year:										
18.1 By payment in full.....	.86	1,191,825							.86	1,191,825
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	.86	1,191,825	.0	.0	.0	.0	0	.86	1,191,825	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	.86	1,191,825	.0	.0	.0	.0	0	.86	1,191,825	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	12	54,974	.0	.0	.0	.0	0	.0	12	54,974
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	1,513	.55,436,498		(a)					1,513	.55,436,498
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(151)	(5,777,091)							(151)	(5,777,091)
23. In force December 31 of current year.....	1,362	.49,659,407	0	(a)	0	0	0	0	1,362	.49,659,407

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....		.517	.516		
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).....		.517	.516	.0	.0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		.517	.516	.0	.0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	.563,823				.563,823
2. Annuity considerations.....	6,675				6,675
3. Deposit-type contract funds.....	XXX			XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	.570,498	.0	.0	.0	.570,498
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	11,199				11,199
6.2 Applied to pay renewal premiums.....	41				41
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	174				174
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	.11,414	.0	.0	.0	.11,414
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).....	.11,414	.0	.0	.0	.11,414
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	275,608				275,608
10. Matured endowments.....					0
11. Annuity benefits.....	.72,419				.72,419
12. Surrender values and withdrawals for life contracts.....	.132,969				.132,969
13. 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.....	.480,996	.0	.0	.0	.480,996

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	1,000							1	1,000
17. Incurred during current year.....	16	321,803							16	321,803
Settled during current year:										
18.1 By payment in full.....	14	275,608							14	275,608
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	14	275,608	.0	.0	.0	.0	0	.0	14	275,608
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	14	275,608	.0	.0	.0	.0	0	.0	14	275,608
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	47,196	.0	.0	.0	.0	0	.0	3	47,196
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	.877	.53,233,772	(a)						.877	.53,233,772
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(65)	(3,991,027)							(65)	(3,991,027)
23. In force December 31 of current year.....	.812	.49,242,745	0	(a)	0	0	0	0	.812	.49,242,745

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.0	.0	.0	.0	.0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.0	.0	.0	.0	.0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	397,043				397,043
2. Annuity considerations.....	7,403				7,403
3. Deposit-type contract funds.....	XXX			XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	404,446	0	0	0	404,446
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	40				40
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).....	40	0	0	0	40
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	40	0	0	0	40
8. Grand Totals (Lines 6.5 + 7.4).....					40
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	303,000				303,000
10. Matured endowments.....	5,000				5,000
11. Annuity benefits.....	26,885				26,885
12. Surrender values and withdrawals for life contracts.....	96,381				96,381
13. 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.....	431,266	0	0	0	431,266

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	4	171,500							4	171,500
17. Incurred during current year.....	4	140,000							4	140,000
Settled during current year:										
18.1 By payment in full.....	7	308,000							7	308,000
18.2 By payment on compromised claims.....								0	0	0
18.3 Totals paid.....	7	308,000	0	0	0	0	0	7	308,000	
18.4 Reduction by compromise.....								0	0	0
18.5 Amount rejected.....								0	0	0
18.6 Total settlements.....	7	308,000	0	0	0	0	0	7	308,000	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	3,500	0	0	0	0	0	1	3,500	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	577	41,507,425	(a)						577	41,507,425
21. Issued during year.....								0	0	0
22. Other changes to in force (Net).....	(59)	(7,034,329)	0	(a)	0	0	0	(59)	(7,034,329)	
23. In force December 31 of current year.....	518	34,473,096	0	(a)	0	0	0	518	34,473,096	

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....	591	589			
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).....	591	589	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	591	589	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	126,550				126,550
2. Annuity considerations.....	540				540
3. Deposit-type contract funds.....	XXX			XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	127,090	0	0	0	127,090
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	20,054				20,054
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).....	20,054	0	0	0	20,054
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).....	20,054	0	0	0	20,054
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	575,178				575,178
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	99,198				99,198
13. 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.....	674,376	0	0	0	674,376

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	7,000							1	7,000
17. Incurred during current year.....	7	568,178							7	568,178
Settled during current year:										
18.1 By payment in full.....	8	575,178							8	575,178
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	8	575,178	0	0	0	0	0	0	8	575,178
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	8	575,178	0	0	0	0	0	0	8	575,178
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	0	(0)
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	138	14,301,612	(a)						138	14,301,612
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(17)	(1,943,703)	0	(a)	0	0	0	0	(17)	(1,943,703)
23. In force December 31 of current year.....	121	12,357,909	0	(a)	0	0	0	0	121	12,357,909

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	6,843				6,843
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	6,843	0	0	0	6,843
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	396				396
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	50				50
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	446	0	0	0	446
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).....	446	0	0	0	446
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	25,000				25,000
10. Matured endowments.....					0
11. Annuity benefits.....	1,624				1,624
12. Surrender values and withdrawals for life contracts.....	727				727
13. 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.....	27,351	0	0	0	27,351

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	25,000							1	25,000
Settled during current year:										
18.1 By payment in full.....	1	25,000							1	25,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	25,000	0	0	0	0	0	0	1	25,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	25,000	0	0	0	0	0	0	1	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	30	1,257,095	(a)						30	1,257,095
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(211,676)	0	(a)	0	0	0	0	(1)	(211,676)
23. In force December 31 of current year.....	29	1,045,419	0	(a)	0	0	0	0	29	1,045,419

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

DIRECT BUSINESS IN THE STATE OF **NORTH CAROLINA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	264,792				264,792
2. Annuity considerations.....	600				600
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	265,392	0	0	0	265,392
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	901,504				901,504
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	130,527				130,527
13. 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.....	1,032,031	0	0	0	1,032,031

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	65							1	.65
17. Incurred during current year.....	18	902,359							18	902,359
Settled during current year:										
18.1 By payment in full.....	15	901,504							15	901,504
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	15	901,504	0	0	0	0	0	15	901,504	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	15	901,504	0	0	0	0	0	15	901,504	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	920	0	0	0	0	0	4	920	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	287	24,286,895	(a)						287	24,286,895
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(33)	(2,996,027)							(33)	(2,996,027)
23. In force December 31 of current year.....	254	21,290,868	0	(a)	0	0	0	0	254	21,290,868

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	105,197				105,197
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	105,197	0	0	0	105,197
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	43,456				43,456
6.2 Applied to pay renewal premiums.....	2,256				2,256
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	415				415
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	46,127	0	0	0	46,127
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....		0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	46,127	0	0	0	46,127
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	169,628				169,628
10. Matured endowments.....					0
11. Annuity benefits.....	1,943				1,943
12. Surrender values and withdrawals for life contracts.....	57,216				57,216
13. 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.....	228,787	0	0	0	228,787

**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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	6	19,020							6	19,020
17. Incurred during current year.....	21	262,876							21	262,876
Settled during current year:										
18.1 By payment in full.....	20	169,628							20	169,628
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	20	169,628	0	0	0	0	0	20	169,628	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	20	169,628	0	0	0	0	0	20	169,628	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	112,268	0	0	0	0	0	7	112,268	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	790	16,379,908	(a)						790	16,379,908
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(48)	(826,539)							(48)	(826,539)
23. In force December 31 of current year.....	742	15,553,369	0	(a)	0	0	0	0	742	15,553,369

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	64,322				64,322
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	64,322	0	0	0	64,322
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	4				4
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	3				3
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	7	0	0	0	7
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).....	7	0	0	0	7
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	503				503
13. 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.....	503	0	0	0	503

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	4,695							1	4,695
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	4,695	0	0	0	0	0	0	1	4,695
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	.57	4,457,377	(a)						.57	4,457,377
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(464,887)	0	(a)	0	0	0	0	(3)	(464,887)
23. In force December 31 of current year.....	.54	3,992,490	0	(a)	0	0	0	0	.54	3,992,490

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	66,354				66,354
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	66,354	0	0	0	66,354
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	18,651				18,651
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	18,651	0	0	0	18,651

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	.82	9,051,004	(a)						.82	9,051,004
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(1,256,897)	0	(a)	0	0	0	0	(7)	(1,256,897)
23. In force December 31 of current year.....	.75	7,794,107	0	(a)	0	0	0	0	.75	7,794,107

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	430,001				430,001
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	430,001	0	0	0	430,001
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	138,000				138,000
10. Matured endowments.....					0
11. Annuity benefits.....	10,343				10,343
12. Surrender values and withdrawals for life contracts.....	24,496				24,496
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.....	172,839	0	0	0	172,839

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	3	60,000							3	60,000
17. Incurred during current year.....	7	178,000							7	178,000
Settled during current year:										
18.1 By payment in full.....	10	238,000							10	238,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	238,000	0	0	0	0	0	10	238,000	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	10	238,000	0	0	0	0	0	10	238,000	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	(0)	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	397	33,406,599	(a)						397	33,406,599
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(34)	(2,676,419)	0	(a)	0	0	0	0	(34)	(2,676,419)
23. In force December 31 of current year.....	363	30,730,180	0	(a)	0	0	0	0	363	30,730,180

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	62,389				62,389
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	62,389	0	0	0	62,389
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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.....	4				4
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	4	0	0	0	4
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	4	0	0	0	4
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	4,000				4,000
10. Matured endowments.....					0
11. Annuity benefits.....	1,588				1,588
12. Surrender values and withdrawals for life contracts.....	33,661				33,661
13. 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.....	39,249	0	0	0	39,249

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	14,000							2	14,000
Settled during current year:										
18.1 By payment in full.....	1	4,000							1	4,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	4,000	0	0	0	0	0	0	1	4,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	4,000	0	0	0	0	0	0	1	4,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	.78	5,114,211	(a)						.78	5,114,211
21. Issued during year.....		(941,541)							0	0
22. Other changes to in force (Net).....	(11)								(11)	(941,541)
23. In force December 31 of current year.....	.67	4,172,670	0	(a)	0	0	0	0	.67	4,172,670

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....		1,093	1,094		
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).....		1,093	1,094	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		1,093	1,094	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	111,782				111,782
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	111,782	0	0	0	111,782
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....	45				45
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).....	45	0	0	0	45
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	45	0	0	0	45
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	346,081				346,081
10. Matured endowments.....					0
11. Annuity benefits.....	2,308				2,308
12. Surrender values and withdrawals for life contracts.....	(4,940)				(4,940)
13. 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.....	343,449	0	0	0	343,449

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	81							1	81
17. Incurred during current year.....	4	346,000							4	346,000
Settled during current year:										
18.1 By payment in full.....	5	346,081							5	346,081
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	346,081	0	0	0	0	0	5	346,081	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	346,081	0	0	0	0	0	5	346,081	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	0	(0)
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	92	9,858,753	(a)						92	9,858,753
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(10)	(1,303,008)	0	(a)	0	0	0	0	(10)	(1,303,008)
23. In force December 31 of current year.....	82	8,555,745	0	(a)	0	0	0	0	82	8,555,745

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	160,223				160,223
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	160,223	0	0	0	160,223
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	41				41
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).....	41	0	0	0	41
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).....	41	0	0	0	41
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	310,000				310,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	88,628				88,628
13. 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.....	398,628	0	0	0	398,628

