



ANNUAL STATEMENT

For the Year Ended December 31, 2020

of the Condition and Affairs of the

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

NAIC Group Code.....0084, 0084	NAIC Company Code..... 67083	Employer's ID Number..... 45-0252531
(Current Period) (Prior Period)		
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	513-357-3300
	(Street and Number) (City or Town, State, Country and Zip Code)	(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	513-357-3300
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	www.gaig.com	
Statutory Statement Contact	Robert Mayhew Earle II	513-412-1735
	(Name)	(Area Code) (Telephone Number) (Extension)
	rearle@gaig.com	513-412-1673
	(E-Mail Address)	(Fax Number)

OFFICERS	
Name	Title
1. Mark Francis Muething	President
3. Christopher Patrick Miliano	Treasurer
Name	Title
2. John Paul Gruber	Secretary
4. Dominic Joseph Moster	Appointed Actuary
OTHER	
Adrienne Susan Baglier	Executive Vice President
Brian Patrick Sponaugle	Vice President

DIRECTORS OR TRUSTEES

John Paul Gruber	Jeffrey Gene Hester	Christopher Patrick Miliano	Mark Francis Muething
Michael James Prager	Brian Patrick Sponaugle		

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

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

(Signature)	(Signature)	(Signature)
Mark Francis Muething	John Paul Gruber	Christopher Patrick Miliano
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Secretary	Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This day of February 2021

a. Is this an original filing?

Yes [X] No []

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached



DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	16,670				16,670
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	16,670	0	0	0	16,670
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	4,296				4,296
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.....	4,296	0	0	0	4,296

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	8	1,231,154	(a)						8	1,231,154
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(105)							(1)	(105)
23. In force December 31 of current year.....	7	1,231,049	0	0	0	0	0	0	7	1,231,049

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN Other Alien # 2 DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ALASKA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	10,354				10,354
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	10,354	0	0	0	10,354
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	25				25
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	7,422				7,422
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	7,422	0	0	0	7,422

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	17	1,596,460	(a)						17	1,596,460
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(35,006)							(5)	(35,006)
23. In force December 31 of current year.....	12	1,561,454	0	0	0	0	0	0	12	1,561,454

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	47,269				47,269
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	47,269	0	0	0	47,269
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	3,816				3,816
10. Matured endowments.....					0
11. Annuity benefits.....	11,191				11,191
12. Surrender values and withdrawals for life contracts.....	42,204				42,204
13. 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.....	57,211	0	0	0	57,211

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		(0)							0	(0)
17. Incurred during current year.....	2	13,816							2	13,816
Settled during current year:										
18.1 By payment in full.....	1	3,816							1	3,816
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	3,816	0	0	0	0	0	0	1	3,816
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	3,816	0	0	0	0	0	0	1	3,816
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	52	2,746,213	(a)						52	2,746,213
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(10)	(214,056)							(10)	(214,056)
23. In force December 31 of current year.....	42	2,532,157	0	0	0	0	0	0	42	2,532,157

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **ARKANSAS** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	104,838				104,838
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).....	105,338	0	0	0	105,338
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	90,529				90,529
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	25,248				25,248
13. 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.....	115,777	0	0	0	115,777

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	15,000							1	15,000
17. Incurred during current year.....	4	75,529							4	75,529
Settled during current year:										
18.1 By payment in full.....	5	90,529							5	90,529
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	90,529	0	0	0	0	0	0	5	90,529
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	90,529	0	0	0	0	0	0	5	90,529
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	104	7,492,613	(a)						104	7,492,613
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(13)	(991,346)							(13)	(991,346)
23. In force December 31 of current year.....	91	6,501,267	0	0	0	0	0	0	91	6,501,267

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	151,661				151,661
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	151,661	0	0	0	151,661
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	2,687				2,687
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	66				66
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,753	0	0	0	2,753
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	2,753	0	0	0	2,753
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	308,700				308,700
10. Matured endowments.....					0
11. Annuity benefits.....	397,638				397,638
12. Surrender values and withdrawals for life contracts.....	29,652				29,652
13. 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.....	735,990	0	0	0	735,990

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	25,000							1	25,000
17. Incurred during current year.....	9	283,700							9	283,700
Settled during current year:										
18.1 By payment in full.....	10	308,700							10	308,700
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	308,700	0	0	0	0	0	0	10	308,700
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	10	308,700	0	0	0	0	0	0	10	308,700
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	0	(0)
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	146	10,663,881	(a)						146	10,663,881
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(18)	(1,457,311)							(18)	(1,457,311)
23. In force December 31 of current year.....	128	9,206,570	0	(a)	0	0	0	0	128	9,206,570

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **CALIFORNIA** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,573,056				1,573,056
2. Annuity considerations.....	2,046				2,046
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,575,102	0	0	0	1,575,102
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	2,525				2,525
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.....	46				46
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,632	0	0	0	2,632
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	2,632	0	0	0	2,632
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	2,018,603				2,018,603
10. Matured endowments.....	112				112
11. Annuity benefits.....	82,646				82,646
12. Surrender values and withdrawals for life contracts.....	431,943				431,943
13. 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.....	2,533,304	0	0	0	2,533,304

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	6	150,405							6	150,405
17. Incurred during current year.....	38	2,463,522							38	2,463,522
Settled during current year:										
18.1 By payment in full.....	33	2,018,715							33	2,018,715
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	33	2,018,715	0	0	0	0	0	0	33	2,018,715
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	33	2,018,715	0	0	0	0	0	0	33	2,018,715
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	11	595,212	0	0	0	0	0	0	11	595,212
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,208	132,076,502		(a).....					1,208	132,076,502
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(107)	(13,552,518)							(107)	(13,552,518)
23. In force December 31 of current year.....	1,101	118,523,984	0	(a).....0	0	0	0	0	1,101	118,523,984

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **CANADA** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	586				586
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	586	0	0	0	586
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **COLORADO** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	160,061				160,061
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).....	160,261	0	0	0	160,261
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	117				117
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).....	117	0	0	0	117
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).....	117	0	0	0	117
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	407,260				407,260
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	43,049				43,049
13. 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.....	450,309	0	0	0	450,309

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		0							0	0
17. Incurred during current year.....	12	407,260							12	407,260
Settled during current year:										
18.1 By payment in full.....	12	407,260							12	407,260
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	407,260	0	0	0	0	0	0	12	407,260
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	407,260	0	0	0	0	0	0	12	407,260
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	188	12,943,731	(a)						188	12,943,731
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(22)	(2,146,834)							(22)	(2,146,834)
23. In force December 31 of current year.....	166	10,796,897	0	(a) 0	0	0	0	0	166	10,796,897

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **CONNECTICUT** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	110,117				110,117
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	110,117	0	0	0	110,117
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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.....	10				10
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	514,000				514,000
10. Matured endowments.....					0
11. Annuity benefits.....	33,965				33,965
12. Surrender values and withdrawals for life contracts.....	11,642				11,642
13. 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.....	559,607	0	0	0	559,607

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000							1	100,000
17. Incurred during current year.....	3	514,000							3	514,000
Settled during current year:										
18.1 By payment in full.....	3	514,000							3	514,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	514,000	0	0	0	0	0	0	3	514,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	514,000	0	0	0	0	0	0	3	514,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	79	10,219,478	(a)						79	10,219,478
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(8)	(1,010,599)							(8)	(1,010,599)
23. In force December 31 of current year.....	71	9,208,879	0	0	0	0	0	0	71	9,208,879

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,899				9,899
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,899	0	0	0	9,899
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	20,000				20,000
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.....	20,000	0	0	0	20,000

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	20,000							2	20,000
Settled during current year:										
18.1 By payment in full.....	2	20,000							2	20,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	20,000	0	0	0	0	0	0	2	20,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	20,000	0	0	0	0	0	0	2	20,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	17	763,234	(a)						17	763,234
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(269,689)							(3)	(269,689)
23. In force December 31 of current year.....	14	493,545	0	0	0	0	0	0	14	493,545

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **DELAWARE** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	45,308				45,308
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	45,308	0	0	0	45,308
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	6,954				6,954
13. 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.....	6,954	0	0	0	6,954

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	32	4,135,322	(a)						32	4,135,322
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(199,888)							(2)	(199,888)
23. In force December 31 of current year.....	30	3,935,434	0	0	0	0	0	0	30	3,935,434

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF FLORIDA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	685,147				685,147
2. Annuity considerations.....	1,251				1,251
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	686,398	0	0	0	686,398
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	103				103
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).....	107	0	0	0	107
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	107	0	0	0	107
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,040,205				1,040,205
10. Matured endowments.....	25,368				25,368
11. Annuity benefits.....	193,328				193,328
12. Surrender values and withdrawals for life contracts.....	161,845				161,845
13. 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.....	1,420,746	0	0	0	1,420,746

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	179,173							3	179,173
17. Incurred during current year.....	16	886,722							16	886,722
Settled during current year:										
18.1 By payment in full.....	17	1,065,573							17	1,065,573
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	17	1,065,573	0	0	0	0	0	0	17	1,065,573
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	17	1,065,573	0	0	0	0	0	0	17	1,065,573
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	322	0	0	0	0	0	0	2	322
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	592	61,403,269	(a)						592	61,403,269
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(53)	(7,089,006)							(53)	(7,089,006)
23. In force December 31 of current year.....	539	54,314,263	0	(a)	0	0	0	0	539	54,314,263

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	73,590	73,598		220,816	133,537
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).....	73,590	73,598	0	220,816	133,537
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	73,590	73,598	0	220,816	133,537

(b) For health 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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	390,041				390,041
2. Annuity considerations.....	2,300				2,300
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	392,341	0	0	0	392,341
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	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
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	926,246				926,246
10. Matured endowments.....					0
11. Annuity benefits.....	6,891				6,891
12. Surrender values and withdrawals for life contracts.....	27,680				27,680
13. 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.....	960,817	0	0	0	960,817

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	185,000							3	185,000
17. Incurred during current year.....	21	891,526							21	891,526
Settled during current year:										
18.1 By payment in full.....	16	926,246							16	926,246
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	16	926,246	0	0	0	0	0	0	16	926,246
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	16	926,246	0	0	0	0	0	0	16	926,246
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	150,280	0	0	0	0	0	0	8	150,280
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	485	31,240,075		(a).....					485	31,240,075
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(36)	(4,213,880)							(36)	(4,213,880)
23. In force December 31 of current year.....	449	27,026,195	0	(a).....0	0	0	0	0	449	27,026,195

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,318	1,318			
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	1,318	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,318	1,318	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 GRAND TOTAL 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	12,417,403				12,417,403
2. Annuity considerations.....	101,225				101,225
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	12,518,628	0	0	0	12,518,628
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	58,257				58,257
6.2 Applied to pay renewal premiums.....	2,509				2,509
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	828				828
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	61,594	0	0	0	61,594
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).....	61,594	0	0	0	61,594
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	18,873,637				18,873,637
10. Matured endowments.....	33,180				33,180
11. Annuity benefits.....	1,554,078				1,554,078
12. Surrender values and withdrawals for life contracts.....	2,836,172				2,836,172
13. 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.....	23,297,067	0	0	0	23,297,067

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	77	1,578,741							77	1,578,741
17. Incurred during current year.....	561	19,285,688							561	19,285,688
Settled during current year:										
18.1 By payment in full.....	525	18,906,817							525	18,906,817
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	525	18,906,817	0	0	0	0	0	0	525	18,906,817
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	525	18,906,817	0	0	0	0	0	0	525	18,906,817
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	113	1,957,612	0	0	0	0	0	0	113	1,957,612
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	15,854	1,101,356,991		(a).....					15,854	1,101,356,991
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1,138)	(92,461,693)							(1,138)	(92,461,693)
23. In force December 31 of current year.....	14,716	1,008,895,298	0	(a).....0	0	0	0	0	14,716	1,008,895,298

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	6,690	6,776			
25.2 Guaranteed renewable (b).....	78,756	78,765		220,816	133,537
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	85,446	85,541	0	220,816	133,537
25.6 Totals (Sum of Lines 25.1 to 25.5).....	85,446	85,541	0	220,816	133,537
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	85,446	85,541	0	220,816	133,537

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



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

LIFE INSURANCE

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **HAWAII** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	64,402				64,402
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	64,402	0	0	0	64,402
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....	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
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	100,000				100,000
10. Matured endowments.....					0
11. Annuity benefits.....	600				600
12. Surrender values and withdrawals for life contracts.....	10,157				10,157
13. 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.....	110,757	0	0	0	110,757

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	100,000							1	100,000
17. Incurred during current year.....									0	0
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
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	45	4,192,500		(a).....					45	4,192,500
21. Issued during year.....									0	0
22. Other changes to in force (Net).....		300,000							0	300,000
23. In force December 31 of current year.....	45	4,492,500	0	(a).....0	0	0	0	0	45	4,492,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....					
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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	120,703				120,703
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	120,703	0	0	0	120,703
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	69				69
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	151				151
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	220	0	0	0	220
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).....	220	0	0	0	220
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	92,735				92,735
10. Matured endowments.....					0
11. Annuity benefits.....	5,103				5,103
12. Surrender values and withdrawals for life contracts.....	12,450				12,450
13. 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.....	110,288	0	0	0	110,288

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		0							0	0
17. Incurred during current year.....	6	97,735							6	97,735
Settled during current year:										
18.1 By payment in full.....	5	92,735							5	92,735
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	92,735	0	0	0	0	0	0	5	92,735
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	92,735	0	0	0	0	0	0	5	92,735
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	217	14,273,416	(a)						217	14,273,416
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(14)	(1,100,671)							(14)	(1,100,671)
23. In force December 31 of current year.....	203	13,172,745	0	(a) 0	0	0	0	0	203	13,172,745

(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	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	1,331	1,348			
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).....	1,667	1,684	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,667	1,684	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	20,001				20,001
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	20,001	0	0	0	20,001
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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.....	7				7
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	59	0	0	0	59
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).....	59	0	0	0	59
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	98							1	98
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).....	1	98	0	0	0	0	0	0	1	98
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	23	1,281,937	(a)						23	1,281,937
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	3	185,981							3	185,981
23. In force December 31 of current year.....	26	1,467,918	0	0	0	0	0	0	26	1,467,918

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **ILLINOIS** DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	310,717				310,717
2. Annuity considerations.....	12,524				12,524
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	323,241	0	0	0	323,241
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	61	0	0	0	61
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	535,000				535,000
10. Matured endowments.....					0
11. Annuity benefits.....	266,821				266,821
12. Surrender values and withdrawals for life contracts.....	196,785				196,785
13. 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.....	998,606	0	0	0	998,606

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	50,000							1	50,000
17. Incurred during current year.....	11	495,000							11	495,000
Settled during current year:										
18.1 By payment in full.....	11	535,000							11	535,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	11	535,000	0	0	0	0	0	0	11	535,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	11	535,000	0	0	0	0	0	0	11	535,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	625	31,014,706		(a).....					625	31,014,706
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(22)	(2,008,156)							(22)	(2,008,156)
23. In force December 31 of current year.....	603	29,006,550	0	(a).....0	0	0	0	0	603	29,006,550

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF INDIANA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	447,767				447,767
2. Annuity considerations.....	2,370				2,370
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	450,137	0	0	0	450,137
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	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
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	382,619				382,619
10. Matured endowments.....					0
11. Annuity benefits.....	17,728				17,728
12. Surrender values and withdrawals for life contracts.....	270,052				270,052
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.....	670,399	0	0	0	670,399

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		0							0	0
17. Incurred during current year.....	12	462,619							12	462,619
Settled during current year:										
18.1 By payment in full.....	10	382,619							10	382,619
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	382,619	0	0	0	0	0	0	10	382,619
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	10	382,619	0	0	0	0	0	0	10	382,619
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	80,000	0	0	0	0	0	0	2	80,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	625	36,924,705	(a)						625	36,924,705
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(32)	(2,381,735)							(32)	(2,381,735)
23. In force December 31 of current year.....	593	34,542,970	0	0	0	0	0	0	593	34,542,970

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	350	354			
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).....	350	354	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	350	354	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	128,743				128,743
2. Annuity considerations.....	2,871				2,871
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	131,614	0	0	0	131,614
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	158,229				158,229
10. Matured endowments.....					0
11. Annuity benefits.....	9,221				9,221
12. Surrender values and withdrawals for life contracts.....	14,738				14,738
13. 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.....	182,188	0	0	0	182,188

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	15,000							1	15,000
17. Incurred during current year.....	3	158,229							3	158,229
Settled during current year:										
18.1 By payment in full.....	3	158,229							3	158,229
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	158,229	0	0	0	0	0	0	3	158,229
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	158,229	0	0	0	0	0	0	3	158,229
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	15,000	0	0	0	0	0	0	1	15,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	120	14,605,538		(a)					120	14,605,538
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(8)	(787,462)							(8)	(787,462)
23. In force December 31 of current year.....	112	13,818,076	0	(a)	0	0	0	0	112	13,818,076

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF KENTUCKY 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	146,955				146,955
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	146,955	0	0	0	146,955
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	208,163				208,163
10. Matured endowments.....					0
11. Annuity benefits.....	9,533				9,533
12. Surrender values and withdrawals for life contracts.....	20,259				20,259
13. 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.....	237,955	0	0	0	237,955

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	3	208,163							3	208,163
Settled during current year:										
18.1 By payment in full.....	3	208,163							3	208,163
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	208,163	0	0	0	0	0	0	3	208,163
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	208,163	0	0	0	0	0	0	3	208,163
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	119	12,377,087	(a)						119	12,377,087
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(13)	(1,773,798)							(13)	(1,773,798)
23. In force December 31 of current year.....	106	10,603,289	0	(a) 0	0	0	0	0	106	10,603,289

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF LOUISIANA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	200,826				200,826
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	200,826	0	0	0	200,826
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....	86				86
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).....	86	0	0	0	86
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).....	86	0	0	0	86
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	262,500				262,500
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	11,333				11,333
13. 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.....	273,833	0	0	0	273,833

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	11	309,195							11	309,195
Settled during current year:										
18.1 By payment in full.....	5	262,500							5	262,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	5	262,500	0	0	0	0	0	0	5	262,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	5	262,500	0	0	0	0	0	0	5	262,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	6	46,695	0	0	0	0	0	0	6	46,695
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	141	10,972,889	(a)						141	10,972,889
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(651,308)							(7)	(651,308)
23. In force December 31 of current year.....	134	10,321,581	0	0	0	0	0	0	134	10,321,581

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **MASSACHUSETTS** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	309,307				309,307
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	309,307	0	0	0	309,307
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	587,048				587,048
10. Matured endowments.....					0
11. Annuity benefits.....	114,390				114,390
12. Surrender values and withdrawals for life contracts.....	(42,323)				(42,323)
13. 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.....	659,115	0	0	0	659,115

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	52,570							2	52,570
17. Incurred during current year.....	15	579,702							15	579,702
Settled during current year:										
18.1 By payment in full.....	12	587,048							12	587,048
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	587,048	0	0	0	0	0	0	12	587,048
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	587,048	0	0	0	0	0	0	12	587,048
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	5	45,224	0	0	0	0	0	0	5	45,224
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	340	33,360,976		(a).....					340	33,360,976
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(24)	(2,269,068)							(24)	(2,269,068)
23. In force December 31 of current year.....	316	31,091,908	0	(a).....0	0	0	0	0	316	31,091,908

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **MARYLAND** DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	397,178				397,178
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	397,178	0	0	0	397,178
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	429,171				429,171
10. Matured endowments.....					0
11. Annuity benefits.....	511				511
12. Surrender values and withdrawals for life contracts.....	79,797				79,797
13. 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.....	509,479	0	0	0	509,479

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		(0)							0	(0)
17. Incurred during current year.....	9	779,358							9	779,358
Settled during current year:										
18.1 By payment in full.....	7	429,171							7	429,171
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	429,171	0	0	0	0	0	0	7	429,171
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	429,171	0	0	0	0	0	0	7	429,171
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	350,187	0	0	0	0	0	0	2	350,187
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	340	36,334,921	(a)						340	36,334,921
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(25)	(4,063,818)							(25)	(4,063,818)
23. In force December 31 of current year.....	315	32,271,103	0	0	0	0	0	0	315	32,271,103

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MAINE 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	68,796				68,796
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	68,796	0	0	0	68,796
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	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
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	5,000				5,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	13,650				13,650
13. 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.....	18,650	0	0	0	18,650

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full.....	1	5,000							1	5,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	5,000	0	0	0	0	0	0	1	5,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	5,000	0	0	0	0	0	0	1	5,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	69	6,115,114		(a).....					69	6,115,114
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(234,984)							(3)	(234,984)
23. In force December 31 of current year.....	66	5,880,130	0	(a).....0	0	0	0	0	66	5,880,130

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	507,896				507,896
2. Annuity considerations.....	11,601				11,601
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	519,497	0	0	0	519,497
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	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
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	816,577				816,577
10. Matured endowments.....					0
11. Annuity benefits.....	3,993				3,993
12. Surrender values and withdrawals for life contracts.....	274,945				274,945
13. 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.....	1,095,515	0	0	0	1,095,515

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	12	54,974							12	54,974
17. Incurred during current year.....	77	805,075							77	805,075
Settled during current year:										
18.1 By payment in full.....	75	816,577							75	816,577
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	75	816,577	0	0	0	0	0	0	75	816,577
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	75	816,577	0	0	0	0	0	0	75	816,577
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	14	43,472	0	0	0	0	0	0	14	43,472
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	1,362	49,659,407	(a)						1,362	49,659,407
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(102)	(4,067,211)							(102)	(4,067,211)
23. In force December 31 of current year.....	1,260	45,592,196	0	(a)	0	0	0	0	1,260	45,592,196

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	530	537			
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).....	530	537	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	530	537	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 **MINNESOTA** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	582,472				582,472
2. Annuity considerations.....	7,125				7,125
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	589,597	0	0	0	589,597
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	1,942				1,942
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.....	161				161
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	2,144	0	0	0	2,144
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	2,144	0	0	0	2,144
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	732,796				732,796
10. Matured endowments.....					0
11. Annuity benefits.....	21,292				21,292
12. Surrender values and withdrawals for life contracts.....	162,978				162,978
13. 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.....	917,066	0	0	0	917,066

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	47,196							3	47,196
17. Incurred during current year.....	26	725,600							26	725,600
Settled during current year:										
18.1 By payment in full.....	25	732,796							25	732,796
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	25	732,796	0	0	0	0	0	0	25	732,796
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	25	732,796	0	0	0	0	0	0	25	732,796
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	40,000	0	0	0	0	0	0	4	40,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	812	49,242,745		(a).....					812	49,242,745
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(49)	(2,529,285)							(49)	(2,529,285)
23. In force December 31 of current year.....	763	46,713,460	0	(a).....0	0	0	0	0	763	46,713,460

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

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



DIRECT BUSINESS IN THE STATE OF **MISSOURI** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	386,933				386,933
2. Annuity considerations.....	7,259				7,259
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	394,192	0	0	0	394,192
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	320,590				320,590
10. Matured endowments.....					0
11. Annuity benefits.....	8,392				8,392
12. Surrender values and withdrawals for life contracts.....	126,665				126,665
13. 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.....	455,647	0	0	0	455,647

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	3,500							1	3,500
17. Incurred during current year.....	7	339,818							7	339,818
Settled during current year:										
18.1 By payment in full.....	6	320,590							6	320,590
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	320,590	0	0	0	0	0	0	6	320,590
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	320,590	0	0	0	0	0	0	6	320,590
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	22,728	0	0	0	0	0	0	2	22,728
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	518	34,473,096		(a).....					518	34,473,096
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(34)	(3,471,893)							(34)	(3,471,893)
23. In force December 31 of current year.....	484	31,001,203	0	(a).....0	0	0	0	0	484	31,001,203

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	601	609			
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).....	601	609	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	601	609	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	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	120,578				120,578
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).....	121,118	0	0	0	121,118
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	382,500				382,500
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.....	382,500	0	0	0	382,500

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		(0)							0	(0)
17. Incurred during current year.....	7	382,500							7	382,500
Settled during current year:										
18.1 By payment in full.....	7	382,500							7	382,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	7	382,500	0	0	0	0	0	0	7	382,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	7	382,500	0	0	0	0	0	0	7	382,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	0	(0)
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	121	12,357,909	(a)						121	12,357,909
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(443,313)							(6)	(443,313)
23. In force December 31 of current year.....	115	11,914,596	0	(a)	0	0	0	0	115	11,914,596

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF MONTANA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,184				9,184
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,184	0	0	0	9,184
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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.....	51				51
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	55	0	0	0	55
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).....	55	0	0	0	55
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	1,624				1,624
12. Surrender values and withdrawals for life contracts.....	9,362				9,362
13. 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.....	10,986	0	0	0	10,986

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	7,000							2	7,000
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).....	2	7,000	0	0	0	0	0	0	2	7,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	29	1,045,419	(a)						29	1,045,419
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	1	250,060							1	250,060
23. In force December 31 of current year.....	30	1,295,479	0	0	0	0	0	0	30	1,295,479

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **NORTH CAROLINA** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	248,769				248,769
2. Annuity considerations.....	900				900
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	249,669	0	0	0	249,669
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	205,920				205,920
10. Matured endowments.....					0
11. Annuity benefits.....	10,000				10,000
12. Surrender values and withdrawals for life contracts.....	16,396				16,396
13. 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.....	232,316	0	0	0	232,316

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	920							4	920
17. Incurred during current year.....	13	205,445							13	205,445
Settled during current year:										
18.1 By payment in full.....	16	205,920							16	205,920
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	16	205,920	0	0	0	0	0	0	16	205,920
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	16	205,920	0	0	0	0	0	0	16	205,920
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	445	0	0	0	0	0	0	1	445
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	254	21,290,868	(a)						254	21,290,868
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(25)	(1,656,522)							(25)	(1,656,522)
23. In force December 31 of current year.....	229	19,634,346	0	(a) 0	0	0	0	0	229	19,634,346

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	100,756				100,756
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	100,756	0	0	0	100,756
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	34,963				34,963
6.2 Applied to pay renewal premiums.....	1,802				1,802
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	405				405
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	37,170	0	0	0	37,170
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).....	37,170	0	0	0	37,170
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	700,454				700,454
10. Matured endowments.....					0
11. Annuity benefits.....	1,422				1,422
12. Surrender values and withdrawals for life contracts.....	30,199				30,199
13. 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.....	732,075	0	0	0	732,075