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	310,000							3	310,000
Settled during current year:										
18.1 By payment in full.....	3	310,000							3	310,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	310,000	0	0	0	0	0	0	3	310,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	310,000	0	0	0	0	0	0	3	310,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	96	12,543,026	(a)						96	12,543,026
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(24)	(4,438,171)							(24)	(4,438,171)
23. In force December 31 of current year.....	72	8,104,855	0	(a)	0	0	0	0	72	8,104,855

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	468,261				468,261
2. Annuity considerations.....	409				409
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	468,670	0	0	0	468,670
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
<i>Life insurance:</i>					
6.1 Paid in cash or left on deposit.....	7				7
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	5				5
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	12	0	0	0	12
<i>Annuities:</i>					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	12	0	0	0	12
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	1,580,293				1,580,293
10. Matured endowments.....					0
11. Annuity benefits.....	5,201				5,201
12. Surrender values and withdrawals for life contracts.....	57,137				57,137
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.....	1,642,631	0	0	0	1,642,631

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	5	16,730							5	16,730
17. Incurred during current year.....	35	1,563,670							35	1,563,670
<i>Settled during current year:</i>										
18.1 By payment in full.....	39	1,580,293							39	1,580,293
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	39	1,580,293	0	0	0	0	0	0	39	1,580,293
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	39	1,580,293	0	0	0	0	0	0	39	1,580,293
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	107	0	0	0	0	0	0	1	107
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	779	49,473,801	(a)						779	49,473,801
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(77)	(8,626,983)	0	(a)	0	0	0	0	(77)	(8,626,983)
23. In force December 31 of current year.....	702	40,846,818	0	(a)	0	0	0	0	702	40,846,818

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

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

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.....					
<i>Other Individual Policies:</i>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....		280	280		
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).....		280	280	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		280	280	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	133,348				133,348
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	133,348	0	0	0	133,348
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	7,153				7,153
10. Matured endowments.....	3,500				3,500
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	1,899				1,899
13. 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.....	12,552	0	0	0	12,552

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....		(0)							0	(0)
17. Incurred during current year.....	4	30,653							4	30,653
Settled during current year:										
18.1 By payment in full.....	2	10,653							2	10,653
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	10,653	0	0	0	0	0	0	2	10,653
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	10,653	0	0	0	0	0	0	2	10,653
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	20,000	0	0	0	0	0	0	2	20,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	136	12,114,659	(a)						136	12,114,659
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(15)	(1,539,410)	0	(a)	0	0	0	0	(15)	(1,539,410)
23. In force December 31 of current year.....	121	10,575,249	0	(a)	0	0	0	0	121	10,575,249

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	92,378				92,378
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	92,378	0	0	0	92,378
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	77				77
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).....	119	0	0	0	119
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).....	119	0	0	0	119
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	27,300				27,300
10. Matured endowments.....	1,500				1,500
11. Annuity benefits.....	16,107				16,107
12. Surrender values and withdrawals for life contracts.....	2,500				2,500
13. 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.....	47,407	0	0	0	47,407

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	178,800							4	178,800
Settled during current year:										
18.1 By payment in full.....	3	28,800							3	28,800
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	28,800	0	0	0	0	0	0	3	28,800
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	28,800	0	0	0	0	0	0	3	28,800
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	150,000	0	0	0	0	0	0	1	150,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	107	6,778,901	(a)						107	6,778,901
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(9)	(541,908)							(9)	(541,908)
23. In force December 31 of current year.....	98	6,236,993	0	(a)	0	0	0	0	98	6,236,993

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



## DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	3,967				3,967
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	3,967	0	0	0	3,967
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	6,537				6,537
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.....	6,537	0	0	0	6,537

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	10	531,154	(a)						10	531,154
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	700,000							(2)	700,000
23. In force December 31 of current year.....	8	1,231,154	0	(a)	0	0	0	0	8	1,231,154

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	407,259				407,259
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	407,259	0	0	0	407,259
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	1,645,000				1,645,000
10. Matured endowments.....					0
11. Annuity benefits.....	50,012				50,012
12. Surrender values and withdrawals for life contracts.....	30,267				30,267
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	1,725,279	0	0	0	1,725,279

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	600,000							2	600,000
17. Incurred during current year.....	17	947,405							17	947,405
Settled during current year:										
18.1 By payment in full.....	18	1,545,000							18	1,545,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	18	1,545,000	0	0	0	0	0	18	1,545,000	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	18	1,545,000	0	0	0	0	0	18	1,545,000	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	2,405	0	0	0	0	0	1	2,405	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	389	37,806,928	(a)						389	37,806,928
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(48)	(5,667,164)	0	(a)	0	0	0	(48)	(5,667,164)	
23. In force December 31 of current year.....	341	32,139,764	0	(a)	0	0	0	341	32,139,764	

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....		1,252	1,253		
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).....		1,252	1,253	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		1,252	1,253	0	0

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



## DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

# LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0	.0	.0	.0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	.0	.0	.0	.0	0

## DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									.0	.....0
17. Incurred during current year.....									.0	.....0
<b>Settled during current year:</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....				No. of Pol.					.0	.....0
21. Issued during year.....			(a).....						.0	.....0
22. Other changes to in force (Net).....									.0	.....0
23. In force December 31 of current year.....	.0	0	0	(a).....0	0	0	0	0	0	.....0

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

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

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

## ACCIDENT AND HEALTH INSURANCE

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

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

DIRECT BUSINESS IN THE STATE OF **RHODE ISLAND** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	11,952				11,952
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	11,952	.0	.0	.0	11,952
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0	.0	.0	.0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	.0	.0	.0	.0	0

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....		.0							.0	0
17. Incurred during current year.....	1	10,000							1	10,000
Settled during current year:										
18.1 By payment in full.....									.0	0
18.2 By payment on compromised claims.....									.0	0
18.3 Totals paid.....	0	.0	0	.0	0	.0	0	.0	0	0
18.4 Reduction by compromise.....									.0	0
18.5 Amount rejected.....									.0	0
18.6 Total settlements.....	0	.0	0	.0	0	.0	0	.0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	17	762,173	(a)						17	762,173
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(374,822)							(2)	(374,822)
23. In force December 31 of current year.....	15	387,351	0	(a)	0	0	0	0	15	387,351

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	.0	.0	.0	.0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	.0	.0	.0	.0	0

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

DIRECT BUSINESS IN THE STATE OF **SOUTH CAROLINA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	248,796				248,796
2. Annuity considerations.....	960				960
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	249,756	0	0	0	249,756
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	335,000				335,000
10. Matured endowments.....					0
11. Annuity benefits.....	8,027				8,027
12. Surrender values and withdrawals for life contracts.....	78,154				78,154
13. 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.....	421,181	0	0	0	421,181

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	1	184							1	184
17. Incurred during current year.....	6	335,000							6	335,000
Settled during current year:										
18.1 By payment in full.....	6	335,000							6	335,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	335,000	0	0	0	0	0	0	6	335,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	335,000	0	0	0	0	0	0	6	335,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	184	0	0	0	0	0	0	1	184
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	277	20,574,251	(a)						277	20,574,251
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(12)	(1,224,237)							(12)	(1,224,237)
23. In force December 31 of current year.....	265	19,350,014	0	(a)	0	0	0	0	265	19,350,014

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

DIRECT BUSINESS IN THE STATE OF **SOUTH DAKOTA** DURING THE YEAR

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	24,747				24,747
2. Annuity considerations.....	200				200
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	24,947	0	0	0	24,947
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	163				163
6.2 Applied to pay renewal premiums.....	348				348
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	3				3
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	514	0	0	0	514
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	514	0	0	0	514
Grand Totals (Lines 6.5 + 7.4).....					
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	50,000				50,000
10. Matured endowments.....					0
11. Annuity benefits.....	14,666				14,666
12. Surrender values and withdrawals for life contracts.....	6,417				6,417
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	71,083	0	0	0	71,083

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	50,000							1	50,000
Settled during current year:										
18.1 By payment in full.....	1	50,000							1	50,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	50,000	0	0	0	0	0	0	1	50,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	50,000	0	0	0	0	0	0	1	50,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	91	3,160,403	(a)						91	3,160,403
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(716,036)	0	(a)	0	0	0	0	(4)	(716,036)
23. In force December 31 of current year.....	87	2,444,367	0	(a)	0	0	0	0	87	2,444,367

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	324,658				324,658
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	324,658	0	0	0	324,658
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	235,000				235,000
10. Matured endowments.....					0
11. Annuity benefits.....	19,596				19,596
12. Surrender values and withdrawals for life contracts.....	9,077				9,077
13. 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.....	263,673	0	0	0	263,673

**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	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above).....	0	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	50,000							2	50,000
17. Incurred during current year.....	4	175,000							4	175,000
Settled during current year:										
18.1 By payment in full.....	6	225,000							6	225,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	225,000	0	0	0	0	0	6	225,000	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	225,000	0	0	0	0	0	6	225,000	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	(0)	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	244	27,214,775	(a)						244	27,214,775
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(26)	(4,960,624)							(26)	(4,960,624)
23. In force December 31 of current year.....	218	22,254,151	0	(a)	0	0	0	0	218	22,254,151

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....		700	700		
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).....		700	700	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		700	700	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	.987,420				.987,420
2. Annuity considerations.....	7,100				7,100
3. Deposit-type contract funds.....	XXX			XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	994,520	.0	.0	.0	994,520
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	72				72
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	32				32
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	104	.0	.0	.0	104
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).....	104	.0	.0	.0	104
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	.992,362				.992,362
10. Matured endowments.....					0
11. Annuity benefits.....	.23,047				.23,047
12. Surrender values and withdrawals for life contracts.....	.116,783				.116,783
13. 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.....	1,132,192	.0	.0	.0	1,132,192

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	374,999							2	374,999
17. Incurred during current year.....	15	.736,362							15	.736,362
Settled during current year:										
18.1 By payment in full.....	14	.992,362							14	.992,362
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	14	.992,362	.0	.0	.0	.0	0	.0	14	.992,362
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	14	.992,362	.0	.0	.0	.0	0	.0	14	.992,362
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	119,000	.0	.0	.0	.0	0	.0	3	119,000
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	808	.83,873,137	(a)						808	.83,873,137
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(88)	-(15,247,078)							(88)	-(15,247,078)
23. In force December 31 of current year.....	720	.68,626,059	0	(a)	0	0	0	0	720	.68,626,059

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....		269	269		
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).....		269	269	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		269	269	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	39,761				39,761
2. Annuity considerations.....	142				142
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	39,903	0	0	0	39,903
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	25				25
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).....	25	0	0	0	25
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).....	25	0	0	0	25
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	4,836				4,836
12. Surrender values and withdrawals for life contracts.....	10,104				10,104
13. 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.....	14,940	0	0	0	14,940

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	49	4,411,232	(a)						49	4,411,232
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	73,278	0	(a)	0	0	0	0	(1)	73,278
23. In force December 31 of current year.....	48	4,484,510	0	(a)	0	0	0	0	48	4,484,510

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	285,735				285,735
2. Annuity considerations.....	240				240
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	285,975	0	0	0	285,975
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	4				4
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).....	8	0	0	0	8
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).....	8	0	0	0	8
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	222,500				222,500
10. Matured endowments.....					0
11. Annuity benefits.....	1,481				1,481
12. Surrender values and withdrawals for life contracts.....	36,711				36,711
13. 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.....	260,692	0	0	0	260,692