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	7	112,268							7	112,268
17. Incurred during current year.....	30	617,947							30	617,947
Settled during current year:										
18.1 By payment in full.....	29	700,454							29	700,454
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	29	700,454	0	0	0	0	0	0	29	700,454
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	29	700,454	0	0	0	0	0	0	29	700,454
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	8	29,761	0	0	0	0	0	0	8	29,761
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	742	15,553,369	(a)						742	15,553,369
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(46)	(1,886,393)							(46)	(1,886,393)
23. In force December 31 of current year.....	696	13,666,976	0	(a)	0	0	0	0	696	13,666,976

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

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



DIRECT BUSINESS IN THE STATE OF NEBRASKA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	62,668				62,668
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	62,668	0	0	0	62,668
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	30,695				30,695
10. Matured endowments.....					0
11. Annuity benefits.....	5,130				5,130
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	35,825	0	0	0	35,825

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	4,695							1	4,695
17. Incurred during current year.....	3	26,000							3	26,000
Settled during current year:										
18.1 By payment in full.....	4	30,695							4	30,695
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	30,695	0	0	0	0	0	0	4	30,695
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	30,695	0	0	0	0	0	0	4	30,695
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	54	3,992,490		(a).....					54	3,992,490
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(213,680)							(7)	(213,680)
23. In force December 31 of current year.....	47	3,778,810	0	(a).....0	0	0	0	0	47	3,778,810

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	62,554				62,554
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	62,554	0	0	0	62,554
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	146,326				146,326
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	3,000				3,000
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.....	149,326	0	0	0	149,326

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	5	136,326							5	136,326
Settled during current year:										
18.1 By payment in full.....	6	146,326							6	146,326
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	6	146,326	0	0	0	0	0	0	6	146,326
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	6	146,326	0	0	0	0	0	0	6	146,326
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	75	7,794,107		(a)					75	7,794,107
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(8)	(651,324)							(8)	(651,324)
23. In force December 31 of current year.....	67	7,142,783	0	(a)	0	0	0	0	67	7,142,783

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	394,274				394,274
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	394,274	0	0	0	394,274
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	558,681				558,681
10. Matured endowments.....					0
11. Annuity benefits.....	10,343				10,343
12. Surrender values and withdrawals for life contracts.....	5,278				5,278
13. 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.....	574,302	0	0	0	574,302

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		(0)							0	(0)
17. Incurred during current year.....	14	558,975							14	558,975
Settled during current year:										
18.1 By payment in full.....	12	558,681							12	558,681
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	12	558,681	0	0	0	0	0	0	12	558,681
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	12	558,681	0	0	0	0	0	0	12	558,681
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	294	0	0	0	0	0	0	2	294
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	363	30,730,180	(a)						363	30,730,180
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(35)	(2,057,004)							(35)	(2,057,004)
23. In force December 31 of current year.....	328	28,673,176	0	(a) 0	0	0	0	0	328	28,673,176

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF **NEW MEXICO** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	43,965				43,965
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	43,965	0	0	0	43,965
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	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
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	10,000				10,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	2,432				2,432
13. 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.....	12,432	0	0	0	12,432

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	1	700							1	700
Settled during current year:										
18.1 By payment in full.....	1	10,000							1	10,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	10,000	0	0	0	0	0	0	1	10,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	10,000	0	0	0	0	0	0	1	10,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	700	0	0	0	0	0	0	1	700
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	67	4,172,670	(a)						67	4,172,670
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(5)	(770,551)							(5)	(770,551)
23. In force December 31 of current year.....	62	3,402,119	0	0	0	0	0	0	62	3,402,119

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,012	1,012			
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).....	1,012	1,012	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,012	1,012	0	0	0

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



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	111,547				111,547
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	111,547	0	0	0	111,547
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....	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
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	2,308				2,308
12. Surrender values and withdrawals for life contracts.....	3,507				3,507
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	5,815	0	0	0	5,815

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		(0)							0	(0)
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	(0)	0	0	0	0	0	0	0	(0)
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	82	8,555,745	(a)						82	8,555,745
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(7)	(671,305)							(7)	(671,305)
23. In force December 31 of current year.....	75	7,884,440	0	(a)	0	0	0	0	75	7,884,440

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF NEW YORK 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	128,811				128,811
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	128,811	0	0	0	128,811
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	42				42
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	12				12
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	54	0	0	0	54
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).....	54	0	0	0	54
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	260,000				260,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	5,711				5,711
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.....	265,711	0	0	0	265,711

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	260,353							4	260,353
Settled during current year:										
18.1 By payment in full.....	3	260,000							3	260,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	260,000	0	0	0	0	0	0	3	260,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	260,000	0	0	0	0	0	0	3	260,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	353	0	0	0	0	0	0	1	353
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	72	8,104,855	(a)						72	8,104,855
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(8)	(902,274)							(8)	(902,274)
23. In force December 31 of current year.....	64	7,202,581	0	0	0	0	0	0	64	7,202,581

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	453,690				453,690
2. Annuity considerations.....	396				396
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	454,086	0	0	0	454,086
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
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.....	6				6
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	13	0	0	0	13
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).....	13	0	0	0	13
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	381,091				381,091
10. Matured endowments.....					0
11. Annuity benefits.....	18,906				18,906
12. Surrender values and withdrawals for life contracts.....	57,612				57,612
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.....	457,609	0	0	0	457,609

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	107							1	107
17. Incurred during current year.....	58	433,868							58	433,868
Settled during current year:										
18.1 By payment in full.....	49	381,091							49	381,091
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	49	381,091	0	0	0	0	0	0	49	381,091
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	49	381,091	0	0	0	0	0	0	49	381,091
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	10	52,884	0	0	0	0	0	0	10	52,884
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	702	40,846,818	(a)						702	40,846,818
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(66)	(1,838,518)							(66)	(1,838,518)
23. In force December 31 of current year.....	636	39,008,300	0	0	0	0	0	0	636	39,008,300

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	259	259			
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).....	259	259	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	259	259	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 OKLAHOMA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	128,027				128,027
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	128,027	0	0	0	128,027
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	500				500
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).....	500	0	0	0	500
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).....	500	0	0	0	500
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	170,000				170,000
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....	6,833				6,833
13. 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.....	176,833	0	0	0	176,833

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	20,000							2	20,000
17. Incurred during current year.....	2	150,000							2	150,000
Settled during current year:										
18.1 By payment in full.....	4	170,000							4	170,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	170,000	0	0	0	0	0	0	4	170,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	170,000	0	0	0	0	0	0	4	170,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	121	10,575,249		(a).....					121	10,575,249
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(13)	(1,012,125)							(13)	(1,012,125)
23. In force December 31 of current year.....	108	9,563,124	0	(a).....0	0	0	0	0	108	9,563,124

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **OREGON** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	76,276				76,276
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	76,276	0	0	0	76,276
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	69				69
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	49				49
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	118	0	0	0	118
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).....	118	0	0	0	118
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	216,500				216,500
10. Matured endowments.....					0
11. Annuity benefits.....	8,991				8,991
12. Surrender values and withdrawals for life contracts.....	15,948				15,948
13. 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.....	241,439	0	0	0	241,439

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	150,000							1	150,000
17. Incurred during current year.....	5	67,620							5	67,620
Settled during current year:										
18.1 By payment in full.....	4	216,500							4	216,500
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	4	216,500	0	0	0	0	0	0	4	216,500
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	4	216,500	0	0	0	0	0	0	4	216,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	1,120	0	0	0	0	0	0	2	1,120
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	98	6,236,993	(a)						98	6,236,993
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(9)	(287,207)							(9)	(287,207)
23. In force December 31 of current year.....	89	5,949,786	0	0	0	0	0	0	89	5,949,786

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	16,670				16,670
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	16,670	0	0	0	16,670
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	4,296				4,296
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.....	4,296	0	0	0	4,296

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	8	1,231,154	(a)						8	1,231,154
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	(105)							(1)	(105)
23. In force December 31 of current year.....	7	1,231,049	0	0	0	0	0	0	7	1,231,049

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	365,093				365,093
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	365,093	0	0	0	365,093
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	540,810				540,810
10. Matured endowments.....					0
11. Annuity benefits.....	21,652				21,652
12. Surrender values and withdrawals for life contracts.....	3,159				3,159
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	565,621	0	0	0	565,621

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	2,405							1	2,405
17. Incurred during current year.....	16	613,038							16	613,038
Settled during current year:										
18.1 By payment in full.....	13	540,810							13	540,810
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	13	540,810	0	0	0	0	0	0	13	540,810
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	13	540,810	0	0	0	0	0	0	13	540,810
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	4	74,633	0	0	0	0	0	0	4	74,633
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	341	32,139,764		(a).....					341	32,139,764
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(25)	(2,525,162)							(25)	(2,525,162)
23. In force December 31 of current year.....	316	29,614,602	0	(a).....0	0	0	0	0	316	29,614,602

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	1,252	1,252			
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	1,252	1,252	0	0	0
25.6 Totals (Sum of Lines 25.1 to 25.5).....	1,252	1,252	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	1,252	1,252	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 PUERTO RICO 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....					0
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....					0
12. Surrender values and withdrawals for life contracts.....					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid....	0	0	0	0	0
14. All other benefits, except accident and health.....					0
15. Totals.....	0	0	0	0	0

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DIRECT BUSINESS IN THE STATE OF **RHODE ISLAND** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	9,914				9,914
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	9,914	0	0	0	9,914
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	25,000				25,000
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.....	25,000	0	0	0	25,000

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	10,000							1	10,000
17. Incurred during current year.....	1	15,000							1	15,000
Settled during current year:										
18.1 By payment in full.....	2	25,000							2	25,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	25,000	0	0	0	0	0	0	2	25,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	25,000	0	0	0	0	0	0	2	25,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	15	387,351		(a).....					15	387,351
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(1)	175,038							(1)	175,038
23. In force December 31 of current year.....	14	562,389	0	(a).....0	0	0	0	0	14	562,389

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	250,965				250,965
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).....	251,925	0	0	0	251,925
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	223,684				223,684
10. Matured endowments.....					0
11. Annuity benefits.....	8,027				8,027
12. Surrender values and withdrawals for life contracts.....	32,071				32,071
13. 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.....	263,782	0	0	0	263,782

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	1	184							1	184
17. Incurred during current year.....	11	234,500							11	234,500
Settled during current year:										
18.1 By payment in full.....	10	223,684							10	223,684
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	10	223,684	0	0	0	0	0	0	10	223,684
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	10	223,684	0	0	0	0	0	0	10	223,684
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	11,000	0	0	0	0	0	0	2	11,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	265	19,350,014		(a)					265	19,350,014
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(23)	(1,498,295)							(23)	(1,498,295)
23. In force December 31 of current year.....	242	17,851,719	0	(a)	0	0	0	0	242	17,851,719

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	21,431				21,431
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	21,431	0	0	0	21,431
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	153				153
6.2 Applied to pay renewal premiums.....	349				349
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).....	505	0	0	0	505
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).....	505	0	0	0	505
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	113,770				113,770
10. Matured endowments.....					0
11. Annuity benefits.....	14,666				14,666
12. Surrender values and withdrawals for life contracts.....	8,959				8,959
13. 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.....	137,395	0	0	0	137,395

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	4	116,996							4	116,996
Settled during current year:										
18.1 By payment in full.....	3	113,770							3	113,770
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	113,770	0	0	0	0	0	0	3	113,770
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	113,770	0	0	0	0	0	0	3	113,770
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	3,226	0	0	0	0	0	0	1	3,226
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	87	2,444,367		(a).....					87	2,444,367
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(3)	(153,259)							(3)	(153,259)
23. In force December 31 of current year.....	84	2,291,108	0	(a).....0	0	0	0	0	84	2,291,108

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF **TENNESSEE** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	322,228				322,228
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	322,228	0	0	0	322,228
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	110,274				110,274
10. Matured endowments.....					0
11. Annuity benefits.....	4,952				4,952
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.....	115,226	0	0	0	115,226

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....		(0)							0	(0)
17. Incurred during current year.....	4	117,629							4	117,629
Settled during current year:										
18.1 By payment in full.....	3	110,274							3	110,274
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	3	110,274	0	0	0	0	0	0	3	110,274
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	3	110,274	0	0	0	0	0	0	3	110,274
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	7,355	0	0	0	0	0	0	1	7,355
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	218	22,254,151	(a)						218	22,254,151
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(8)	(320,430)							(8)	(320,430)
23. In force December 31 of current year.....	210	21,933,721	0	(a)	0	0	0	0	210	21,933,721

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	720	720			
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).....	720	720	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	720	720	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 **TEXAS** 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	868,408				868,408
2. Annuity considerations.....	350				350
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	868,758	0	0	0	868,758
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	573				573
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).....	605	0	0	0	605
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).....	605	0	0	0	605
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,465,178				1,465,178
10. Matured endowments.....					0
11. Annuity benefits.....	9,797				9,797
12. Surrender values and withdrawals for life contracts.....	187,408				187,408
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.....	1,662,383	0	0	0	1,662,383