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	2	17,500							2	17,500
17. Incurred during current year.....	9	312,386							9	312,386
Settled during current year:										
18.1 By payment in full.....	7	222,500							7	222,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	222,500	0	0	0	0	0	0	7	222,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	222,500	0	0	0	0	0	0	7	222,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	107,386	0	0	0	0	0	0	4	107,386
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	330	25,869,207	(a)						330	25,869,207
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(30)	(5,137,030)	0	(a)	0	0	0	0	(30)	(5,137,030)
23. In force December 31 of current year.....	300	20,732,177	0	(a)	0	0	0	0	300	20,732,177

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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



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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
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
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....					.0
10. Matured endowments.....					.0
11. Annuity benefits.....					.0
12. Surrender values and withdrawals for life contracts.....					.0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	.0	.0	.0	.0	.0
14. All other benefits, except accident and health.....					.0
15. Totals.....	.0	.0	.0	.0	.0

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
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
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....					No. of Pol.					
21. Issued during year.....			(a)						.0	.0
22. Other changes to in force (Net).....									.0	.0
23. In force December 31 of current year.....	.0	.0	(a)	.0	.0	.0	.0	.0	.0	.0

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

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

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	22,698				22,698
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	22,698	0	0	0	22,698
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	100,000				100,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid.....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	100,000	0	0	0	100,000

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	100,000							1	100,000
Settled during current year:										
18.1 By payment in full.....	1	100,000							1	100,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	100,000	0	0	0	0	0	0	1	100,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	100,000	0	0	0	0	0	0	1	100,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	18	3,269,724	(a)						18	3,269,724
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(400,000)							(2)	(400,000)
23. In force December 31 of current year.....	16	2,869,724	0 (a)	0	0	0	0	0	16	2,869,724

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	191,505				191,505
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	191,505	0	0	0	191,505
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	602				602
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	137				137
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	739	0	0	0	739
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	739	0	0	0	739
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	467,600				467,600
10. Matured endowments.....					0
11. Annuity benefits.....	15,527				15,527
12. Surrender values and withdrawals for life contracts.....	63,035				63,035
13. 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.....	546,162	0	0	0	546,162

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	8	135,200							8	135,200
17. Incurred during current year.....	13	345,100							13	345,100
Settled during current year:										
18.1 By payment in full.....	14	467,600							14	467,600
18.2 By payment on compromised claims.....								0	0	0
18.3 Totals paid.....	14	467,600	0	0	0	0	0	14	467,600	
18.4 Reduction by compromise.....								0	0	0
18.5 Amount rejected.....								0	0	0
18.6 Total settlements.....	14	467,600	0	0	0	0	0	14	467,600	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	12,700	0	0	0	0	0	7	12,700	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	311	14,617,273	(a)						311	14,617,273
21. Issued during year.....								0	0	0
22. Other changes to in force (Net).....	(23)	(2,584,153)						(23)	(2,584,153)	
23. In force December 31 of current year.....	288	12,033,120	0	(a)	0	0	0	0	288	12,033,120

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	1,212,475				1,212,475
2. Annuity considerations.....	44,147				44,147
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,256,622	0	0	0	1,256,622
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
Life insurance:					
6.1 Paid in cash or left on deposit.....	66				66
6.2 Applied to pay renewal premiums.....	108				108
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).....	174	0	0	0	174
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....		0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	174	0	0	0	174
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	1,876,411				1,876,411
10. Matured endowments.....	7,000				7,000
11. Annuity benefits.....	167,285				167,285
12. Surrender values and withdrawals for life contracts.....	519,132				519,132
13. 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.....	2,569,828	0	0	0	2,569,828

**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
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....	8	600,350							8	600,350
17. Incurred during current year.....	36	1,323,061							36	1,323,061
Settled during current year:										
18.1 By payment in full.....	41	1,883,411							41	1,883,411
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	41	1,883,411	0	0	0	0	0	41	1,883,411	
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	41	1,883,411	0	0	0	0	0	41	1,883,411	
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	40,001	0	0	0	0	0	3	40,001	
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	2,619	141,629,382	(a)						2,619	141,629,382
21. Issued during year.....	1	10,000							1	10,000
22. Other changes to in force (Net).....	(185)	(12,430,425)							(185)	(12,430,425)
23. In force December 31 of current year.....	2,435	129,208,957	0	(a)	0	0	0	0	2,435	129,208,957

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

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

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

**ACCIDENT AND HEALTH INSURANCE**

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
<b>24. Group policies (b).....</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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....		3,833	3,824		
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).....		3,833	3,824	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....		3,833	3,824	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	19,082				19,082
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	19,082	0	0	0	19,082
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	10,000				10,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	7,612				7,612
13. 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.....	17,612	0	0	0	17,612

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	11,160							3	11,160
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).....	2	1,160	0	0	0	0	0	0	2	1,160
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	36	2,731,316	(a)						36	2,731,316
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(314,721)							(3)	(314,721)
23. In force December 31 of current year.....	33	2,416,595	0	(a)	0	0	0	0	33	2,416,595

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

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

NAIC Group Code.....0084

NAIC Company Code.....67083

**LIFE INSURANCE**

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
<b>DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS</b>					
1. Life insurance.....	22,585				22,585
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	22,585	0	0	0	22,585
<b>DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS</b>					
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
<b>DIRECT CLAIMS AND BENEFITS PAID</b>					
9. Death benefits.....	35,000				35,000
10. Matured endowments.....					0
11. Annuity benefits.....	2,042				2,042
12. Surrender values and withdrawals for life contracts.....	408				408
13. 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.....	37,450	0	0	0	37,450

**DETAILS OF WRITE-INS**

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	35,000							2	35,000
Settled during current year:										
18.1 By payment in full.....	2	35,000							2	35,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	35,000	0	0	0	0	0	0	2	35,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	35,000	0	0	0	0	0	0	2	35,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year.....	26	2,758,146	(a)						26	2,758,146
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(945,585)							(2)	(945,585)
23. In force December 31 of current year.....	24	1,812,561	0	(a)	0	0	0	0	24	1,812,561

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

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

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.....					
<b>Other Individual Policies:</b>					
25.1 Non-cancellable (b).....					
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....					
25.6 Totals (Sum of Lines 25.1 to 25.5).....	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	0	0	0	0	0

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

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE**

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year.....	4,653,257
2. Current year's realized pre-tax capital gains/(losses) of \$....71,638 transferred into the reserve net of taxes of \$....15,044.....	56,594
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).....	4,709,851
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	437,204
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	4,272,646

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.....	434,541	2,664		437,204
2. 2020.....	397,688	5,463		403,151
3. 2021.....	379,457	5,906		385,363
4. 2022.....	365,625	6,486		372,111
5. 2023.....	352,819	7,137		359,956
6. 2024.....	338,731	7,864		346,595
7. 2025.....	331,992	7,373		339,365
8. 2026.....	318,226	5,898		324,124
9. 2027.....	295,250	4,301		299,551
10. 2028.....	260,911	2,642		263,553
11. 2029.....	226,155	860		227,015
12. 2030.....	187,031			187,031
13. 2031.....	153,255			153,255
14. 2032.....	121,996			121,996
15. 2033.....	100,865			100,865
16. 2034.....	80,002			80,002
17. 2035.....	62,968			62,968
18. 2036.....	47,960			47,960
19. 2037.....	34,691			34,691
20. 2038.....	23,064			23,064
21. 2039.....	16,496			16,496
22. 2040.....	17,229			17,229
23. 2041.....	17,596			17,596
24. 2042.....	18,695			18,695
25. 2043.....	19,062			19,062
26. 2044.....	17,962			17,962
27. 2045.....	14,296			14,296
28. 2046.....	10,264			10,264
29. 2047.....	6,232			6,232
30. 2048.....	2,199			2,199
31. 2049 and Later.....				0
32. Total (Lines 1 to 31).....	4,653,257	56,594	0	4,709,850

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**ASSET VALUATION RESERVE**

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year.....	853,280		853,280	0		0	853,280
2. Realized capital gains/(losses) net of taxes - General Account.....	(11,784)		(11,784)			0	(11,784)
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.....	252,730		252,730			0	252,730
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	1,094,226	0	1,094,226	0	0	0	1,094,226
9. Maximum reserve.....	1,085,589		1,085,589			0	1,085,589
10. Reserve objective.....	634,248		634,248			0	634,248
11. 20% of (Line 10 minus Line 8).....	(91,996)	0	(91,996)	(0)	0	(0)	(91,996)
12. Balance before transfers (Lines 8 + 11).....	1,002,230	0	1,002,230	0	0	0	1,002,230
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).....	1,002,230	0	1,002,230	0	0	0	1,002,230

**ASSET VALUATION RESERVE**

## Basic Contribution, Reserve Objective and Maximum Reserve Calculations

## Default Component

Line Number	NAIC Designation	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		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
<b>LONG-TERM BONDS</b>												
1		Exempt obligations.....	6,467,648	XXX.....	XXX.....	6,467,648	0.0000	0	0.0000	0	0.0000	
2	1	Highest quality.....	68,208,625	XXX.....	XXX.....	68,208,625	0.0005	34,104	0.0016	109,134	0.0033	
3	2	High quality.....	44,525,160	XXX.....	XXX.....	44,525,160	0.0021	93,503	0.0064	284,961	0.0106	
4	3	Medium quality.....	1,880,519	XXX.....	XXX.....	1,880,519	0.0099	18,617	0.0263	49,458	0.0376	
5	4	Low quality.....		XXX.....	XXX.....	0	0.0245	0	0.0572	0	0.0817	
6	5	Lower quality.....	1,690,566	XXX.....	XXX.....	1,690,566	0.0630	106,506	0.1128	190,696	0.1880	
7	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2370	0	0.2370	
8		Total unrated multi-class securities acquired by conversion.....		XXX.....	XXX.....	0	XXX.....	XXX.....	XXX.....	XXX.....		
9		Total long-term bonds (sum of Lines 1 through 8).....	122,772,518	XXX.....	XXX.....	122,772,518	XXX.....	252,730	XXX.....	634,248	XXX.....	
<b>PREFERRED STOCKS</b>												
10	1	Highest quality.....		XXX.....	XXX.....	0	0.0005	0	0.0016	0	0.0033	
11	2	High quality.....		XXX.....	XXX.....	0	0.0021	0	0.0064	0	0.0106	
12	3	Medium quality.....		XXX.....	XXX.....	0	0.0099	0	0.0263	0	0.0376	
13	4	Low quality.....		XXX.....	XXX.....	0	0.0245	0	0.0572	0	0.0817	
14	5	Lower quality.....		XXX.....	XXX.....	0	0.0630	0	0.1128	0	0.1880	
15	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2370	0	0.2370	
16		Affiliated life with AVR.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	
17		Total preferred stocks (sum of Lines 10 through 16).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	
<b>SHORT-TERM BONDS</b>												
18		Exempt obligations.....		XXX.....	XXX.....	0	0.0000	0	0.0000	0	0.0000	
19	1	Highest quality.....		XXX.....	XXX.....	0	0.0005	0	0.0016	0	0.0033	
20	2	High quality.....		XXX.....	XXX.....	0	0.0021	0	0.0064	0	0.0106	
21	3	Medium quality.....		XXX.....	XXX.....	0	0.0099	0	0.0263	0	0.0376	
22	4	Low quality.....		XXX.....	XXX.....	0	0.0245	0	0.0572	0	0.0817	
23	5	Lower quality.....		XXX.....	XXX.....	0	0.0630	0	0.1128	0	0.1880	
24	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2370	0	0.2370	
25		Total short-term bonds (sum of Lines 18 through 24).....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	
<b>DERIVATIVE INSTRUMENTS</b>												
26		Exchange traded.....		XXX.....	XXX.....	0	0.0005	0	0.0016	0	0.0033	
27	1	Highest quality.....		XXX.....	XXX.....	0	0.0005	0	0.0016	0	0.0033	
28	2	High quality.....		XXX.....	XXX.....	0	0.0021	0	0.0064	0	0.0106	
29	3	Medium quality.....		XXX.....	XXX.....	0	0.0099	0	0.0263	0	0.0376	
30	4	Low quality.....		XXX.....	XXX.....	0	0.0245	0	0.0572	0	0.0817	
31	5	Lower quality.....		XXX.....	XXX.....	0	0.0630	0	0.1128	0	0.1880	
32	6	In or near default.....		XXX.....	XXX.....	0	0.0000	0	0.2370	0	0.2370	
33		Total derivative instruments.....	0	XXX.....	XXX.....	0	XXX.....	0	XXX.....	0	XXX.....	
34		Total (Lines 9 + 17 + 25 + 33).....	122,772,518	XXX.....	XXX.....	122,772,518	XXX.....	252,730	XXX.....	634,248	XXX.....	