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	119,000							3	119,000
17. Incurred during current year.....	23	1,382,860							23	1,382,860
Settled during current year:										
18.1 By payment in full.....	23	1,465,178							23	1,465,178
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	23	1,465,178	0	0	0	0	0	0	23	1,465,178
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	23	1,465,178	0	0	0	0	0	0	23	1,465,178
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	36,682	0	0	0	0	0	0	3	36,682
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	720	68,626,059		(a).....					720	68,626,059
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(45)	(6,874,437)							(45)	(6,874,437)
23. In force December 31 of current year.....	675	61,751,622	0	(a).....0	0	0	0	0	675	61,751,622

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....					
25.2 Guaranteed renewable (b).....	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	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	269	269	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 UTAH 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	45,292				45,292
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).....	45,434	0	0	0	45,434
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	255,000				255,000
10. Matured endowments.....					0
11. Annuity benefits.....	17,729				17,729
12. Surrender values and withdrawals for life contracts.....	1,270				1,270
13. 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.....	273,999	0	0	0	273,999

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	2	255,000							2	255,000
Settled during current year:										
18.1 By payment in full.....	2	255,000							2	255,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	255,000	0	0	0	0	0	0	2	255,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	255,000	0	0	0	0	0	0	2	255,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	48	4,484,510	(a)						48	4,484,510
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(4)	(553,000)							(4)	(553,000)
23. In force December 31 of current year.....	44	3,931,510	0	0	0	0	0	0	44	3,931,510

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

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



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	242,011				242,011
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).....	242,251	0	0	0	242,251
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
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
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	357,989				357,989
10. Matured endowments.....					0
11. Annuity benefits.....	987				987
12. Surrender values and withdrawals for life contracts.....	54,692				54,692
13. 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.....	413,668	0	0	0	413,668

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	4	107,386							4	107,386
17. Incurred during current year.....	12	253,189							12	253,189
Settled during current year:										
18.1 By payment in full.....	14	357,989							14	357,989
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	14	357,989	0	0	0	0	0	0	14	357,989
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	14	357,989	0	0	0	0	0	0	14	357,989
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	2	2,586	0	0	0	0	0	0	2	2,586
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	300	20,732,177	(a)						300	20,732,177
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(25)	(1,897,638)							(25)	(1,897,638)
23. In force December 31 of current year.....	275	18,834,539	0	0	0	0	0	0	275	18,834,539

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

ACCIDENT AND HEALTH INSURANCE

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

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



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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR
NAIC Group Code....0084 NAIC Company Code....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	14,750				14,750
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	14,750	0	0	0	14,750
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,000,000				1,000,000
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.....	1,000,000	0	0	0	1,000,000

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....	1	1,000,000							1	1,000,000
Settled during current year:										
18.1 By payment in full.....	1	1,000,000							1	1,000,000
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	1	1,000,000	0	0	0	0	0	0	1	1,000,000
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	1	1,000,000	0	0	0	0	0	0	1	1,000,000
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	16	2,869,724	(a)						16	2,869,724
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(1,150,000)							(2)	(1,150,000)
23. In force December 31 of current year.....	14	1,719,724	0	0	0	0	0	0	14	1,719,724

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

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



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR
NAIC Group Code.....0084 NAIC Company Code.....67083

LIFE INSURANCE

	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	127,885				127,885
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	127,885	0	0	0	127,885
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	14,212				14,212
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....	(331)				(331)
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	13,881	0	0	0	13,881
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).....	13,881	0	0	0	13,881
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	655,361				655,361
10. Matured endowments.....	700				700
11. Annuity benefits.....	2,588				2,588
12. Surrender values and withdrawals for life contracts.....	30,746				30,746
13. 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.....	689,395	0	0	0	689,395

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	7	12,700							7	12,700
17. Incurred during current year.....	15	645,161							15	645,161
Settled during current year:										
18.1 By payment in full.....	19	656,061							19	656,061
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	19	656,061	0	0	0	0	0	0	19	656,061
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	19	656,061	0	0	0	0	0	0	19	656,061
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	3	1,800	0	0	0	0	0	0	3	1,800
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	288	12,033,120	(a)						288	12,033,120
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(36)	(2,382,901)							(36)	(2,382,901)
23. In force December 31 of current year.....	252	9,650,219	0	(a)	0	0	0	0	252	9,650,219

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

ACCIDENT AND HEALTH INSURANCE

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

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



DIRECT BUSINESS IN THE STATE OF 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	1,158,179				1,158,179
2. Annuity considerations.....	47,650				47,650
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	1,205,829	0	0	0	1,205,829
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....	76				76
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).....	184	0	0	0	184
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).....	184	0	0	0	184
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,103,457				1,103,457
10. Matured endowments.....	7,000				7,000
11. Annuity benefits.....	225,375				225,375
12. Surrender values and withdrawals for life contracts.....	422,464				422,464
13. 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.....	1,758,296	0	0	0	1,758,296

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	3	40,001							3	40,001
17. Incurred during current year.....	39	1,279,012							39	1,279,012
Settled during current year:										
18.1 By payment in full.....	35	1,110,457							35	1,110,457
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	35	1,110,457	0	0	0	0	0	0	35	1,110,457
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	35	1,110,457	0	0	0	0	0	0	35	1,110,457
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	7	208,556	0	0	0	0	0	0	7	208,556
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	2,435	129,208,957		(a).....					2,435	129,208,957
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(116)	(6,446,953)							(116)	(6,446,953)
23. In force December 31 of current year.....	2,319	122,762,004	0	(a).....0	0	0	0	0	2,319	122,762,004

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b).....					
24.1 Federal Employee Health Benefits Plan premium (b).....					
24.2 Credit (group and individual).....					
24.3 Collectively renewable policies/certificates (b).....					
24.4 Medicare Title XVIII exempt from state taxes or fees.....					
Other Individual Policies:					
25.1 Non-cancelable (b).....	3,879	3,929			
25.2 Guaranteed renewable (b).....					
25.3 Non-renewable for stated reasons only (b).....					
25.4 Other accident only.....					
25.5 All other (b).....	3,879				
25.6 Totals (Sum of Lines 25.1 to 25.5).....	3,879	3,929	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).....	3,879	3,929	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 WEST VIRGINIA 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	28,352				28,352
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	28,352	0	0	0	28,352
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....	1,160				1,160
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.....	1,160	0	0	0	1,160

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....	2	1,160							2	1,160
17. Incurred during current year.....	1	5,000							1	5,000
Settled during current year:										
18.1 By payment in full.....	2	1,160							2	1,160
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	2	1,160	0	0	0	0	0	0	2	1,160
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	2	1,160	0	0	0	0	0	0	2	1,160
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	33	2,416,595		(a).....					33	2,416,595
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(6)	(460,854)							(6)	(460,854)
23. In force December 31 of current year.....	27	1,955,741	0	(a).....0	0	0	0	0	27	1,955,741

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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



DIRECT BUSINESS IN THE STATE OF WYOMING 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
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance.....	24,093				24,093
2. Annuity considerations.....					0
3. Deposit-type contract funds.....		XXX		XXX	0
4. Other considerations.....					0
5. Totals (Sum of Lines 1 to 4).....	24,093	0	0	0	24,093
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit.....					0
6.2 Applied to pay renewal premiums.....					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period.....					0
6.4 Other.....					0
6.5 Totals (Sum of Lines 6.1 to 6.4).....	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit.....					0
7.2 Applied to provide paid-up annuities.....					0
7.3 Other.....					0
7.4 Totals (Sum of Lines 7.1 to 7.3).....	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4).....	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits.....					0
10. Matured endowments.....					0
11. Annuity benefits.....	2,042				2,042
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.....	2,042	0	0	0	2,042

DETAILS OF WRITE-INS

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year.....									0	0
17. Incurred during current year.....									0	0
Settled during current year:										
18.1 By payment in full.....									0	0
18.2 By payment on compromised claims.....									0	0
18.3 Totals paid.....	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise.....									0	0
18.5 Amount rejected.....									0	0
18.6 Total settlements.....	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6).....	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year.....	24	1,812,561	(a)						24	1,812,561
21. Issued during year.....									0	0
22. Other changes to in force (Net).....	(2)	(200,000)							(2)	(200,000)
23. In force December 31 of current year.....	22	1,612,561	0	0	0	0	0	0	22	1,612,561

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

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

Annual Statement for the year 2020 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.....	4,272,646
2. Current year's realized pre-tax capital gains/(losses) of \$.....(306,944) transferred into the reserve net of taxes of \$.....(64,458).....	(242,486)
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).....	4,030,161
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4).....	387,259
6. Reserve as of December 31, current year (Line 4 minus Line 5).....	3,642,902

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. 2020.....	403,151	(15,892)		387,259
2. 2021.....	385,363	(29,495)		355,867
3. 2022.....	372,111	(27,492)		344,619
4. 2023.....	359,956	(28,523)		331,433
5. 2024.....	346,595	(29,328)		317,267
6. 2025.....	339,365	(30,371)		308,994
7. 2026.....	324,124	(28,077)		296,048
8. 2027.....	299,551	(22,201)		277,349
9. 2028.....	263,553	(16,094)		247,459
10. 2029.....	227,015	(9,754)		217,262
11. 2030.....	187,031	(3,411)		183,619
12. 2031.....	153,255	(124)		153,131
13. 2032.....	121,996	(127)		121,869
14. 2033.....	100,865	(133)		100,732
15. 2034.....	80,002	(136)		79,867
16. 2035.....	62,968	(139)		62,829
17. 2036.....	47,960	(145)		47,815
18. 2037.....	34,691	(151)		34,541
19. 2038.....	23,064	(151)		22,913
20. 2039.....	16,496	(159)		16,336
21. 2040.....	17,229	(162)		17,067
22. 2041.....	17,596	(151)		17,445
23. 2042.....	18,695	(115)		18,580
24. 2043.....	19,062	(86)		18,976
25. 2044.....	17,962	(53)		17,909
26. 2045.....	14,296	(18)		14,279
27. 2046.....	10,264			10,264
28. 2047.....	6,232			6,232
29. 2048.....	2,199			2,199
30. 2049.....				0
31. 2050 and Later.....				0
32. Total (Lines 1 to 31).....	4,272,646	(242,486)	0	4,030,160

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.....	1,002,230		1,002,230	0		0	1,002,230
2. Realized capital gains/(losses) net of taxes - General Account.....	(940,767)		(940,767)			0	(940,767)
3. Realized capital gains/(losses) net of taxes - Separate Accounts.....			0			0	0
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account.....	(33,862)		(33,862)			0	(33,862)
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.....	194,713		194,713			0	194,713
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7).....	222,314	0	222,314	0	0	0	222,314
9. Maximum reserve.....	915,122		915,122			0	915,122
10. Reserve objective.....	552,374		552,374			0	552,374
11. 20% of (Line 10 minus Line 8).....	66,012	0	66,012	(0)	0	(0)	66,012
12. Balance before transfers (Lines 8 + 11).....	288,326	0	288,326	0	0	0	288,326
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).....	288,326	0	288,326	0	0	0	288,326

Annual Statement for the year 2020 of the

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Designation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
30		LONG-TERM BONDS										
	1	Exempt obligations	6,923,491	.XXX	XXX	6,923,491	0.0000	0	0.0000	0	0.0000	0
	2.1	NAIC Designation Category 1.A	3,019,911	.XXX	XXX	3,019,911	0.0005	1,510	0.0016	4,832	0.0033	9,966
	2.2	NAIC Designation Category 1.B	4,082,118	.XXX	XXX	4,082,118	0.0005	2,041	0.0016	6,531	0.0033	13,471
	2.3	NAIC Designation Category 1.C	4,847,267	.XXX	XXX	4,847,267	0.0005	2,424	0.0016	7,756	0.0033	15,996
	2.4	NAIC Designation Category 1.D	7,805,105	.XXX	XXX	7,805,105	0.0005	3,903	0.0016	12,488	0.0033	25,757
	2.5	NAIC Designation Category 1.E	5,647,634	.XXX	XXX	5,647,634	0.0005	2,824	0.0016	9,036	0.0033	18,637
	2.6	NAIC Designation Category 1.F	12,780,673	.XXX	XXX	12,780,673	0.0005	6,390	0.0016	20,449	0.0033	42,176
	2.7	NAIC Designation Category 1.G	12,192,509	.XXX	XXX	12,192,509	0.0005	6,096	0.0016	19,508	0.0033	40,235
	2.8	Subtotal NAIC (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	50,375,217	.XXX	XXX	50,375,217	XXX	25,188	XXX	80,600	XXX	166,238
	3.1	NAIC Designation Category 2.A	17,456,036	.XXX	XXX	17,456,036	0.0021	36,658	0.0064	111,719	0.0106	185,034
	3.2	NAIC Designation Category 2.B	19,141,288	.XXX	XXX	19,141,288	0.0021	40,197	0.0064	122,504	0.0106	202,898
	3.3	NAIC Designation Category 2.C	9,232,941	.XXX	XXX	9,232,941	0.0021	19,389	0.0064	59,091	0.0106	97,869
	3.4	Subtotal NAIC (3.1+3.2+3.3)	45,830,265	.XXX	XXX	45,830,265	XXX	96,244	XXX	293,314	XXX	485,801
	4.1	NAIC Designation Category 3.A	1,152,389	.XXX	XXX	1,152,389	0.0099	11,409	0.0263	30,308	0.0376	43,330
	4.2	NAIC Designation Category 3.B	2,888,584	.XXX	XXX	2,888,584	0.0099	28,597	0.0263	75,970	0.0376	108,611
	4.3	NAIC Designation Category 3.C	1,469,789	.XXX	XXX	1,469,789	0.0099	14,551	0.0263	38,655	0.0376	55,264
	4.4	Subtotal NAIC (4.1+4.2+4.3)	5,510,763	.XXX	XXX	5,510,763	XXX	54,557	XXX	144,933	XXX	207,205
	5.1	NAIC Designation Category 4.A		.XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
	5.2	NAIC Designation Category 4.B		.XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
	5.3	NAIC Designation Category 4.C		.XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
	5.4	Subtotal NAIC (5.1+5.2+5.3)	0	.XXX	XXX	0	XXX	0	XXX	0	XXX	0
	6.1	NAIC Designation Category 5.A		.XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
	6.2	NAIC Designation Category 5.B		.XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
	6.3	NAIC Designation Category 5.C	297,225	.XXX	XXX	297,225	0.0630	18,725	0.1128	33,527	0.1880	55,878
	6.4	Subtotal NAIC (6.1+6.2+6.3)	297,225	.XXX	XXX	297,225	XXX	18,725	XXX	33,527	XXX	55,878
	7	NAIC 6		.XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
	8	Total unrated multi-class securities acquired by conversion		.XXX	XXX	0	XXX		XXX		XXX	
	9	Total long-term bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	108,936,961	.XXX	XXX	108,936,961	XXX	194,713	XXX	552,374	XXX	915,122
		PREFERRED STOCKS										
	10	Highest quality		.XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
	11	High quality		.XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
	12	Medium quality		.XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
	13	Low quality		.XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
	14	Lower quality		.XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
	15	In or near default		.XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
	16	Affiliated life with AVR		.XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
	17	Total preferred stocks (sum of Lines 10 through 16)	0	.XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols. 4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
31		SHORT-TERM BONDS										
	18	Exempt obligations		.XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
	19.1	1 NAIC Designation Category 1.A		.XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
	19.2	1 NAIC Designation Category 1.B		.XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
	19.3	1 NAIC Designation Category 1.C		.XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
	19.4	1 NAIC Designation Category 1.D		.XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
	19.5	1 NAIC Designation Category 1.E		.XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
	19.6	1 NAIC Designation Category 1.F		.XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
	19.7	1 NAIC Designation Category 1.G		.XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
	19.8	Subtotal NAIC (19.1+19.2+19.3+19.4+19.5+19.6+19.7)	0	.XXX	XXX	0	XXX	0	.XXX	0	.XXX	0
	20.1	2 NAIC Designation Category 2.A		.XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
	20.2	2 NAIC Designation Category 2.B		.XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
	20.3	2 NAIC Designation Category 2.C		.XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
	20.4	Subtotal NAIC (20.1+20.2+20.3)	0	.XXX	XXX	0	XXX	0	.XXX	0	.XXX	0
	21.1	3 NAIC Designation Category 3.A		.XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
	21.2	3 NAIC Designation Category 3.B		.XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
	21.3	3 NAIC Designation Category 3.C		.XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
	21.4	Subtotal NAIC (21.1+21.2+21.3)	0	.XXX	XXX	0	XXX	0	.XXX	0	.XXX	0
	22.1	4 NAIC Designation Category 4.A		.XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
	22.2	4 NAIC Designation Category 4.B		.XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
	22.3	4 NAIC Designation Category 4.C		.XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
	22.4	Subtotal NAIC (22.1+22.2+22.3)	0	.XXX	XXX	0	XXX	0	.XXX	0	.XXX	0
	23.1	5 NAIC Designation Category 5.A		.XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
	23.2	5 NAIC Designation Category 5.B		.XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
	23.3	5 NAIC Designation Category 5.C		.XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
	23.4	Subtotal NAIC (23.1+23.2+23.3)	0	.XXX	XXX	0	XXX	0	.XXX	0	.XXX	0
	24	6 NAIC 6		.XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
	25	Total short-term bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	.XXX	XXX	0	XXX	0	.XXX	0	.XXX	0
		DERIVATIVE INSTRUMENTS										
	26	Exchange traded		.XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
	27	1 Highest quality		.XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
	28	2 High quality		.XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
	29	3 Medium quality		.XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
	30	4 Low quality		.XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
	31	5 Lower quality		.XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
	32	6 In or near default		.XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
	33	Total derivative instruments	0	.XXX	XXX	0	XXX	0	.XXX	0	.XXX	0
	34	Total (Lines 9 + 17 + 25 + 33)	108,936,961	.XXX	XXX	108,936,961	XXX	194,713	.XXX	552,374	.XXX	915,122

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

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SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written.....	4,798	XXX		XXX		XXX		XXX	6,086	XXX	(1,288)	XXX		XXX		XXX		XXX
2.	Premiums earned.....	4,605	XXX		XXX		XXX		XXX	5,893	XXX	(1,288)	XXX		XXX		XXX		XXX
3.	Incurred claims.....	(26,246)	(569.9)		0		0.0		0.0	(26,246)	(445.4)	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
5.	Incurred claims and cost containment expenses (Lines 3 and 4).....	(26,246)	(569.9)		0		0.0		0.0	(26,246)	(445.4)	0	0.0	0	0.0	0	0.0	0	0.0
6.	Increase in contract reserves.....	(315)	(6.8)		0		0.0		0.0	(315)	(5.3)	0	0.0	0	0.0	0	0.0	0	0.0
7.	Commissions (a).....	(15,577)	(338.3)		0.0		0.0		0.0		0.0	(15,577)	1,209.4		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
9.	Taxes, licenses and fees.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
10.	Total other expenses incurred.....	(15,577)	(338.3)		0		0.0		0.0	0	0.0	(15,577)	1,209.4		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
12.	Gain from underwriting before dividends or refunds.....	46,743	1,015.0		0		0.0		0.0	32,454	550.7	14,289	(1,109.4)		0		0.0		0.0
13.	Dividends or refunds.....	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14.	Gain from underwriting after dividends or refunds.....	46,743	1,015.0		0		0.0		0.0	32,454	550.7	14,289	(1,109.4)		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
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

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

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SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit A&H (Group and Individual)	Collectively Renewable	Non-Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums.....	497				458	39			
2. Advance premiums.....	0								
3. Reserve for rate credits.....	0								
4. Total premium reserves, current year.....	497	0	0	0	458	39	0	0	0
5. Total premium reserves, prior year.....	304				265	39			
6. Increase in total premium reserves.....	193	0	0	0	193	0	0	0	0
B. Contract Reserves:									
1. Additional reserves (a).....	8,129				8,129				
2. Reserve for future contingent benefits.....	0								
3. Total contract reserves, current year.....	8,129	0	0	0	8,129	0	0	0	0
4. Total contract reserves, prior year.....	8,444				8,444				
5. Increase in contract reserves.....	(315)	0	0	0	(315)	0	0	0	0
C. Claim Reserves and Liabilities:									
1. Total current year.....	84,000	0	0	0	84,000	0	0	0	0
2. Total prior year.....	110,246				110,246				
3. Increase.....	(26,246)	0	0	0	(26,246)	0	0	0	0

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

1. Claims Paid During the Year:									
1.1 On claims incurred prior to current year.....	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.....	84,000				84,000				
2.2 On claims incurred during current year.....	0								
3. Test:									
3.1 Lines 1.1 and 2.1.....	84,000	0	0	0	84,000	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.....	(26,246)	0	0	0	(26,246)	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.....	80,756				713	80,043			
2. Premiums earned.....	80,935				883	80,052			
3. Incurred claims.....	159,783					159,783			
4. Commissions.....	15,602					15,602			

(a) Includes \$0 premium deficiency reserve.

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MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred claims.....			133,537	133,537
2. Beginning claim reserves and liabilities.....			724,131	724,131
3. Ending claim reserves and liabilities.....			636,852	636,852
4. Claims paid.....	0	0	220,816	220,816
B. Assumed Reinsurance:				
5. Incurred claims.....				0
6. Beginning claim reserves and liabilities.....				0
7. Ending claim reserves and liabilities.....				0
8. Claims paid.....	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred claims.....			159,783	159,783
10. Beginning claim reserves and liabilities.....			613,885	613,885
11. Ending claim reserves and liabilities.....			552,852	552,852
12. Claims paid.....	0	0	220,816	220,816
D. Net:				
13. Incurred claims.....	0	0	(26,246)	(26,246)
14. Beginning claim reserves and liabilities.....	0	0	110,246	110,246
15. Ending claim reserves and liabilities.....	0	0	84,000	84,000
16. Claims paid.....	0	0	0	0
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses.....			(26,246)	(26,246)
18. Beginning reserves and liabilities.....			110,246	110,246
19. Ending reserves and liabilities.....			84,000	84,000
20. Paid claims and cost containment expenses.....	0	0	0	0

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

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

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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	2	3	4	5	6	7
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Paid Losses	Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	250,000	45,082
66346.....	58-0828824....	04/01/1991	Munich American Reassurance Company.....	GA.....	27,102	31,337
88099.....	75-1608507....	10/01/1991	Optimum Re Insurance Company.....	TX.....	30,000	.....
67105.....	41-0451140....	04/01/1991	Reliastar Life Insurance Company.....	MN.....	21,728	31,337
68713.....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	73,761	.....
82627.....	06-0839705....	07/01/1989	Swiss Re Life and Health of America Inc.....	MO.....	73,761	.....
82627.....	06-0839705....	03/01/1986	Swiss Re Life and Health of America Inc.....	MO.....	50,000	.....
82627.....	06-0839705....	10/01/1981	Swiss Re Life and Health of America Inc.....	MO.....	.....	.....135,000
82627.....	06-0839705....	01/01/1981	Swiss Re Life and Health of America Inc.....	MO.....	.....	.....5,000
82627.....	06-0839705....	02/01/1987	Swiss Re Life and Health of America Inc.....	MO.....	.....	.....30,000
0899999.	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates.....				526,352	277,756
1099999.	Total - Life and Annuity Non-Affiliates.....				526,352	277,756
1199999.	Total - Life and Annuity.....				526,352	277,756
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
86258.....	13-2572994....	01/01/1997	General Re Life Corporation.....	CT.....	.....	.....165,037
1999999.	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates.....				0	165,037
2199999.	Total - Accident and Health Non-Affiliates.....				0	165,037
2299999.	Total - Accident and Health.....				0	165,037
2399999.	Total U.S.....				526,352	442,793
9999999.	Total.....				526,352	442,793

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
68276.....	48-1024691....	11/01/1979	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	2,855,276	1,421	1,375	43,325				
68276.....	48-1024691....	07/01/1989	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	627,999	13,960	12,636	28,353				
68276.....	48-1024691....	01/01/1990	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	200,000	1,441	1,441	9,226				
68276.....	48-1024691....	06/01/1990	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	3,199,553	44,646	43,274	58,258				
68276.....	48-1024691....	06/01/1990	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	346,054	8,251	7,500	15,669				
68276.....	48-1024691....	06/01/1990	Employers Reassurance Corporation.....	KS.....	YRT/I.....	OL.....	42,324	72	212	1,975				
68276.....	48-1024691....	11/01/1993	Employers Reassurance Corporation.....	KS.....	OTH/I.....	OL.....	-	69,256	67,270	-				
68276.....	48-1024691....	02/01/1996	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	7,002,000	54,287	55,226	63,580				
68276.....	48-1024691....	02/01/1996	Employers Reassurance Corporation.....	KS.....	CO/I.....	OL.....	3,816,750	23,789	26,844	46,576				
86258.....	13-2572994....	10/01/1972	General Re Life Corporation.....	CT.....	YRT/I.....	OL.....	21,515	954	936	411				
88340.....	59-2859797....	07/01/1995	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	3,153,421	20,714	19,988	21,706				
88340.....	59-2859797....	07/01/1995	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	3,741,750	23,377	26,349	33,356				
88340.....	59-2859797....	11/01/1996	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	1,399,399	7,996	7,868	10,799				
88340.....	59-2859797....	11/01/1996	Hannover Life Reassurance Company of America.....	FL.....	YRT/I.....	OL.....	42,324	72	212	1,562				
88340.....	59-2859797....	07/01/2019	Hannover Life Reassurance Company of America.....	FL.....	COFW/I.....	OL.....	375,164,944	55,211,165	54,839,020	4,660,836				52,535,265
65676.....	35-0472300....	08/01/1979	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	19,830	338	278	231				
65676.....	35-0472300....	06/01/1990	Lincoln National Life Insurance Company.....	IN.....	CO/I.....	OL.....	1,648,333	24,167	23,412	27,441				
65676.....	35-0472300....	06/01/1991	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	81,688	700	715	11,571				
65676.....	35-0472300....	03/01/1993	Lincoln National Life Insurance Company.....	IN.....	YRT/I.....	OL.....	407,172	2,403	2,216	2,596				
66346.....	58-0828824....	04/01/1991	Munich American Reassurance Company.....	GA.....	CO/I.....	OL.....	1,796,808	1,657,247	1,876,473	-				
88099.....	75-1608507....	01/01/1969	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	45,028	514	447	961				
88099.....	75-1608507....	01/01/1981	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	65,000	10,945	10,428	4,956				
88099.....	75-1608507....	03/01/1982	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	9,557	30	2,056	6,394				
88099.....	75-1608507....	04/01/1987	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	3,009,710	94,068	82,911	72,722				
88099.....	75-1608507....	07/01/1989	Optimum Re Insurance Company.....	TX.....	YRT/I.....	OL.....	999,953	20,435	26,739	3,965				
88099.....	75-1608507....	07/04/1989	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	2,697,084	948	1,540	24,799				
88099.....	75-1608507....	10/01/1991	Optimum Re Insurance Company.....	TX.....	CO/I.....	OL.....	13,149,000	113,563	113,491	136,006				
67105.....	41-0451140....	04/01/1991	Reliastar Life Insurance Company.....	MN.....	CO/I.....	OL.....	1,796,808	1,657,247	1,876,473	-				
93572.....	43-1235868....	11/01/1985	RGA Reinsurance Company.....	MO.....	CO/I.....	OL.....	4,589,063	13,295	17,087	51,664				
93572.....	43-1235868....	01/01/1992	RGA Reinsurance Company.....	MO.....	YRT/I.....	OL.....	13,983,000	143,563	151,957	88,025				
87572.....	23-2038295....	12/01/1980	Scottish Re (US) Inc.....	DE.....	CO/I.....	OL.....	25,000	9,877	9,504	-				
68713.....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	8,288,171	-	-	189,831				
68713.....	84-0499703....	09/01/1986	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	203,031	-	-	40,363				
68713.....	84-0499703....	04/01/1988	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	4,065,804	9,630	9,501	53,230				
68713.....	84-0499703....	01/01/1992	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	725,000	4,234	4,576	4,387				
68713.....	84-0499703....	11/01/1993	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	7,091,500	55,096	56,100	53,485				
68713.....	84-0499703....	01/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	8,107,750	48,878	103,124	33,116				