**Asset Valuation Reserve - Default**  
**NONE**

**Asset Valuation Reserve - Equity**  
**NONE**

**Asset Valuation Reserve - Equity**  
**NONE**

**Asset Valuation Reserve - Equity**  
**NONE**

**Asset Valuation Reserve - Replications (Synthetic) Assets**  
**NONE**

**Sch. F - Claims**  
**NONE**

**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT**

	Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts										
			3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %	
<b>PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS</b>																			
1. Premiums written.....	6,068	XXX	.....	XXX	.....	XXX	.....	XXX	.....	5,814	XXX	.....	255	XXX	.....	XXX	.....	XXX	
2. Premiums earned.....	6,053	XXX	.....	XXX	.....	XXX	.....	XXX	.....	5,798	XXX	.....	255	XXX	.....	XXX	.....	XXX	
3. Incurred claims.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0.0	
4. Cost containment expenses.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0.0	
5. Incurred claims and cost containment expenses (Lines 3 and 4).....	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0.0	
6. Increase in contract reserves.....	(557)	(9.2)	0	0.0	0	0.0	0	0.0	0	(557)	(9.6)	0	0.0	0	0.0	0	0.0	0	0.0
7. Commissions (a).....	(15,838)	(261.7)	.....	0.0	.....	0.0	.....	0.0	.....	0.0	(15,838)	(6,217.9)	.....	0.0	.....	0.0	.....	0.0	0.0
8. Other general insurance expenses.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0.0	
9. Taxes, licenses and fees.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0	0.0	0	0	0.0	0	0.0	0	0.0	
10. Total other expenses incurred.....	(15,838)	(261.7)	0	0.0	0	0.0	0	0.0	0	0.0	(15,838)	(6,217.9)	.....	0.0	.....	0.0	.....	0.0	0.0
11. Aggregate write-ins for deductions.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	
12. Gain from underwriting before dividends or refunds.....	22,447	370.9	0	0.0	0	0.0	0	0.0	0	6,355	109.6	16,092	6,317.9	0	0.0	0	0.0	0	0.0
13. Dividends or refunds.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
14. Gain from underwriting after dividends or refunds.....	22,447	370.9	0	0.0	0	0.0	0	0.0	0	6,355	109.6	16,092	6,317.9	0	0.0	0	0.0	0	0.0

**DETAILS OF WRITE-INS**

1101. ....	0	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0
1102. ....	0	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0
1103. ....	0	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0	.....	0.0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Total (Lines 1101 through 1103 plus 1198) (Line 11 above). ....	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

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

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)**

	1 Total	2 Group Accident and Health	3 Credit A&H (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
<b>PART 2 - RESERVES AND LIABILITIES</b>									
A. Premium Reserves:									
1. Unearned premiums.....	304				265	39			
2. Advance premiums.....	0								
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	304	0	0	0	265	39	0	0	0
5. Total premium reserves, prior year.....	288				249	39			
6. Increase in total premium reserves.....	16	0	0	0	16	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	8,444				8,444				
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	8,444	0	0	0	8,444	0	0	0	0
4. Total contract reserves, prior year.....	9,001				9,001				
5. Increase in contract reserves.....	(557)	0	0	0	(557)	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	110,246	0	0	0	110,246	0	0	0	0
2. Total prior year.....	110,246				110,246				
3. Increase.....	0	0	0	0	0	0	0	0	0

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<b>PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES</b>									
1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	0								
1.2 On claims incurred during current year.....	0								
2. Claim Reserves and Liabilities, December 31, current year:									
2.1 On claims incurred prior to current year.....	110,246				110,246				
2.2 On claims incurred during current year.....	0								
3. Test:									
3.1 Lines 1.1 and 2.1.....	110,246	0	0	0	110,246	0	0	0	0
3.2 Claim reserves and liabilities, December 31, prior year.....	110,246				110,246				
3.3 Line 3.1 minus Line 3.2.....	0	0	0	0	0	0	0	0	0

**PART 4 - REINSURANCE**

A. Reinsurance Assumed:									
1. Premiums written.....	0								
2. Premiums earned.....	0								
3. Incurred claims.....	0								
4. Commissions.....	0								
B. Reinsurance Ceded:									
1. Premiums written.....	86,499				707	85,792			
2. Premiums earned.....	86,575				707	85,868			
3. Incurred claims.....	176,054					176,054			
4. Commissions.....	15,861					15,861			

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

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**SCHEDULE H - PART 5 - HEALTH CLAIMS**

	1 Medical	2 Dental	3 Other	4 Total
<b>A. Direct:</b>				
1. Incurred claims.....			176,054	176,054
2. Beginning claim reserves and liabilities.....			796,153	796,153
3. Ending claim reserves and liabilities.....			724,131	724,131
4. Claims paid.....	0	0	248,076	248,076
<b>B. Assumed Reinsurance:</b>				
5. Incurred claims.....			0	0
6. Beginning claim reserves and liabilities.....			0	0
7. Ending claim reserves and liabilities.....			0	0
8. Claims paid.....	0	0	0	0
<b>C. Ceded Reinsurance:</b>				
9. Incurred claims.....			176,054	176,054
10. Beginning claim reserves and liabilities.....			685,907	685,907
11. Ending claim reserves and liabilities.....			613,885	613,885
12. Claims paid.....	0	0	248,076	248,076
<b>D. Net:</b>				
13. Incurred claims.....	0	0	0	0
14. Beginning claim reserves and liabilities.....	0	0	110,246	110,246
15. Ending claim reserves and liabilities.....	0	0	110,246	110,246
16. Claims paid.....	0	0	0	0
<b>E. Net Incurred Claims and Cost Containment Expenses:</b>				
17. Incurred claims and cost containment expenses.....			0	0
18. Beginning reserves and liabilities.....			110,246	110,246
19. Ending reserves and liabilities.....			110,246	110,246
20. Paid claims and cost containment expenses.....	0	0	0	0

**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
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**General Account - Non-Affiliates - U.S. Non-Affiliates**

65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	.....	.....	.52	.....	.....	.....
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates.....						.....	0	.....	.52	.....	0
1099999.	Total - General Account - Non-Affiliates.....						.....	0	.....	.52	.....	0
1199999.	Total - General Account.....						.....	0	.....	.52	.....	0
2399999.	Total U.S.....						.....	0	.....	.52	.....	0
9999999.	Total.....						.....	0	.....	.52	.....	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
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**NONE**

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**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
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**Life and Annuity - Non-Affiliates - U.S. Non-Affiliates**

65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	492,217	.....
66346.....	58-0828824....	04/01/1991	Munich American Reassurance Company.....	GA.....	28,843	.....20,568
88099.....	75-1608507....	07/04/1989	Optimum Re Insurance Company.....	TX.....	25,194	.....
67105.....	41-0451140....	04/01/1991	Reliastar Life Insurance Company.....	MN.....	21,306	.....20,568
68713.....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	406,963	.....
68713.....	84-0499703....	01/01/1992	Security Life of Denver Insurance Company.....	CO.....	.....	.....22,000
68713.....	84-0499703....	01/01/1996	Security Life of Denver Insurance Company.....	CO.....	57,600	.....
82627.....	06-0839705....	01/01/1967	Swiss Re Life and Health of America Inc.....	MO.....	10,000	.....
82627.....	06-0839705....	01/01/1981	Swiss Re Life and Health of America Inc.....	MO.....	20,000	.....
82627.....	06-0839705....	11/01/1981	Swiss Re Life and Health of America Inc.....	MO.....	99,241	.....
82627.....	06-0839705....	02/01/1987	Swiss Re Life and Health of America Inc.....	MO.....	40,982	.....
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				1,202,346	.....63,136
1099999.	Total - Life and Annuity Non-Affiliates.....				1,202,346	.....63,136
1199999.	Total - Life and Annuity.....				1,202,346	.....63,136

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

86258.....	13-2572994....	01/01/1997	General Re Life Corporation.....	CT.....	-	170,739
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				0	170,739
2199999.	Total - Accident and Health Non-Affiliates.....				0	170,739
2299999.	Total - Accident and Health.....				0	170,739
2399999.	Total U.S.....				1,202,346	.....233,875
9999999.	Total.....				1,202,346	.....233,875

**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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>														
68276.....	48-1024691....	11/01/1979	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	3,143,337	.....1,375	.....1,426	.....48,638	.....	.....	.....	.....
68276.....	48-1024691....	07/01/1989	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	642,032	.....12,636	.....11,427	.....26,109	.....	.....	.....	.....
68276.....	48-1024691....	01/01/1990	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	200,000	.....1,441	.....1,441	.....8,246	.....	.....	.....	.....
68276.....	48-1024691....	06/01/1990	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	3,515,053	.....43,274	.....46,962	.....82,743	.....	.....	.....	.....
68276.....	48-1024691....	06/01/1990	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	551,007	.....7,500	.....18,155	.....12,229	.....	.....	.....	.....
68276.....	48-1024691....	06/01/1990	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	195,331	.....212	.....427	.....3,601	.....	.....	.....	.....
68276.....	48-1024691....	11/01/1993	Employers Reassurance Corporation.....	KS.....	OTH/I.....	OL.....	.....	.....67,270	.....65,292	.....	.....	.....	.....	.....
68276.....	48-1024691....	02/01/1996	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	7,325,000	.....55,226	.....64,671	.....60,516	.....	.....	.....	.....
68276.....	48-1024691....	02/01/1996	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	4,291,750	.....26,844	.....28,578	.....51,160	.....	.....	.....	.....
86258.....	13-2572994....	10/01/1972	General Re Life Corporation.....	CT.....	CO/I.....	OL.....	.....	.....	.....937	.....	.....	.....	.....	.....
86258.....	13-2572994....	10/01/1972	General Re Life Corporation.....	CT.....	YRT/I.....	OL.....	.....21,515	.....936	.....868	.....1,350	.....	.....	.....	.....
88340.....	59-2859797....	07/01/1995	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	3,253,435	.....19,988	.....27,990	.....13,677	.....	.....	.....	.....
88340.....	59-2859797....	07/01/1995	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	4,154,250	.....26,349	.....27,794	.....36,394	.....	.....	.....	.....
88340.....	59-2859797....	11/01/1996	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	1,641,419	.....7,868	.....7,563	.....12,987	.....	.....	.....	.....
88340.....	59-2859797....	11/01/1996	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	195,330	.....212	.....427	.....2,899	.....	.....	.....	.....
88340.....	59-2859797....	07/01/2019	Hannover Life Reassurance Company of America.....	FL.....	COFW/I.....	OL.....	407,020,326	.....54,839,020	.....	.....2,480,866	.....	.....	.....	54,839,018
65676.....	35-0472300....	08/01/1979	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	19,830	.....278	.....279	.....(961)	.....	.....	.....	.....
65676.....	35-0472300....	06/01/1990	Lincoln National Life Insurance Company.....	IN.....	CO/I.....	OL.....	1,767,333	.....23,412	.....23,108	.....35,647	.....	.....	.....	.....
65676.....	35-0472300....	06/01/1991	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	91,667	.....715	.....12,435	.....20,252	.....	.....	.....	.....
65676.....	35-0472300....	03/01/1993	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	410,990	.....2,216	.....2,057	.....2,391	.....	.....	.....	.....
66346.....	58-0828824....	04/01/1991	Munich American Reassurance Company.....	GA.....	CO/I.....	OL.....	2,031,299	.....1,876,473	.....2,032,541	.....	.....	.....	.....	.....
88099.....	75-1608507....	01/01/1969	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	.....45,028	.....447	.....447	.....910	.....	.....	.....	.....
88099.....	75-1608507....	01/01/1981	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	.....65,000	.....10,428	.....9,929	.....4,510	.....	.....	.....	.....
88099.....	75-1608507....	03/01/1982	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	512,865	.....2,056	.....2,815	.....13,710	.....	.....	.....	.....
88099.....	75-1608507....	04/01/1987	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	3,218,775	.....82,911	.....69,051	.....66,650	.....	.....	.....	.....
88099.....	75-1608507....	07/01/1989	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	1,526,468	.....26,739	.....26,387	.....26,906	.....	.....	.....	.....
88099.....	75-1608507....	07/04/1989	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	265,000	.....1,540	.....1,360	.....34,896	.....	.....	.....	.....
88099.....	75-1608507....	10/01/1991	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	16,007,084	.....113,491	.....121,524	.....95,091	.....	.....	.....	.....
67105.....	41-0451140....	04/01/1991	Reliastar Life Insurance Company.....	MN.....	CO/I.....	OL.....	2,031,299	.....1,876,473	.....2,032,541	.....	.....	.....	.....	.....
93572.....	43-1235868....	11/01/1985	RGA Reinsurance Company.....	MO.....	CO/I.....	OL.....	4,931,030	.....17,087	.....15,756	.....51,290	.....	.....	.....	.....
93572.....	43-1235868....	01/01/1992	RGA Reinsurance Company.....	MO.....	YRT/I.....	OL.....	14,213,000	.....151,957	.....156,571	.....85,384	.....	.....	.....	.....
87572.....	23-2038295....	12/01/1980	Scottish Re (US) Inc.	DE.....	CO/I.....	OL.....	.....25,000	.....9,504	.....9,135	.....388	.....	.....	.....	.....
68713.....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	8,743,706	.....	.....	.....319,448	.....	.....	.....	.....
68713.....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	869,774	.....	.....	.....76,832	.....	.....	.....	.....
68713.....	84-0499703....	04/01/1988	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	4,062,390	.....9,501	.....9,648	.....52,216	.....	.....	.....	.....
68713.....	84-0499703....	01/01/1992	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	747,000	.....4,576	.....4,107	.....5,277	.....	.....	.....	.....
68713.....	84-0499703....	11/01/1993	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	7,420,500	.....56,100	.....65,489	.....50,406	.....	.....	.....	.....

**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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
68713.....	84-0499703....	01/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	13,612,450	103,124	299,138	51,436	.....	.....	.....	.....
68713.....	84-0499703....	01/01/1996	Security Life of Denver Insurance Company.....	CO.....	OTH/I.....	OL.....	.....	125,622	120,656	.....	.....	.....	.....	.....
68713.....	84-0499703....	05/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	195,330	212	427	3,602	.....	.....	.....	.....
68713.....	84-0499703....	11/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	813,809	3,932	3,758	6,336	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	OTH/I.....	OL.....	.....	146,349	145,282	.....	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	87,775	243	154	258	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	16,849,493	186,502	128,717	129,803	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1980	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	50,000	2,644	2,433	2,192	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1980	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	4,000	378	326	523	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1980	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	.....	.....	5	18	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	3,155,270	57,260	65,306	82,743	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	135,000	1,169	1,069	2,178	.....	.....	.....	.....
82627.....	06-0839705....	08/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	80,000	1,612	3,326	3,716	.....	.....	.....	.....
82627.....	06-0839705....	10/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	2,700,000	1,186,534	1,238,470	51,985	.....	.....	.....	.....
82627.....	06-0839705....	11/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	6,092,180	21,914	22,428	232,787	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	4,060,629	1,878	1,825	45,451	.....	.....	.....	.....
82627.....	06-0839705....	07/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	550,000	242,449	230,081	16,277	.....	.....	.....	.....
82627.....	06-0839705....	07/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	567,908	2,312	3,051	16,090	.....	.....	.....	.....
82627.....	06-0839705....	03/01/1986	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	3,326,642	38,792	39,653	60,359	.....	.....	.....	.....
82627.....	06-0839705....	02/01/1987	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	2,120,743	520	485	11,998	.....	.....	.....	.....
82627.....	06-0839705....	07/01/1989	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	1,700,000	7,446	7,665	31,168	.....	.....	.....	.....
82627.....	06-0839705....	07/01/1989	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	6,636,109	140,840	172,796	215,523	.....	.....	.....	.....
82627.....	06-0839705....	04/01/1990	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	4,515,053	52,064	54,881	69,605	.....	.....	.....	.....
82627.....	06-0839705....	05/14/1990	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	236,280	7,285	6,584	20,359	.....	.....	.....	.....
82627.....	06-0839705....	03/01/1993	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	410,990	2,216	2,056	2,815	.....	.....	.....	.....
82627.....	06-0839705....	11/01/1993	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	5,357,500	43,514	50,164	52,853	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1996	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	4,291,750	26,844	28,577	39,072	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1996	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	195,330	212	426	4,687	.....	.....	.....	.....
65870.....	13-1004640....	01/01/1979	Manhattan Life Insurance Company.....	NY.....	CO/I.....	OL.....	49,000	1,264	1,453	1,795	.....	.....	.....	.....
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	5,396,363	7,092	8,804	139,035	.....	.....	.....	.....
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	2,810,923	.....	.....	50,437	.....	.....	.....	.....
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	667,992	.....	.....	26,424	.....	.....	.....	.....
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	OTH/I.....	OL.....	.....	170,755	164,947	.....	.....	.....	.....	.....
97071.....	13-3126819....	12/01/1979	SCOR Global Life USA Reinsurance Company.....	DE.....	YRT/I.....	OL.....	740	3	4	6	.....	.....	.....	.....
64688.....	75-6020048....	01/01/1981	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	50,000	2,237	2,060	3,565	.....	.....	.....	.....
64688.....	75-6020048....	02/01/1988	SCOR Global Life Americas Reinsurance Company.....	DE.....	YRT/I.....	OL.....	1,413,637	933	933	32,193	.....	.....	.....	.....
64688.....	75-6020048....	02/01/1988	SCOR Global Life Americas Reinsurance Company.....	DE.....	OTH/I.....	OL.....	.....	40,722	39,610	.....	.....	.....	.....	.....

**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 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
64688.....	75-6020048....	11/01/1981	SCOR Global Life Americas Reinsurance Company.....	DE.....	YRT/I.....	OL.....	1,628,883	.....4,552	.....5,102	.....32,521	.....	.....	.....	.....
64688.....	75-6020048....	09/01/1991	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	87,100	.....59	.....56	.....449	.....	.....	.....	.....
64688.....	75-6020048....	09/15/1992	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	8,884,000	.....63,327	.....74,660	.....49,551	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....				603,887,702	.....62,070,866	.....7,826,506	.....5,272,468	.....0	.....0	.....0	.....0	.....54,839,018	
1099999.	Total - General Account - Authorized - Non-Affiliates.....				603,887,702	.....62,070,866	.....7,826,506	.....5,272,468	.....0	.....0	.....0	.....0	.....54,839,018	
1199999.	Total - General Account - Authorized.....				603,887,702	.....62,070,866	.....7,826,506	.....5,272,468	.....0	.....0	.....0	.....0	.....54,839,018	

**General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates**

00000.....	AA-1780044...	01/01/2002	Hannover Re (Ireland) DAC.....	IRL.....	COFW/I.....	OL.....	-	-	.....57,123,592	.....2,532,521	.....	.....	.....	.....
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates.....				.....0	.....0	.....57,123,592	.....2,532,521	.....0	.....0	.....0	.....0	.....0	.....0
2199999.	Total - General Account - Unauthorized - Non-Affiliates.....				.....0	.....0	.....57,123,592	.....2,532,521	.....0	.....0	.....0	.....0	.....0	.....0
2299999.	Total - General Account - Unauthorized.....				.....0	.....0	.....57,123,592	.....2,532,521	.....0	.....0	.....0	.....0	.....0	.....0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....				603,887,702	.....62,070,866	.....64,950,098	.....7,804,989	.....0	.....0	.....0	.....0	.....0	.....54,839,018
6999999.	Total U.S.....				603,887,702	.....62,070,866	.....7,826,506	.....5,272,468	.....0	.....0	.....0	.....0	.....0	.....54,839,018
7099999.	Total Non-U.S.....				.....0	.....0	.....57,123,592	.....2,532,521	.....0	.....0	.....0	.....0	.....0	.....0
9999999.	Total.....				603,887,702	.....62,070,866	.....64,950,098	.....7,804,989	.....0	.....0	.....0	.....0	.....0	.....54,839,018

**SCHEDULE S - PART 3 - SECTION 2**

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other Than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		