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

44.1

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
68713.....	84-0499703....	01/01/1996	Security Life of Denver Insurance Company.....	CO.....	OTH/I.....	OL.....	-	147,750	125,622	- .....	.....	.....	.....	.....
68713.....	84-0499703....	05/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	42,324	72	212	1,976	.....	.....	.....	.....
68713.....	84-0499703....	11/01/1996	Security Life of Denver Insurance Company.....	CO.....	YRT/I.....	OL.....	691,943	3,996	3,932	5,310	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	OTH/I.....	OL.....	-	130,626	146,349	- .....	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	78,084	255	243	279	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1967	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	15,995,817	196,739	186,502	92,043	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1980	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	50,000	2,869	2,644	1,885	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1980	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	4,000	400	378	523	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	2,392,080	39,733	57,260	52,510	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	122,500	1,278	1,169	2,379	.....	.....	.....	.....
82627.....	06-0839705....	08/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	45,000	1,750	1,612	1,137	.....	.....	.....	.....
82627.....	06-0839705....	10/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	2,475,000	1,144,819	1,186,534	38,430	.....	.....	.....	.....
82627.....	06-0839705....	11/01/1981	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	5,673,845	22,821	21,914	242,666	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	3,054,946	1,549	1,878	39,974	.....	.....	.....	.....
82627.....	06-0839705....	07/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	550,000	254,537	242,449	16,277	.....	.....	.....	.....
82627.....	06-0839705....	07/01/1983	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	64,931	309	2,312	9,058	.....	.....	.....	.....
82627.....	06-0839705....	03/01/1986	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	3,073,642	39,775	38,792	60,768	.....	.....	.....	.....
82627.....	06-0839705....	02/01/1987	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	1,965,986	447	520	10,845	.....	.....	.....	.....
82627.....	06-0839705....	07/01/1989	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	1,660,000	7,271	7,446	31,616	.....	.....	.....	.....
82627.....	06-0839705....	07/01/1989	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	6,175,694	136,080	140,840	206,309	.....	.....	.....	.....
82627.....	06-0839705....	04/01/1990	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	4,199,543	54,417	52,064	72,969	.....	.....	.....	.....
82627.....	06-0839705....	05/14/1990	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	236,280	8,022	7,285	11,511	.....	.....	.....	.....
82627.....	06-0839705....	03/01/1993	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	407,172	2,403	2,216	3,056	.....	.....	.....	.....
82627.....	06-0839705....	11/01/1993	Swiss Re Life & Health of America Inc.....	MO.....	CO/I.....	OL.....	5,059,500	41,499	43,514	54,860	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1996	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	3,816,750	23,788	26,844	35,734	.....	.....	.....	.....
82627.....	06-0839705....	01/01/1996	Swiss Re Life & Health of America Inc.....	MO.....	YRT/I.....	OL.....	42,324	72	212	2,570	.....	.....	.....	.....
65870.....	13-1004640....	01/01/1979	Manhattan Life Insurance Company.....	NY.....	CO/I.....	OL.....	49,000	1,371	1,264	1,679	.....	.....	.....	.....
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	4,146,363	6,471	7,092	125,422	.....	.....	.....	.....
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	2,351,935	-	-	36,238	.....	.....	.....	.....
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	YRT/I.....	OL.....	259,691	-	-	10,498	.....	.....	.....	.....
65870.....	13-1004640....	12/01/1988	Manhattan Life Insurance Company.....	NY.....	OTH/I.....	OL.....	-	176,637	170,755	- .....	.....	.....	.....	.....
97071.....	13-3126819....	12/01/1979	SCOR Global Life USA Reinsurance Company.....	DE.....	YRT/I.....	OL.....	740	3	3	.....	.....	.....	.....	.....
64688.....	75-6020048....	01/01/1981	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	50,000	2,432	2,237	3,979	.....	.....	.....	.....
64688.....	75-6020048....	02/01/1988	SCOR Global Life Americas Reinsurance Company.....	DE.....	YRT/I.....	OL.....	1,413,649	938	933	35,770	.....	.....	.....	.....
64688.....	75-6020048....	02/01/1988	SCOR Global Life Americas Reinsurance Company.....	DE.....	OTH/I.....	OL.....	-	41,802	40,722	- .....	.....	.....	.....	.....
64688.....	75-6020048....	11/01/1981	SCOR Global Life Americas Reinsurance Company.....	DE.....	YRT/I.....	OL.....	1,143,093	2,764	4,552	27,302	.....	.....	.....	.....
64688.....	75-6020048....	09/01/1991	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	86,934	59	59	481	.....	.....	.....	.....

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
64688.....	75-6020048....	09/15/1992	SCOR Global Life Americas Reinsurance Company.....	DE.....	CO/I.....	OL.....	8,564,000	61,488	63,327	51,281	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....						550,360,365	61,905,821	62,070,866	7,088,710	0	0	0	52,535,265
1099999.	Total - General Account - Authorized - Non-Affiliates.....						550,360,365	61,905,821	62,070,866	7,088,710	0	0	0	52,535,265
1199999.	Total - General Account - Authorized.....						550,360,365	61,905,821	62,070,866	7,088,710	0	0	0	52,535,265
4599999.	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified.....						550,360,365	61,905,821	62,070,866	7,088,710	0	0	0	52,535,265
9199999.	Total U.S.....						550,360,365	61,905,821	62,070,866	7,088,710	0	0	0	52,535,265
9999999.	Total.....						550,360,365	61,905,821	62,070,866	7,088,710	0	0	0	52,535,265

SCHEDULE S - PART 3 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other Than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
97071.....	13-3126819....	.12/01/1979	SCOR Global Life USA Reinsurance Company.....	DE.....	OTH/I.....	LTDI.....	713	284	3,267	.....	.....	.....	.....
86258.....	13-2572994....	.01/01/1997	General Re Life Corporation.....	CT.....	QA/I.....	LTC.....	80,043	196	3,315,951	.....	.....	.....	.....
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates.....			.....			.....80,756	480	3,319,218	0	0	0	0
1099999.	Total - General Account - Authorized - Non-Affiliates.....			.....			.....80,756	480	3,319,218	0	0	0	0
1199999.	Total - General Account - Authorized.....			.....			.....80,756	480	3,319,218	0	0	0	0
4599999.	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified.....			.....			.....80,756	480	3,319,218	0	0	0	0
9199999.	Total - U.S.....			.....			.....80,756	480	3,319,218	0	0	0	0
9999999.	Total.....			.....			.....80,756	480	3,319,218	0	0	0	0

Sch. S - Pt. 4
NONE

Sch. S - Pt. 5
NONE

Annual Statement for the year 2020 of the

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business

(\$000 Omitted)

		1	2	3	4	5
		2020	2019	2018	2017	2016
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts.....	7,169	7,891	8,662	(43,974)	17,108
2.	Commissions and reinsurance expense allowances.....	546	512	634	1,152	1,418
3.	Contract claims.....	11,322	14,286	15,216	28,140	23,431
4.	Surrender benefits and withdrawals for life contracts.....	1,428	1,760	1,682	3,889	3,646
5.	Dividends to policyholders and refunds to members.....	19	22	21	42	42
6.	Reserve adjustments on reinsurance ceded.....					
7.	Increase in aggregate reserves for life and accident and health contracts.....	246	3,447	3,356	70,531	(5,611)
B.	BALANCE SHEET ITEMS					
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.....	65,226	65,472	68,918	72,274	142,805
10.	Liability for deposit-type contracts.....					
11.	Contract claims unpaid.....	443	234	1,121	448	1,282
12.	Amounts recoverable on reinsurance.....	526	1,202	686	1,673	373
13.	Experience rating refunds due or unpaid.....					
14.	Policyholders' dividends and refunds to members (not included in Line 10).....					
15.	Commissions and reinsurance expense allowances due.....					
16.	Unauthorized reinsurance offset.....					
17.	Offset for reinsurance with certified reinsurers.....					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18.	Funds deposited by and withheld from (F).....			58,580	126,979	132,519
19.	Letters of credit (L).....			875	3,500	3,500
20.	Trust agreements (T).....					
21.	Other (O).....			6	25	40
D.	REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22.	Multiple beneficiary trust.....					
23.	Funds deposited by and withheld from (F).....					
24.	Letters of credit (L).....					
25.	Trust agreements (T).....					
26.	Other (O).....					

Annual Statement for the year 2020 of the

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	132,556,911		132,556,911
2. Reinsurance (Line 16).....	526,352	(526,352)	0
3. Premiums and considerations (Line 15).....	3,657,097		3,657,097
4. Net credit for ceded reinsurance.....	XXX	13,275,374	13,275,374
5. All other admitted assets (balance).....	2,935,424		2,935,424
6. Total assets excluding Separate Accounts (Line 26).....	139,675,784	12,749,022	152,424,806
7. Separate Account assets (Line 27).....			0
8. Total assets (Line 28).....	139,675,784	12,749,022	152,424,806
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2).....	66,078,254	65,225,519	131,303,773
10. Liability for deposit-type contracts (Line 3).....	1,671,237		1,671,237
11. Claim reserves (Line 4).....	3,464,491	442,794	3,907,285
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7).....	10,000		10,000
13. Premium & annuity considerations received in advance (Line 8).....	17,441		17,441
14. Other contract liabilities (Line 9).....	3,642,902		3,642,902
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).....	55,598,135	(52,919,291)	2,678,844
20. Total liabilities excluding Separate Accounts (Line 26).....	130,482,460	12,749,022	143,231,482
21. Separate Account liabilities (Line 27).....			0
22. Total liabilities (Line 28).....	130,482,460	12,749,022	143,231,482
23. Capital & surplus (Line 38).....	9,193,324	XXX	9,193,324
24. Total liabilities, capital & surplus (Line 39).....	139,675,784	12,749,022	152,424,806
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves.....	65,225,519		
26. Claim reserves.....	442,794		
27. Policyholder dividends/reserves.....	0		
28. Premium & annuity considerations received in advance.....	0		
29. Liability for deposit-type contracts.....	0		
30. Other contract liabilities.....	0		
31. Reinsurance ceded assets.....	526,352		
32. Other ceded reinsurance recoverables.....	0		
33. Total ceded reinsurance recoverables.....	66,194,665		
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.....	52,919,291		
40. Total ceded reinsurance payables/offsets.....	52,919,291		
41. Total net credit for ceded reinsurance.....	13,275,374		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.			Direct Business Only				6
			1	2	3	4	
			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	5
							Deposit-Type Contracts
							Totals
1.	Alabama.....	AL	47,269				47,269
2.	Alaska.....	AK	10,354				10,354
3.	Arizona.....	AZ	151,661				151,661
4.	Arkansas.....	AR	104,838	500			105,338
5.	California.....	CA	1,573,056	2,046			1,575,102
6.	Colorado.....	CO	160,061	200			160,261
7.	Connecticut.....	CT	110,117				110,117
8.	Delaware.....	DE	45,308				45,308
9.	District of Columbia.....	DC	9,899				9,899
10.	Florida.....	FL	685,147	1,251	255	73,335	759,988
11.	Georgia.....	GA	390,041	2,300		1,318	393,659
12.	Hawaii.....	HI	64,402				64,402
13.	Idaho.....	ID	20,001				20,001
14.	Illinois.....	IL	310,717	12,524			323,241
15.	Indiana.....	IN	447,767	2,370	350		450,487
16.	Iowa.....	IA	120,703		1,331	336	122,370
17.	Kansas.....	KS	128,743	2,871			131,614
18.	Kentucky.....	KY	146,955				146,955
19.	Louisiana.....	LA	200,826				200,826
20.	Maine.....	ME	68,796				68,796
21.	Maryland.....	MD	397,178				397,178
22.	Massachusetts.....	MA	309,307				309,307
23.	Michigan.....	MI	507,896	11,601	530		520,027
24.	Minnesota.....	MN	582,472	7,125			589,597
25.	Mississippi.....	MS	120,578	540			121,118
26.	Missouri.....	MO	386,933	7,259	601		394,793
27.	Montana.....	MT	9,184				9,184
28.	Nebraska.....	NE	62,668				62,668
29.	Nevada.....	NV	111,547				111,547
30.	New Hampshire.....	NH	62,554				62,554
31.	New Jersey.....	NJ	394,274				394,274
32.	New Mexico.....	NM	43,965			1,012	44,977
33.	New York.....	NY	128,811				128,811
34.	North Carolina.....	NC	248,769	900			249,669
35.	North Dakota.....	ND	100,756				100,756
36.	Ohio.....	OH	453,690	396		259	454,345
37.	Oklahoma.....	OK	128,027				128,027
38.	Oregon.....	OR	76,276				76,276
39.	Pennsylvania.....	PA	365,093			1,252	366,345
40.	Rhode Island.....	RI	9,914				9,914
41.	South Carolina.....	SC	250,965	960			251,925
42.	South Dakota.....	SD	21,431				21,431
43.	Tennessee.....	TN	322,228			720	322,948
44.	Texas.....	TX	868,408	350		269	869,027
45.	Utah.....	UT	45,292	142			45,434
46.	Vermont.....	VT	14,750				14,750
47.	Virginia.....	VA	242,011	240			242,251
48.	Washington.....	WA	127,885				127,885
49.	West Virginia.....	WV	28,352				28,352
50.	Wisconsin.....	WI	1,158,179	47,650	3,879		1,209,708
51.	Wyoming.....	WY	24,093				24,093
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	586				586
58.	Aggregate Other Alien.....	OT	16,670				16,670
59.	Totals.....		12,417,403	101,225	6,946	78,501	12,604,075

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
Members															
53			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	
			06-1356481				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.	KY	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			34-1017531				Ceres Group, Inc.	DE	NIA	Great American Financial Resources, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			47-0717079				Continental General Corporation	NE	NIA	Ceres Group, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			34-1947042				QQAAgency of Texas, Inc.	TX	NIA	Ceres Group, Inc.	Ownership	100.000	American Financial Group, Inc.	N	
			31-1395344				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	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	OH	IA	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
			84-4395026				Bay Bridge Holding Company, LLC	MD	NIA	Great American Life Insurance Company	Ownership	65.000	American Financial Group, Inc.	N	1.
			84-4395026				Bay Bridge Holding Company, LLC	MD	NIA	Great American Insurance Company	Ownership	35.000	American Financial Group, Inc.	N	1.
			27-4078277				Bay Bridge Marina Hemingway's Restaurant, LLC	MD	NIA	Bay Bridge Holding Company, LLC	Ownership	85.000	American Financial Group, Inc.	N	
			27-0513333				Bay Bridge Marina Management, LLC	MD	NIA	Bay Bridge Holding Company, LLC	Ownership	85.000	American Financial Group, Inc.	N	
			20-1246122				Brothers Management, LLC	FL	NIA	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	
			81-3737639				Charleston Harbor Fishing, LLC	SC	NIA	Great American Life Insurance Company	Ownership	100.000	American Financial Group, Inc.	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

53.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0084..	American Financial Group, Inc..	67083.....	20-4604276	.....	.....	.....	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.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			26-3260520	.....	.....	.....	Manhattan National Holding Corporation.....	OH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	Y.....	...
			45-0252531	.....	.....	.....	Manhattan National Life Insurance Company.....	OH.....	RE.....	Manhattan National Holding Corporation.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			84-4574243	.....	.....	.....	Mountain View Grand Holding Company, LLC.....	NH.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...65.000	American Financial Group, Inc..	N.....	1.
			84-4574243	.....	.....	.....	Mountain View Grand Holding Company, LLC.....	NH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...35.000	American Financial Group, Inc..	N.....	1.
			84-2654660	.....	.....	.....	Skipjack Holding Company, LLC.....	MD.....	NIA.....	Great American Life Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			52-2179330	.....	.....	.....	Skipjack Marina Corp.....	MD.....	NIA.....	Skipjack Holding Company, LLC.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			.....	.....	.....	.....	Helium Holdings Limited.....	BMU.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			.....	.....	.....	.....	GAI Australia Pty Ltd.....	AUS.....	NIA.....	Helium Holdings Limited.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			31-0686194	.....	.....	.....	One East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			31-0883227	.....	.....	.....	Pioneer Carpet Mills, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			31-1119320	.....	.....	.....	TEJ Holdings, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			31-0728327	.....	.....	.....	Three East Fourth, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			42-1575938	.....	.....	.....	Great American Holding, Inc.....	OH.....	NIA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			80-0333563	.....	.....	.....	ABA Insurance Services, Inc.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
	American Financial Group, Inc..	10646.....	27-3062314	.....	.....	.....	Agricultural Services, LLC.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			36-4079497	.....	.....	.....	Great American Contemporary Insurance Company.....	OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			.....	.....	.....	.....	Great American Holding (Europe) Limited.....	GBR.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			.....	.....	.....	.....	Great American Europe Limited.....	GBR.....	NIA.....	Great Amerian Holding (Europe) Limted.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			AA-1784136	.....	.....	.....	Great American International Insurance (EU) Designated Activity Company....	IRL.....	IA.....	Great American Europe Limited.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			AA-1120817	.....	.....	.....	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.....	GBR.....	NIA.....	Great American Europe Limited.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			73-0556513	.....	.....	.....	Mid-Continent Casualty Company.....	OH.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			73-1406844	.....	.....	.....	Mid-Continent Assurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			38-3803661	.....	.....	.....	Mid-Continent Excess and Surplus Insurance Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			30-0571535	.....	.....	.....	Mid-Continent Specialty Insurance Services, Inc.....	OK.....	NIA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			73-0773259	.....	.....	.....	Oklahoma Surety Company.....	OH.....	IA.....	Mid-Continent Casualty Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			34-1607394	.....	.....	.....	National Interstate Corporation.....	OH.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			34-1899058	.....	.....	.....	American Highways Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			31-1548235	.....	.....	.....	Explorer RV Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			98-0191335	.....	.....	.....	Hudson Indemnity, Ltd.....	CYM.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			66-0660039	.....	.....	.....	Hudson Management Group, Ltd.....	VIR.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			34-1607396	.....	.....	.....	National Interstate Insurance Agency, Inc.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
			36-4670968	.....	.....	.....	Commercial For Hire Transportation Purchasing Group.....	SC.....	NIA.....	National Interstate Insurance Agency, Inc.....	Management.....	.....	American Financial Group, Inc..	N.....	2.
	American Financial Group, Inc..	32620.....	34-1607395	.....	.....	.....	National Interstate Insurance Company.....	OH.....	IA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

53.2

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0084..	American Financial Group, Inc..	11051.....	99-0345306 43-1254631	.....	.....	.....	National Interstate Insurance Company of Hawaii, Inc..... TransProtection Service Company.....	OH..... MO.....	IA..... NIA.....	National Interstate Insurance Company..... National Interstate Insurance Company.....	Ownership..... Ownership.....	...100.000 ...100.000	American Financial Group, Inc.. American Financial Group, Inc..	N..... .....N.....	... ...
0084..	American Financial Group, Inc..	41106.....	95-3623282	.....	.....	.....	Triumphe Casualty Company.....	OH.....	IA.....	National Interstate Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	21172.....	86-0114294 20-5546054	.....	.....	.....	Vanliner Insurance Company..... Safety Claims & Litigation Services, LLC.....	MO..... MT.....	IA..... NIA.....	National Interstate Insurance Company..... National Interstate Corporation.....	Ownership..... Ownership.....	...100.000 ...100.000	American Financial Group, Inc.. American Financial Group, Inc..	N..... .....N.....	... ...
.....	.....	.....	46-4570914	.....	.....	.....	Safety, Claims and Litigation Services, LLC.....	OH.....	NIA.....	National Interstate Corporation.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	22179.....	95-2801326	.....	.....	.....	Republic Indemnity Company of America.....	CA.....	IA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	43753.....	31-1054123 59-1683711	.....	.....	.....	Republic Indemnity Company of California..... Summit Consulting, LLC.....	CA..... FL.....	IA..... NIA.....	Republic Indemnity Company of America..... Great American Holding, Inc.....	Ownership..... Ownership.....	...100.000 ...100.000	American Financial Group, Inc.. American Financial Group, Inc..	N..... .....N.....	... ...
.....	.....	.....	59-3385208	.....	.....	.....	Heritage Summit Healthcare, LLC.....	FL.....	NIA.....	Summit Consulting, LLC.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	59-3409855	.....	.....	.....	Summit Holding Southeast, Inc.....	FL.....	NIA.....	Great American Holding, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	10701.....	59-1835212	.....	.....	.....	Bridgefield Employers Insurance Company.....	FL.....	IA.....	Summit Holding Southeast, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	10335.....	59-3269531	.....	.....	.....	Bridgefield Casualty Insurance Company.....	FL.....	IA.....	Bridgefield Employers Insurance Company...	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	16691.....	31-0501234	.....	.....	.....	Great American Insurance Company.....	OH.....	IA.....	American Financial Group, Inc.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	37990.....	31-0973761 59-1671722	.....	.....	.....	American Empire Insurance Company..... American Empire Underwriters, Inc.....	OH..... TX.....	IA..... NIA.....	Great American Insurance Company..... American Empire Insurance Company.....	Ownership..... Ownership.....	...100.000 ...100.000	American Financial Group, Inc.. American Financial Group, Inc..	N..... .....N.....	... ...
0084..	American Financial Group, Inc..	35351.....	31-0912199 31-1463075	.....	.....	.....	American Empire Surplus Lines Insurance Company..... American Signature Underwriters, Inc.....	OH..... OH.....	IA..... NIA.....	Great American Insurance Company..... Great American Insurance Company.....	Ownership..... Ownership.....	...100.000 ...100.000	American Financial Group, Inc.. American Financial Group, Inc..	N..... .....N.....	... ...
.....	.....	.....	59-2840291	.....	.....	.....	Brothers Property Corporation.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	25-1754638	.....	.....	.....	Brothers Pennsylvanian Corporation.....	PA.....	NIA.....	Brothers Property Corporation.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	59-2840294	.....	.....	.....	Brothers Property Management Corporation.....	OH.....	NIA.....	Brothers Property Corporation.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	31-1277904	.....	.....	.....	Crop Managers Insurance Agency, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	83-1767590	.....	.....	.....	CropSurance Agency, LLC.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	31-0589001	.....	.....	.....	Dempsey & Siders Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	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.....	...
.....	.....	.....	.....	.....	.....	.....	El Aguila, Compañía de Seguros, S.A. de C.V.....	MEX.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	Y.....	...
.....	.....	.....	39-1404033	.....	.....	.....	Farmers Crop Insurance Alliance, Inc.....	KS.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	13-3628555	.....	.....	.....	FCIA Management Company, Inc.....	NY.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	.....	.....	.....	.....	Foreign Credit Insurance Association.....	NY.....	OTH.....	Great American Insurance Company.....	Management.....	.....	American Financial Group, Inc..	N.....	2.
.....	.....	.....	81-0814136	.....	.....	.....	GAI Mexico Holdings, LLC.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	31-1753938	.....	.....	.....	GAI Warranty Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	Y.....	...
.....	.....	.....	31-1765544	.....	.....	.....	GAI Warranty Company of Florida.....	FL.....	NIA.....	GAI Warranty Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	61-1329718	.....	.....	.....	Global Premier Finance Company.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	26832.....	95-1542353	.....	.....	.....	Great American Alliance Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	26344.....	15-6020948	.....	.....	.....	Great American Assurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
0084..	American Financial Group, Inc..	39896.....	61-0983091	.....	.....	.....	Great American Casualty Insurance 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 E & S 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 Fidelity Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	31-1652643	.....	.....	.....	Great American Insurance Agency, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	22136.....	13-5539046	.....	.....	.....	Great American Insurance Company of New York.....	NY.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	31-0856644	.....	.....	.....	Great American Management Services, Inc.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	38580.....	31-1288778	.....	.....	.....	Great American Protection Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	31-0918893	.....	.....	.....	Great American Re Inc.....	DE.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	31135.....	31-1209419	.....	.....	.....	Great American Security 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 Spirit Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
0084..	American Financial Group, Inc..	16618.....	83-1694393	.....	.....	.....	Great American Underwriters Insurance Company.....	OH.....	IA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	59-1263251	.....	.....	.....	Key Largo Group, Inc.....	FL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	871850814.	.....	.....	.....	PLLS Canada Insurance Brokers Inc.....	CAN.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	31-1293064	.....	.....	.....	Professional Risk Brokers, Inc.....	IL.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	.....	.....	.....	.....	Shelter Rock Holdings, LLC.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...
.....	.....	.....	.....	.....	.....	.....	Westline Industrial, LLC.....	OH.....	NIA.....	Great American Insurance Company.....	Ownership.....	...100.000	American Financial Group, Inc..	N.....	...