**General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates**

97071.....	13-3126819....	.12/01/1979	SCOR Global Life USA Reinsurance Company.....	DE.....	OTH/I.....	LTDI.....	.....707	.....454	.....3,346	.....	.....	.....	.....
86258.....	13-2572994....	.01/01/1997	General Re Life Corporation.....	CT.....	QA/I.....	LTC.....	.....85,792	.....205	.....3,396,917	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						.....86,499	.....659	.....3,400,263	.....0	.....0	.....0	.....0
1099999.	Total - General Account - Authorized - Non-Affiliates.....						.....86,499	.....659	.....3,400,263	.....0	.....0	.....0	.....0
1199999.	Total - General Account - Authorized.....						.....86,499	.....659	.....3,400,263	.....0	.....0	.....0	.....0
3499999.	Total - General Account - Authorized, Unauthorized and Certified.....						.....86,499	.....659	.....3,400,263	.....0	.....0	.....0	.....0
6999999.	Total - U.S.....						.....86,499	.....659	.....3,400,263	.....0	.....0	.....0	.....0
9999999.	Total.....						.....86,499	.....659	.....3,400,263	.....0	.....0	.....0	.....0

**Sch. S - Pt. 4**  
**NONE**

**Sch. S - Pt. 5**  
**NONE**

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**SCHEDULE S - PART 6**

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

	1 2019	2 2018	3 2017	4 2016	5 2015
<b>A. OPERATIONS ITEMS</b>					
1. Premiums and annuity considerations for life and accident and health contracts.....	7,891	8,662	(43,974)	17,108	18,434
2. Commissions and reinsurance expense allowances.....	512	634	1,152	1,418	1,493
3. Contract claims.....	14,286	15,216	28,140	23,431	27,470
4. Surrender benefits and withdrawals for life contracts.....	1,760	1,682	3,889	3,646	3,126
5. Dividends to policyholders and refunds to members.....	22	21	42	42	43
6. Reserve adjustments on reinsurance ceded.....					
7. Increase in aggregate reserves for life and accident and health contracts.....	3,447	3,356	70,531	(5,611)	(3,305)
<b>B. BALANCE SHEET ITEMS</b>					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected.....					
9. Aggregate reserves for life and accident and health contracts.....	65,472	68,918	72,274	142,805	148,416
10. Liability for deposit-type contracts.....					
11. Contract claims unpaid.....	234	1,121	448	1,282	524
12. Amounts recoverable on reinsurance.....	1,202	.686	1,673	373	349
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.....					
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
18. Funds deposited by and withheld from (F).....		58,580	126,979	132,519	135,550
19. Letters of credit (L).....		.875	3,500	3,500	3,000
20. Trust agreements (T).....					
21. Other (O).....		6	25	40	(27)
<b>D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
22. Multiple beneficiary trust.....					
23. Funds deposited by and withheld from (F).....					
24. Letters of credit (L).....					
25. Trust agreements (T).....					
26. Other (O).....					

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**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)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12).....	135,963,327		135,963,327
2. Reinsurance (Line 16).....	1,202,346	.....(1,202,346)	0
3. Premiums and considerations (Line 15).....	3,744,328		3,744,328
4. Net credit for ceded reinsurance.....	XXX.....	11,522,799	11,522,799
5. All other admitted assets (balance).....	3,169,549		3,169,549
6. Total assets excluding Separate Accounts (Line 26).....	144,079,550	.....10,320,453	154,400,003
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	144,079,550	.....10,320,453	154,400,003
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
9. Contract reserves (Lines 1 and 2).....	66,090,336	.....65,471,788	131,562,124
10. Liability for deposit-type contracts (Line 3).....	1,785,732		1,785,732
11. Claim reserves (Line 4).....	3,267,139	.....233,876	3,501,015
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7).....	10,000		10,000
13. Premium & annuity considerations received in advance (Line 8).....	45,975		45,975
14. Other contract liabilities (Line 9).....	4,460,294	.....(187,647)	4,272,647
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).....	58,559,756	.....(55,197,564)	3,362,192
20. Total liabilities excluding Separate Accounts (Line 26).....	134,219,232	.....10,320,453	144,539,685
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	134,219,232	.....10,320,453	144,539,685
23. Capital & surplus (Line 38).....	9,860,318	.....XXX.....	9,860,318
24. Total liabilities, capital & surplus (Line 39).....	144,079,550	.....10,320,453	154,400,003
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
25. Contract reserves.....	65,471,788		
26. Claim reserves.....	233,876		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	.....(187,647)		
31. Reinsurance ceded assets.....	1,202,346		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	.....66,720,363		
34. Premiums and considerations.....	0		
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.....	55,197,564		
40. Total ceded reinsurance payables/offsets.....	.....55,197,564		
41. Total net credit for ceded reinsurance.....	.....11,522,799		

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**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	50,860					50,860
2. Alaska.....AK	10,046					10,046
3. Arizona.....AZ	197,064	125				197,189
4. Arkansas.....AR	150,572	500				151,072
5. California.....CA	1,798,610	1,846				1,800,456
6. Colorado.....CO	173,315	300				173,615
7. Connecticut.....CT	97,463					97,463
8. Delaware.....DE	43,452					43,452
9. District of Columbia.....DC	24,356					24,356
10. Florida.....FL	799,176	1,298	255	80,407		881,136
11. Georgia.....GA	442,502	2,500		1,318		446,320
12. Hawaii.....HI	62,476					62,476
13. Idaho.....ID	19,382					19,382
14. Illinois.....IL	312,562	13,630				326,192
15. Indiana.....IN	466,566	1,919	335			468,820
16. Iowa.....IA	154,163		1,245	336		155,744
17. Kansas.....KS	127,878	4,171		137		132,186
18. Kentucky.....KY	164,089					164,089
19. Louisiana.....LA	198,724					198,724
20. Maine.....ME	66,369					66,369
21. Maryland.....MD	465,458					465,458
22. Massachusetts.....MA	330,877	.75				330,952
23. Michigan.....MI	573,932	5,360	.517			579,809
24. Minnesota.....MN	563,823	6,675				570,498
25. Mississippi.....MS	126,550	.540				127,090
26. Missouri.....MO	397,043	7,403	.591			405,037
27. Montana.....MT	6,843					6,843
28. Nebraska.....NE	64,322					64,322
29. Nevada.....NV	111,782					111,782
30. New Hampshire.....NH	66,354					66,354
31. New Jersey.....NJ	430,001					430,001
32. New Mexico.....NM	62,389			1,093		63,482
33. New York.....NY	160,223					160,223
34. North Carolina.....NC	264,792	.600				265,392
35. North Dakota.....ND	105,197					105,197
36. Ohio.....OH	468,261	.409		.280		468,950
37. Oklahoma.....OK	133,348					133,348
38. Oregon.....OR	92,378					92,378
39. Pennsylvania.....PA	407,259			1,252		408,511
40. Rhode Island.....RI	11,952					11,952
41. South Carolina.....SC	248,796	960				249,756
42. South Dakota.....SD	24,747	.200				24,947
43. Tennessee.....TN	324,658			.700		325,358
44. Texas.....TX	987,420	7,100		.269		994,789
45. Utah.....UT	39,761	.142				39,903
46. Vermont.....VT	22,698					22,698
47. Virginia.....VA	285,735	.240				285,975
48. Washington.....WA	191,505					191,505
49. West Virginia.....WV	19,082					19,082
50. Wisconsin.....WI	1,212,475	44,147	3,833			1,260,455
51. Wyoming.....WY	22,585					22,585
52. American Samoa.....AS						0
53. Guam.....GU						0
54. Puerto Rico.....PR						0
55. US Virgin Islands.....VI						0
56. Northern Mariana Islands.....MP						0
57. Canada.....CAN	.653					.653
58. Aggregate Other Alien.....OT	3,967					3,967
59. Totals.....	13,586,491	100,140	6,776	85,792	0	13,779,199

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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<b>Members</b>															
			31-1544320.		0001042046	NYSE	American Financial Group, Inc.	OH	UIP		Ownership				N
			31-0996797.				American Financial Enterprises, Inc.	CT	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			31-0828578.				American Money Management Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			27-1577326.				American Real Estate Capital Company, LLC	OH	NIA	American Money Management Corporation	Ownership	100.000	American Financial Group, Inc.		N
			27-2829629.				Mid-Market Capital Partners, LLC	DE	NIA	American Money Management Corporation	Ownership	100.000	American Financial Group, Inc.		N
			41-2112001.				APU Holding Company	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			23-6000765.				American Premier Underwriters, Inc.	PA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.		N
			13-6400464.				Lehigh Valley Railroad Company	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			46-1665396.				Pennsylvania Lehigh Oil & Gas Holdings LLC	PA	NIA	Lehigh Valley Railroad Company	Ownership	100.000	American Financial Group, Inc.		N
			20-1548213.				Magnolia Alabama Holdings, Inc.	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			20-1574094.				Magnolia Alabama Holdings LLC	AL	NIA	Magnolia Alabama Holdings, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			46-1852532.				Michigan Oil & Gas Holdings, LLC	MI	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			46-1480078.				Ohio Oil & Gas Holdings, LLC	OH	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			13-6021353.				The Owasco River Railway, Inc.	NY	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			76-0080537.				PCC Technical Industries, Inc.	DE	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			46-3246684.				Pennsylvania Oil & Gas Holdings, LLC	PA	NIA	American Premier Underwriters, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			23-6000766.				Pennsylvania-Reading Seashore Lines	NJ	NIA	American Premier Underwriters, Inc.	Ownership	66.670	American Financial Group, Inc.		N
			98-1073776.				GAI Insurance Company, Ltd.	BMU	IA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.		N
			31-1446308.				Hangar Acquisition Corp.	OH	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.		N
			91-1242743.				Premier Lease & Loan Services Insurance Agency, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.		N
			91-1508644.				Premier Lease & Loan Services of Canada, Inc.	WA	NIA	APU Holding Company	Ownership	100.000	American Financial Group, Inc.		N
			31-0823725.				Dixie Terminal Corporation	OH	NIA	American Financial Group, Inc.	Ownership	100.000	American Financial Group, Inc.		N
			98-0606803.				GAI Holding Bermuda Ltd	BMU	NIA	American Financial Group, Inc.	Ownership	69.990	American Financial Group, Inc.	2	
			98-0606803.				GAI Holding Bermuda Ltd	BMU	NIA	GAI Australia Pty Ltd	Ownership	30.010	American Financial Group, Inc.		N
			98-0556144.				GAI Indemnity, Ltd.	GBR	IA	GAI Holding Bermuda Ltd	Ownership	100.000	American Financial Group, Inc.		N
							Neon Capital Limited	GBR	NIA	GAI Holding Bermuda Ltd	Ownership	100.000	American Financial Group, Inc.		N
							NCM Holdings (U.K.) Limited	GBR	NIA	Neon Capital Limited	Ownership	100.000	American Financial Group, Inc.		N
							Neon Capital Managers	GBR	NIA	NCM Holdings (U.K.) Limited	Ownership	100.000	American Financial Group, Inc.		N
							Neon Holdings (U.K.) Limited	GBR	NIA	Neon Capital Limited	Ownership	100.000	American Financial Group, Inc.		N
			98-0412245.				Lavenham Underwriting Limited	GBR	IA	Neon Holdings (U.K.) Limited	Ownership	100.000	American Financial Group, Inc.		N
							Neon Italy S.R.L.	ITA	NIA	Neon Holdings (U.K.) Limited	Ownership	60.000	American Financial Group, Inc.		N
							Neon Management Services Limited	GBR	NIA	Neon Holdings (U.K.) Limited	Ownership	100.000	American Financial Group, Inc.		N
							Neon Sapphire Underwriting Limited	GGY	NIA	Neon Holdings (U.K.) Limited	Ownership	100.000	American Financial Group, Inc.		N
							Neon Service Company (U.K.) Limited	GBR	NIA	Neon Holdings (U.K.) Limited	Ownership	100.000	American Financial Group, Inc.		N
							Studio Marketform SRL	ITA	NIA	Neon Service Company (U.K.) Limited	Ownership	100.000	American Financial Group, Inc.		N
							Neon Underwriting Bermuda Limited	BMU	NIA	Neon Holdings (U.K.) Limited	Ownership	100.000	American Financial Group, Inc.		N

**SCHEDULE Y****PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

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						Neon Underwriting Limited.....	Neon Underwriting Limited.....	GBR.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
						Orca Insurance Agency A/S.....	Orca Insurance Agency A/S.....	DNK.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	89.425	American Financial Group, Inc.....	N.....	
		98-0431601.				Sampford Underwriting Limited.....	Sampford Underwriting Limited.....	GBR.....	IA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
						Xenon Agency Limited.....	Xenon Agency Limited.....	GBR.....	NIA.....	Neon Holdings (U.K.) Limited.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
						Helium Holdings Limited.....	Helium Holdings Limited.....	BMU.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
						Neon Employee Ownership LLC.....	Neon Employee Ownership LLC.....	DE.....	NIA.....	Helium Holdings Limited.....	Ownership.....	23.350	.....	N.....	
			06-1356481.			GAI Australia Pty Ltd.....	GAI Australia Pty Ltd.....	AUS.....	NIA.....	Neon Employee Ownership LLC.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
						Great American Financial Resources, Inc.....	Great American Financial Resources, Inc.....	DE.....	UIP.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			31-1422717.			AAG Insurance Agency, Inc.....	AAG Insurance Agency, Inc.....	KY.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			34-1017531.			Ceres Group, Inc.....	Ceres Group, Inc.....	DE.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			47-0717079.			Continental General Corporation.....	Continental General Corporation.....	NE.....	NIA.....	Ceres Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			34-1947042.			QQAgency of Texas, Inc.....	QQAgency of Texas, Inc.....	TX.....	NIA.....	Ceres Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
			31-1395344.			Great American Advisors, Inc.....	Great American Advisors, Inc.....	OH.....	NIA.....	Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
	0084..	American Financial Group, Inc..	63312.	13-1935920.		Great American Life Insurance Company.....	Great American Life Insurance Company.....	OH.....	UIP.....	Great American Financial Resources, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
	0084..	American Financial Group, Inc..	93661.	31-1021738.		Annuity Investors Life Insurance Company.....	Annuity Investors Life Insurance Company.....	OH.....	IA.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
				27-4078277.		Bay Bridge Marina Hemingway's Restaurant, LLC.....	Bay Bridge Marina Hemingway's Restaurant, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	85.000	American Financial Group, Inc.....	N.....	
				27-0513333.		Bay Bridge Marina Management, LLC.....	Bay Bridge Marina Management, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	85.000	American Financial Group, Inc.....	N.....	
				20-1246122.		Brothers Management, LLC.....	Brothers Management, LLC.....	FL.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
				81-3737639.		Charleston Harbor Fishing, LLC.....	Charleston Harbor Fishing, LLC.....	SC.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
				20-4604276.		GALIC - Bay Bridge Marina, LLC.....	GALIC - Bay Bridge Marina, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
				31-1391777.		GALIC Brothers, Inc.....	GALIC Brothers, Inc.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
				26-3260520.		Manhattan National Holding Corporation.....	Manhattan National Holding Corporation.....	OH.....	UDP.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.....	Y.....	
	0084..	American Financial Group, Inc..	67083.	45-0252531.		Manhattan National Life Insurance Company.....	Manhattan National Life Insurance Company.....	OH.....	RE.....	Manhattan National Holding Corporation.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
				84-2654660.		Skipjack Holding Company, LLC.....	Skipjack Holding Company, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
				52-2179330.		Skipjack Marina Corp.....	Skipjack Marina Corp.....	MD.....	NIA.....	Skipjack Holding Company, LLC.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
				42-1575938.		Great American Holding, Inc.....	Great American Holding, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
				80-0333563.		ABA Insurance Services, Inc.....	ABA Insurance Services, Inc.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
				27-3062314.		Agricultural Services, LLC.....	Agricultural Services, LLC.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
						Great American Holding (Europe) Limited.....	Great American Holding (Europe) Limited.....	GBR.....	NIA.....	Great American Holding, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
						Great American Europe Limited.....	Great American Europe Limited.....	GBR.....	NIA.....	Great Amerian Holding (Europe) Limited.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
						Great American International Insurance (EU) Designated Activity Company.....	Great American International Insurance (EU) Designated Activity Company.....	IRL.....	IA.....	Great American Europe Limited.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
						Great American International Insurance (UK) Limited.....	Great American International Insurance (UK) Limited.....	GBR.....	IA.....	Great American Europe Limited.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
						Great American Specialty & Affinity Limited.....	Great American Specialty & Affinity Limited.....	GBR.....	NIA.....	Great American Europe Limited.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
						Mid-Continent Casualty Company.....	Mid-Continent Casualty Company.....	OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
	0084..	American Financial Group, Inc..	23418.	73-0556513.		Mid-Continent Assurance Company.....	Mid-Continent Assurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
	0084..	American Financial Group, Inc..	15380.	73-1406844.		Mid-Continent Excess and Surplus Insurance Company.....	Mid-Continent Excess and Surplus Insurance Company.....	DE.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	100.000	American Financial Group, Inc.....	N.....	
	0084..	American Financial Group, Inc..	13794.	38-3803661.											

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0084..	American Financial Group, Inc.	30-0571535..	23426...	73-0773259..		Mid-Continent Specialty Insurance Services, Inc..	OK.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		34-1607394..				Oklahoma Surety Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		34-1899058..				National Interstate Corporation.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		31-1548235..				American Highways Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		98-0191335..				Explorer RV Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		66-0660039..				Hudson Indemnity, Ltd.....	CYM.....	IA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		34-1607396..				Hudson Management Group, Ltd.....	VIR.....	NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		36-4670968..				National Interstate Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		32620...	34-1607395..			Commercial For Hire Transportation Purchasing Group.....	SC.....	NIA.....	National Interstate Insurance Agency, Inc.....	Management.....		American Financial Group, Inc..	.....N.....	4.	
0084..	American Financial Group, Inc.	11051....	99-0345306..			National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		43-1254631..				National Interstate Insurance Company of Hawaii, Inc.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
0084..	American Financial Group, Inc.	41106...	95-3623282..			TransProtection Service Company.....	MO.....	NIA.....	National Interstate Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		21172...	86-0114294..			Triumph Casualty Company.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		20-5546054..				Vanliner Insurance Company.....	MO.....	IA.....	National Interstate Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....Y.....		
		46-4570914..				Safety Claims & Litigation Services, LLC.....	MT.....	NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		22179...	95-2801326..			Safety, Claims and Litigation Services, LLC.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
0084..	American Financial Group, Inc.	43753...	31-1054123..			Republic Indemnity Company of America.....	CA.....	IA.....	Great American Holding, Inc..	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		59-1683711..				Republic Indemnity Company of California.....	CA.....	IA.....	Republic Indemnity Company of America.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		59-3385208..				Summit Consulting, LLC.....	FL.....	NIA.....	Great American Holding, Inc..	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		82-2462705..				Heritage Summit Healthcare, LLC.....	FL.....	NIA.....	Summit Consulting, LLC.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		59-3409855..				Summit Real Estate Holdings, LLC.....	FL.....	NIA.....	Summit Consulting, LLC.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		10701...	59-1835212..			Summit Holding Southeast, Inc.....	FL.....	NIA.....	Great American Holding, Inc..	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
0084..	American Financial Group, Inc.	10335...	59-3269531..			Bridgefield Employers Insurance Company.....	FL.....	IA.....	Summit Holding Southeast, Inc..	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		16691...	31-0501234..			Bridgefield Casualty Insurance Company.....	FL.....	IA.....	Bridgefield Employers Insurance Company....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
0084..	American Financial Group, Inc.	37990...	31-0973761..			Great American Insurance Company.....	OH.....	UDP.....	American Financial Group, Inc..	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		59-1671722..				American Empire Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		35351...	31-0912199..			American Empire Underwriters, Inc.....	TX.....	NIA.....	American Empire Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		31-1463075..				American Empire Surplus Lines Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		59-2840291..				American Signature Underwriters, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		25-1754638..				Brothers Property Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		59-2840294..				Brothers Pennsylvanian Corporation.....	PA.....	NIA.....	Brothers Property Corporation.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		31-1277904..				Brothers Property Management Corporation.....	OH.....	NIA.....	Brothers Property Corporation.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		83-1767590..				Crop Managers Insurance Agency, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
		31-0589001..				CropSurance Agency, LLC.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		
						Dempsey & Siders Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	..100.000	American Financial Group, Inc..	.....N.....		

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		84-2358400.				Human and Social Services Risk Purchasing Group, LLC.....	OH.....	NIA.....	Dempsey & Siders Agency, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		31-1341668.				Eden Park Insurance Brokers, Inc.....	CA.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		39-1404033.				El Aguila, Compañía de Seguros, S.A. de C.V.....	MEX.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....Y.....		
		13-3628555.				Farmers Crop Insurance Alliance, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		81-0814136.				FCIA Management Company, Inc.....	NY.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		31-1753938.				Foreign Credit Insurance Association.....	NY.....	OTH.....	Great American Insurance Company.....	Management.....		American Financial Group, Inc.	.....N.....	3.	
		31-1765544.				GAI Mexico Holdings, LLC.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		61-1329718.				GAI Warranty Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....Y.....		
		74-2693636.				GAI Warranty Company of Florida.....	FL.....	NIA.....	GAI Warranty Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		26832....	95-1542353.			Global Premier Finance Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
523	American Financial Group, Inc.	26344....	15-6020948.			Great American Agency of Texas, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	39896....	61-0983091.			Great American Alliance Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	10646....	36-4079497.			Great American Assurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	37532....	31-0954439.			Great American Casualty Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	41858....	31-1036473.			Great American Contemporary Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	31-1652643.				Great American E & S Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	22136....	13-5539046.			Great American Fidelity Insurance Company.....	DE.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	31-1073664.				Great American Insurance Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	31-0856644.				Great American Insurance Company of New York.....	NY.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	31-1288778.				Great American Lloyd's, Inc.....	TX.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	31-0918893.				Great American Management Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	31135....	31-1209419.			Great American Protection Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	33723....	31-1237970.			Great American Re Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
0084..	American Financial Group, Inc.	16618....	83-1694393.			Great American Security Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		59-1263251.				Great American Spirit Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		871850814....				Great American Underwriters Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		31-1293064.				Key Largo Group, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		31-0686194.				PLLS Canada Insurance Brokers Inc.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		31-0883227.				Professional Risk Brokers, Inc.....	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		31-1119320.				One East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
		31-0728327.				Pioneer Carpet Mills, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
						TEJ Holdings, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		
						Three East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	100.000	American Financial Group, Inc.	.....N.....		