Asteris Explanation

1	The entity is owned by more than one company within the AFG Group.
2	Entity is affiliated but not owned.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
00000.....	31-1544320.....	American Financial Group, Inc.....	131,500,000								131,500,000	
00000.....	41-2112001.....	APU Holding Company.....	2,000,000								2,000,000	
00000.....	98-1073776.....	GAI Insurance Company, Ltd.....	(2,000,000)								(2,000,000)	(3,409,000)
00000.....	06-1356481.....	Great American Financial Resources, Inc.....	285,000,000								285,000,000	
63312.....	13-1935920.....	Great American Life Insurance Company.....	(251,000,000)	(35,994,760)							(286,994,760)	
93661.....	31-1021738.....	Annuity Investors Life Insurance Company.....	(34,000,000)								(34,000,000)	
00000.....	84-4395026.....	Bay Bridge Holding Company, LLC.....		28,142,234							28,142,234	
67083.....	45-0252531.....	Manhattan National Life Insurance Company.....		3,000,000							3,000,000	
00000.....	84-4574243.....	Mountain View Grand Holding Company, LLC.....		22,618,942							22,618,942	
00000.....	42-1575938.....	Great American Holding, Inc.....	105,000,000	(70,000,000)							35,000,000	
00000.....		Great American Europe Limited.....		(4,938,400)							(4,938,400)	
00000.....		Great American International Insurance (EU) Designated Activity Compa.....									0	43,910,000
00000.....		Great American International Insurance (UK) Limited.....		4,938,400							4,938,400	4,900,000
23418.....	73-0556513.....	Mid-Continent Casualty Company.....	5,600,000	70,000,000					*		75,600,000	(12,941,000)
15380.....	73-1406844.....	Mid-Continent Assurance Company.....	(2,100,000)						*		(2,100,000)	
13794.....	38-3803661.....	Mid-Continent Excess and Surplus Insurance Company.....	(1,800,000)						*		(1,800,000)	
23426.....	73-0773259.....	Oklahoma Surety Company.....	(1,700,000)						*		(1,700,000)	
00000.....	34-1607394.....	National Interstate Corporation.....	85,000,000								85,000,000	
00000.....	98-0191335.....	Hudson Indemnity, Ltd.....									0	(362,982,000)
32620.....	34-1607395.....	National Interstate Insurance Company.....	(58,000,000)						*		(58,000,000)	243,294,000
11051.....	99-0345306.....	National Interstate Insurance Company of Hawaii, Inc.....	(1,400,000)						*		(1,400,000)	14,492,000
00000.....	43-1254631.....	TransProtection Service Company.....	(1,600,000)								(1,600,000)	
41106.....	95-3623282.....	Triumphe Casualty Company.....	(2,000,000)						*		(2,000,000)	16,738,000
21172.....	86-0114294.....	Vanliner Insurance Company.....	(22,000,000)						*		(22,000,000)	101,191,000
22179.....	95-2801326.....	Republic Indemnity Company of America.....	(102,500,000)						*		(102,500,000)	(42,769,000)
43753.....	31-1054123.....	Republic Indemnity Company of California.....	(2,500,000)						*		(2,500,000)	
10335.....	59-3269531.....	Bridgefield Casualty Insurance Company.....							*		0	(2,368,000)
16691.....	31-0501234.....	Great American Insurance Company.....	(99,054,501)	(72,826,416)					*		(171,880,917)	2,383,000
37990.....	31-0973761.....	American Empire Insurance Company.....	(1,800,000)						*		(1,800,000)	
35351.....	31-0912199.....	American Empire Surplus Lines Insurance Company.....	(2,500,000)						*		(2,500,000)	
00000.....	31-0589001.....	Dempsey & Siders Agency, Inc.....		60,000							60,000	
00000.....	31-1341668.....	Eden Park Insurance Brokers, Inc.....	(500,000)								(500,000)	
00000.....	13-3628555.....	FCIA Management Company, Inc.....	(145,499)								(145,499)	
00000.....	31-1765544.....	GAI Warranty Company of Florida.....									0	3,000
00000.....	61-1329718.....	Global Premier Finance Company.....	(2,200,000)								(2,200,000)	
26344.....	15-6020948.....	Great American Assurance Company.....		5,000,000					*		5,000,000	
39896.....	61-0983091.....	Great American Casualty Insurance Company.....	(1,000,000)						*		(1,000,000)	
37532.....	31-0954439.....	Great American E & S Insurance Company.....	(2,000,000)						*		(2,000,000)	
41858.....	31-1036473.....	Great American Fidelity Insurance Company.....	(2,000,000)						*		(2,000,000)	
00000.....	31-1652643.....	Great American Insurance Agency, Inc.....	(200,000)								(200,000)	
22136.....	13-5539046.....	Great American Insurance Company of New York.....		50,000,000					*		50,000,000	

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
38580.....	31-1288778.....	Great American Protection Insurance Company.....	(2,100,000)	.....	.....	.....	.....	.....	.....*	.....	.....(2,100,000)	.....
00000.....	31-1293064.....	Professional Risk Brokers, Inc.....	(18,000,000)	.....	.....	.....	.....	.....	.....	.....	.....(18,000,000)	.....
9999999.	Control Totals.....		0	0	0	0	0	0	XXX	0	0	2,442,000

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	
			26344	Great American Assurance Company	
22179	Republic Indemnity Company of America	100.00%	39896	Great American Casualty Insurance Company	
43753	Republic Indemnity Company of California		10646	Great American Contemporary Insurance Company	
10701	Bridgefield Employers Insurance Company		37532	Great American E & S Insurance Company	
10335	Bridgefield Casualty Insurance Company		41858	Great American Fidelity Insurance Company	
			22136	Great American Insurance Company of New York	
32620	National Interstate Insurance Company	70.00%	38580	Great American Protection Insurance Company	
21172	Vanliner Insurance Company	26.00%	31135	Great American Security Insurance Company	
11051	National Interstate Insurance Company of Hawaii, Inc.	2.00%	33723	Great American Spirit Insurance Company	
41106	Triumphe Casualty Company	2.00%			

Annual Statement for the year 2020 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		Responses
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
8.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
JUNE FILING		
9.	Will an audited financial report be filed by June 1?	YES
10.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING		
11.	Will regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	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)	NO
13.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	NO
14.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
15.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?	YES
17.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	NO
18.	Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?	NO
19.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	NO
20.	Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
21.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	NO
22.	Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?	NO
23.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
24.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?	NO
25.	Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?	NO
26.	Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?	NO
27.	Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
28.	Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?	NO
29.	Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?	N/A
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?	N/A
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?	N/A
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?	N/A
33.	Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?	NO
34.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
35.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
36.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
37.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
38.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
39.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
40.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	NO
APRIL FILING		
41.	Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1?	YES
42.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	YES
43.	Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	NO
44.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
45.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	NO
46.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	NO
47.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
48.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	NO
49.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
50.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
51.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
52.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO

Annual Statement for the year 2020 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.

AUGUST FILING

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

YES

EXPLANATIONS:

BAR CODE:

1.	
2.	
3.	
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10.	
11.	* 6 7 0 8 3 2 0 2 0 2 2 2 0 0 0 0 0 *
12. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 2 0 0 0 0 0 0 *
13. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 3 6 0 0 0 0 0 0 *
14. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 9 0 0 0 0 0 0 *
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17. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 4 2 0 0 0 0 0 *
18. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 4 3 0 0 0 0 0 *
19. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 4 4 0 0 0 0 0 *
20. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 4 5 0 0 0 0 0 *
21. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 4 6 0 0 0 0 0 *
22. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 4 7 0 0 0 0 0 *
23. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 4 8 0 0 0 0 0 *
24. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 4 9 0 0 0 0 0 *
25. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 5 0 0 0 0 0 0 *
26. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 5 1 0 0 0 0 0 *
27. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 5 2 0 0 0 0 0 *
28. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 5 3 0 0 0 0 0 *
Lines 29 thru 32 are marked as strike through above, so there is nothing required for explanation or barcodes.	
33. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 5 4 0 0 0 0 0 *
34. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 4 9 5 0 0 0 0 0 *
35.	
36. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 3 6 5 0 0 0 0 0 *
37. The data for this supplement is not required to be filed.	* 6 7 0 8 3 2 0 2 0 2 2 4 0 0 0 0 0 *

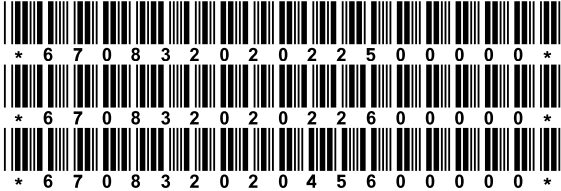
Annual Statement for the year 2020 of the

MANHATTAN NATIONAL LIFE INSURANCE COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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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.

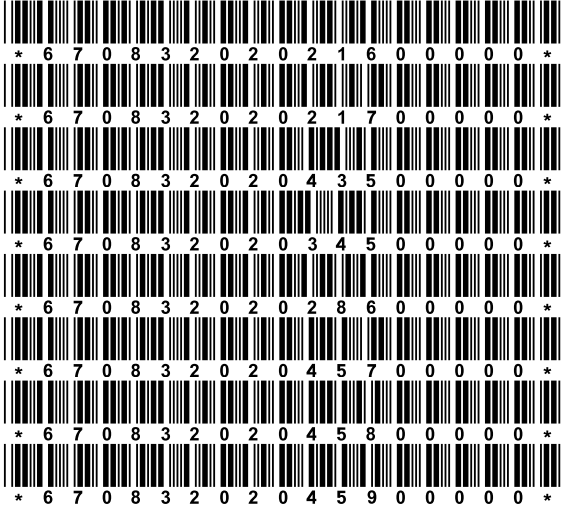
42.

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

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

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

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

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

53.

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NONE**

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NONE**



SCHEDULE O SUPPLEMENT

For the year ended December 31, 2020
(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 1Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2016	2 2017	3 2018	4 2019	5 2020 (a)
1. Prior.....					
2. 2016.....					
3. 2017.....	XXX				
4. 2018.....	XXX	XXX			
5. 2019.....	XXX	XXX	XXX		
6. 2020.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

Section 2 – Other Records and Records					
1. Prior.....	13	12	12	12	12
2. 2016.....	2	6	4		
3. 2017.....	XXX				
4. 2018.....	XXX	XXX			
5. 2019.....	XXX	XXX	XXX		
6. 2020.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

Section C – Credit Accident and Health					
1. Prior.....					
2. 2016.....					
3. 2017.....	XXX	NONE			
4. 2018.....	XXX				
5. 2019.....	XXX				
6. 2020.....	XXX				

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

Annual Statement for the year 2020 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 2016	2 2017	3 2018	4 2019	5 2020
1. Prior.....					
2. 2016.....					
3. 2017.....	XXX				
4. 2018.....	XXX	XXX			
5. 2019.....	XXX	XXX	XXX		
6. 2020.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior.....					
2. 2016.....					
3. 2017.....	XXX				
4. 2018.....	XXX	XXX			
5. 2019.....	XXX	XXX	XXX		
6. 2020.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. Prior.....					
2. 2016.....					
3. 2017.....	XXX				
4. 2018.....	XXX	XXX			
5. 2019.....	XXX	XXX	XXX		
6. 2020.....	XXX	XXX	XXX	XXX	

Annual Statement for the year 2020 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 2016	2 2017	3 2018	4 2019	5 2020
1. 2016.....				XXX	XXX
2. 2017.....	XXX				XXX
3. 2018.....	XXX	XXX			
4. 2019.....	XXX	XXX	XXX		
5. 2020.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2016.....	5	11	12	XXX	XXX
2. 2017.....	XXX				XXX
3. 2018.....	XXX	XXX			
4. 2019.....	XXX	XXX	XXX		
5. 2020.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2016.....				XXX	XXX
2. 2017.....	XXX				XXX
3. 2018.....	XXX	XXX			
4. 2019.....	XXX	XXX	XXX		
5. 2020.....	XXX	XXX	XXX	XXX	

Annual Statement for the year 2020 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 2016	2 2017	3 2018	4 2019	5 2020
1. 2016.....					
2. 2017.....	XXX				
3. 2018.....	XXX	XXX			
4. 2019.....	XXX	XXX	XXX		
5. 2020.....	XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. 2016.....	5	11	12		
2. 2017.....	XXX				
3. 2018.....	XXX	XXX			
4. 2019.....	XXX	XXX	XXX		
5. 2020.....	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

1. 2016.....					
2. 2017.....	XXX				
3. 2018.....	XXX	XXX			
4. 2019.....	XXX	XXX	XXX		
5. 2020.....	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.....	3,280
3. Individual annuity.....	Standard Factor.....	185
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.....	84
11. Total.....		3,549

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