Asterisk: Explanation

1 Another affiliated company owns 1% or less of the shares.

**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 Influence, Other)	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
2	The entity is owned by more than one company within the AFG Group.														
3	Great American Insurance Company is the majority member of the Association.														
4	Company is affiliated but not owned.														
5	The entity is owned by more than one company within the AFG Group. American Financial Group, Inc. effectively owns 77% of GAI Holding Bermuda Ltd. ; the senior management of Neon Capital Limited, through their ownership of Neon Employee Ownership LLC, owns the remaining 23% of GAI Holding Bermuda Ltd. through their ownership of GAI Australia Pty Ltd.														

**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)
<b>Affiliated Transactions</b>												
00000	31-1544320	American Financial Group, Inc.....	74,757,900	(55,000,000)							19,757,900	
00000	41-2112001	APU Holding Company.....	3,145,000								3,145,000	
00000	98-1073776	GAI Insurance Company, Ltd.....	(3,145,000)								(3,145,000)	(5,352,000)
00000		Lloyd's Syndicate 2468.....									0	627,000
00000	06-1356481	Great American Financial Resources, Inc.....	140,000,000	(140,000,000)	(500,000)						140,000,000	
63312	13-1935920	Great American Life Insurance Company.....	(140,000,000)	500,000							(140,500,000)	
67083	45-0252531	Manhattan National Life Insurance Company.....									500,000	
00000	42-1575938	Great American Holding, Inc.....	145,000,000		(3,637,221)						145,000,000	
00000		Great American Europe Limited.....									(3,637,221)	
00000		Great American International Insurance (EU) Designated Activity Company.....									0	41,916,000
00000		Great American International Insurance (UK) Limited.....			3,637,221						3,637,221	810,000
23418	73-0556513	Mid-Continent Casualty Company.....	(10,000,000)	(50,000)						*	(10,050,000)	(14,661,000)
00000	30-0571535	Mid-Continent Specialty Insurance Services, Inc.....		50,000							50,000	
00000	34-1607394	National Interstate Corporation.....	60,000,000								60,000,000	
00000	98-0191335	Hudson Indemnity, Ltd.....									0	(335,596,000)
32620	34-1607395	National Interstate Insurance Company.....	(60,000,000)							*	(60,000,000)	237,378,000
11051	99-0345306	National Interstate Insurance Company of Hawaii, Inc.....								*	0	12,584,000
41106	95-3623282	Triumph Casualty Company.....								*	0	14,539,000
21172	86-0114294	Vanliner Insurance Company.....								*	0	75,755,000
22179	95-2801326	Republic Indemnity Company of America.....	(135,000,000)							*	(135,000,000)	(48,930,000)
10335	59-3269531	Bridgefield Casualty Insurance Company.....								*	0	(1,962,000)
16691	31-0501234	Great American Insurance Company.....	(63,920,900)	4,700,000						*	(59,220,900)	21,196,000
00000	13-3628555	FCIA Management Company, Inc.....	(237,000)								(237,000)	
00000	31-1765544	GAI Warranty Company of Florida.....									0	214,000
00000	61-1329718	Global Premier Finance Company.....	(1,700,000)								(1,700,000)	
00000	31-1652643	Great American Insurance Agency, Inc.....	(400,000)	300,000							(100,000)	
22136	13-5539046	Great American Insurance Company of New York.....		50,000,000						*	50,000,000	
00000	31-1293064	Professional Risk Brokers, Inc.....	(8,500,000)								(8,500,000)	
9999999	Control Totals.....		0	0	0	0	0	0	0	XXX	0	(1,482,000)

**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)
------------------------------	-------------------	---	-------------------------------	-------------------------------	--	--	--	--	---------	--	--------------	---

**Pooling Information**

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
23418	Mid-Continent Casualty Company	100.00%	16691	Great American Insurance Company	100.00%
15380	Mid-Continent Assurance Company		37990	American Empire Insurance Company	
13794	Mid-Continent Excess and Surplus Insurance Company		35351	American Empire Surplus Lines Insurance Company	
23426	Oklahoma Surety Company		26832	Great American Alliance Insurance Company	
22179	Republic Indemnity Company of America	100.00%	26344	Great American Assurance Company	
43753	Republic Indemnity Company of California		39896	Great American Casualty Insurance Company	
10701	Bridgefield Employers Insurance Company		10646	Great American Contemporary Insurance Company	
10335	Bridgefield Casualty Insurance Company		37532	Great American E & S Insurance Company	
32620	National Interstate Insurance Company	70.00%	41858	Great American Fidelity Insurance Company	
21172	Vanliner Insurance Company	26.00%	22136	Great American Insurance Company of New York	
11051	National Interstate Insurance Company of Hawaii, Inc.	2.00%	38580	Great American Protection Insurance Company	
41106	Triumphé Casualty Company	2.00%	31135	Great American Security Insurance Company	
			33723	Great American Spirit Insurance Company	

# Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY** **SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

## MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?
2. Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?
3. Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?
4. Will an actuarial opinion be filed by March 1?

Responses
YES
YES
YES
YES

## APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?
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)
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)
8. Will the Supplemental Investment Risk Interrogatories be filed by April 1?

YES
YES
YES
YES

## JUNE FILING

9. Will an audited financial report be filed by June 1?
10. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

YES
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?

WAIVED

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)
13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?
14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?
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?
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?
17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
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?
34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)
35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?
36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?
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?
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?
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?
40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?

## 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?
42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?
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)
44. Will the Accident and Health Policy Experience Exhibit be filed by April 1?
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?
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?
47. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?
48. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?
49. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?

YES
YES
NO
YES
NO

## AUGUST FILING

50. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

YES
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EXPLANATIONS:

BAR CODE:

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

1.

2.

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9.

10.

11.

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

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

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

15.

16.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

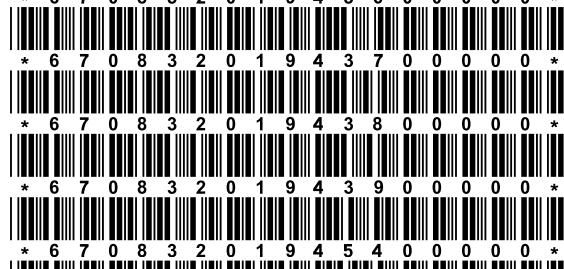
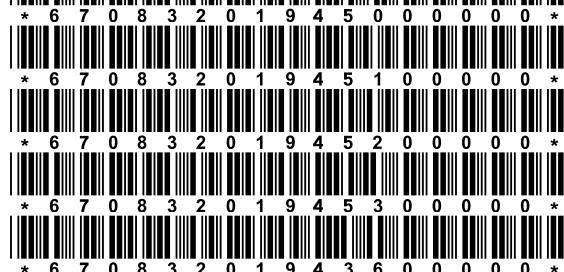
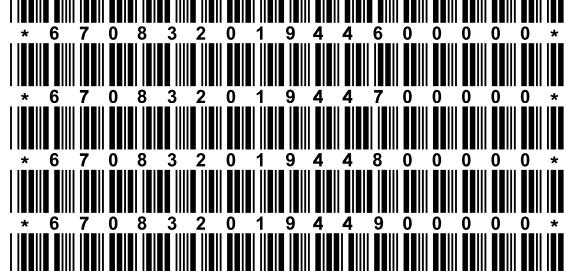
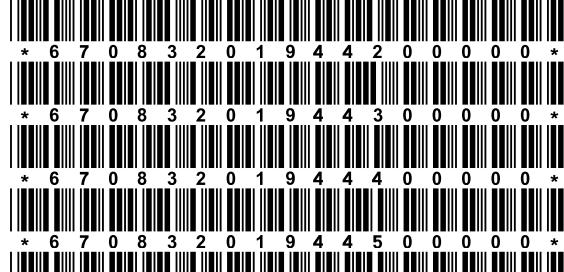
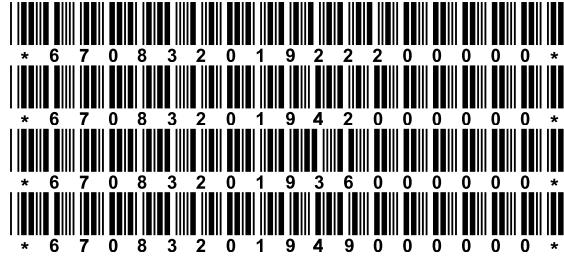
31. The data for this supplement is not required to be filed.

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

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

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

35.



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

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES**

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

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



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



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



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



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

41.



42.

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



44.

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



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



47.

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



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



50.



**Overflow Page  
NONE**

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NONE**

**SCHEDULE O SUPPLEMENT**

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

Of The.....MANHATTAN NATIONAL LIFE INSURANCE COMPANY

Address (City, State, Zip Code).....Cincinnati, OH 45202

NAIC Group Code.....0084

NAIC Company Code.....67083

Employer's ID Number.....45-0252531

**SUPPLEMENTAL SCHEDULE O - PART 1**

Development of Incurred Losses  
(\$000 OMITTED)

**Section A - Group Accident and Health**

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2015	2 2016	3 2017	4 2018	5 2019 (a)
1. Prior.....					
2. 2015.....					
3. 2016.....	XXX.....				
4. 2017.....	XXX.....	XXX.....			
5. 2018.....	XXX.....	XXX.....	XXX.....		
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....

**Section B - Other Accident and Health**

1. Prior.....	18	13	12	12	12
2. 2015.....					
3. 2016.....	XXX.....	2	6	4	
4. 2017.....	XXX.....	XXX.....			
5. 2018.....	XXX.....	XXX.....	XXX.....		
6. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	

**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.....	

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

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**SCHEDULE O SUPPLEMENT**  
**SUPPLEMENTAL SCHEDULE O - PART 2**

Development of Incurred Losses  
 (\$000 OMITTED)

**Section A - Group Accident and Health**

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

**Section B - Other 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.....	XXX.....

**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.....	XXX.....

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**SCHEDULE O SUPPLEMENT**  
**SUPPLEMENTAL SCHEDULE O - PART 3**

Development of Incurred Losses  
 (\$000 OMITTED)

**Section A - Group Accident and Health**

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

**Section B - Other Accident and Health**

1. 2015.....				XXX.....	XXX.....
2. 2016.....	XXX.....	5.....	11.....	12.....	XXX.....
3. 2017.....	XXX.....	XXX.....			
4. 2018.....	XXX.....	XXX.....	XXX.....		
5. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	

**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.....	

Annual Statement for the year 2019 of the **MANHATTAN NATIONAL LIFE INSURANCE COMPANY**  
**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. 2016.....	XXX.....				
3. 2017.....	XXX.....	XXX.....			
4. 2018.....	XXX.....	XXX.....	XXX.....		
5. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	

**Section B - Other Accident and Health**

1. 2015.....					
2. 2016.....	XXX.....	.....5	.....11	.....12	
3. 2017.....	XXX.....	XXX.....			
4. 2018.....	XXX.....	XXX.....	XXX.....		
5. 2019.....	XXX.....	XXX.....	XXX.....	XXX.....	

**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.....	

**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.....	3,216
3. Individual annuity.....	Standard Factor.....	52
4. Supplementary contracts.....		
5. Credit life.....		
6. Group life.....		
7. Group annuities.....		
8. Group accident and health.....		
9. Credit accident and health.....		
10. Other accident and health.....	Standard Factor.....	110
11. Total.....		3,378

**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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