LIFE AND ACCIDENT AND HEALTH COMPANIES/FRATERNAL BENEFIT SOCIETIES - ASSOCIATION EDITION

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ANNUAL STATEMENT

For the Year Ended December 31, 2021

of the Condition and Affairs of the

NATIONWIDE LIFE INSURANCE COMPANY

NAIC Group Code.....0140, 0140 (Current Period) (Prior Period) | NAIC Company Code..... 66869 | Employer's ID Number..... 31-4156830

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..... March 21, 1929 | Commenced Business..... January 10, 1931

Statutory Home Office: ONE WEST NATIONWIDE BLVD. .. COLUMBUS .. OH .. US .. 43215-2220 *(Street and Number) (City or Town, State, Country and Zip Code)*

Main Administrative Office: ONE WEST NATIONWIDE BLVD. .. COLUMBUS .. OH .. US .. 43215-2220 *(Street and Number) (City or Town, State, Country and Zip Code)* 800-882-2822 *(Area Code) (Telephone Number)*

Mail Address: ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220 *(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)*

Primary Location of Books and Records: ONE WEST NATIONWIDE BLVD., 1-14-301 .. COLUMBUS .. OH .. US .. 43215-2220 *(Street and Number) (City or Town, State, Country and Zip Code)* 800-882-2822 *(Area Code) (Telephone Number)*

Internet Web Site Address: WWW.NATIONWIDE.COM

Statutory Statement Contact: ANDREA D IACOBONI *(Name)* 614-249-9724 *(Area Code) (Telephone Number) (Extension)*

FINRPT@NATIONWIDE.COM *(E-Mail Address)* 877-669-5908 *(Fax Number)*

OFFICERS

Name	Title	Name	Title
1. JOHN LAUGHLIN CARTER	PRESIDENT & COO	2. DENISE LYNN SKINGLE	SVP & SECRETARY
3. DAVID PATRICK LAPAUL	SVP & TREASURER		

OTHER

PAMELA ANN BIESECKER	SVP-HEAD OF TAXATION	JAMES ROBERT FOWLER	EXEC VP-CIO
TIMOTHY GERARD FROMMEYER #	EXEC VP-CFO		

DIRECTORS OR TRUSTEES

JOHN LAUGHLIN CARTER	TIMOTHY GERARD FROMMEYER	STEVEN ANDREW GINNAN	ERIC SHAWN HENDERSON
HOLLY RENEE SNYDER #	KIRT ALAN WALKER		

State of..... OHIO
County of..... FRANKLIN

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)
JOHN LAUGHLIN CARTER	DENISE LYNN SKINGLE	DAVID PATRICK LAPAUL
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT & COO	SVP & SECRETARY	SVP & TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 2nd day of February 2022

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

NOTARIAL SEAL STATE OF OHIO

ANDREW SWARTZEL
NOTARY PUBLIC • STATE OF OHIO
Comm. No. 2021-RE-839107
My Commission Expires Oct. 24, 2026

DIRECT BUSINESS IN Other Alien # 1 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	576,149		214		576,363
2. Annuity considerations	350		99,661		100,011
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	576,499	0	99,875	0	676,374
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	29,963		-		29,963
6.2 Applied to pay renewal premiums	52,863		-		52,863
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	89,385		-		89,385
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	172,211	0	0	0	172,211
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	172,211	0	0	0	172,211
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	75,650		4,566		80,216
10. Matured endowments	-		-		0
11. Annuity benefits	469,035		156,043		625,078
12. Surrender values and withdrawals for life contracts	2,099,469		161,231		2,260,700
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	8,429		-		8,429
15. Totals	2,652,583	0	321,840	0	2,974,423
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	22							1	22
17. Incurred during current year	13	43,004							13	43,004
Settled during current year:										
18.1 By payment in full	13	35,458							13	35,458
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	35,458	0	0	0	0	0	0	13	35,458
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	35,458	0	0	0	0	0	0	13	35,458
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	7,568	0	0	0	0	0	0	1	7,568
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	291	54,593,209		(a)		(555,350)			291	54,037,859
21. Issued during year					6	495,000			6	495,000
22. Other changes to in force (Net)	(15)	(647,811)			(6)	210,350			(21)	(437,461)
23. In force December 31 of current year	276	53,945,398	0	(a) 0	0	150,000	0	0	276	54,095,398

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,514	1,514		630	630
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	1,514	1,514	0	630	630

(b) For health business on indicated 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.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN Other Alien # 3 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 4 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN Other Alien # 5 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 6 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 7 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 8 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 9 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 10 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 11 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 12 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		NONE	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	NONE				
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 6 8 6 9 2 0 2 1 4 3 0 5 8 1 0 0 *

DIRECT BUSINESS IN Other Alien # 13 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 14 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 15 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 16 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 17 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 18 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 19 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 20 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN Other Alien # 21 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 22 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 23 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 24 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 25 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 26 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		NONE	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	NONE				
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 # 27 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 28 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN Other Alien # 29 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 30 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 31 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN Other Alien # 32 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 33 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN Other Alien # 34 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 35 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 36 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 37 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		NONE	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	NONE				
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 # 38 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 39 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN Other Alien # 40 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 41 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN Other Alien # 42 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 43 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 44 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN Other Alien # 45 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN Other Alien # 46 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 47 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 48 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN Other Alien # 49 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 50 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 51 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 52 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN Other Alien # 53 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 54 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 55 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN Other Alien # 56 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 57 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 58 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		NONE	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	NONE				
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 # 59 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		NONE	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)		NONE			
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 # 60 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 61 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 62 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 63 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 64 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 65 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 66 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 67 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		NONE	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	NONE				
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 # 68 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 69 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN Other Alien # 70 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN Other Alien # 71 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 72 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN Other Alien # 73 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 74 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 75 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 76 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 77 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		NONE	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)		NONE			
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 # 78 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 79 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		NONE	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)		NONE			
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 # 80 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 81 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 82 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 83 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		NONE	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)		NONE			
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 6 8 6 9 2 0 2 1 4 3 0 5 8 1 0 0 *

DIRECT BUSINESS IN Other Alien # 84 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 85 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 86 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 87 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 88 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 89 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 90 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 91 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 92 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		NONE	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	NONE				
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 # 93 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0		NONE	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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)		NONE			
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 # 94 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 95 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN Other Alien # 96 DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	143,471		7,502		150,973
2. Annuity considerations	6,398,874		1,164,933		7,563,807
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	6,542,345	0	1,172,435	0	7,714,780
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4,800		-		4,800
6.2 Applied to pay renewal premiums	4,180		-		4,180
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	9,930		-		9,930
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	18,910	0	0	0	18,910
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	18,910	0	0	0	18,910
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	16,081		12		16,093
10. Matured endowments	-		-		0
11. Annuity benefits	1,050,713		349,188		1,399,901
12. Surrender values and withdrawals for life contracts	7,314,575		2,174,174		9,488,749
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	2		-		2
15. Totals	8,381,371	0	2,523,374	0	10,904,745
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1								1	0
17. Incurred during current year	2	16,081							2	16,081
Settled during current year:										
18.1 By payment in full	2	16,081							2	16,081
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	16,081	0	0	0	0	0	0	2	16,081
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	16,081	0	0	0	0	0	0	2	16,081
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	0	0	0	0	0	0	0	1	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	300	59,448,982		(a)	4	1,080,627			304	60,529,609
21. Issued during year					13	3,864,750			13	3,864,750
22. Other changes to in force (Net)	(17)	1,970,988			(16)	(4,229,950)			(33)	(2,258,962)
23. In force December 31 of current year	283	61,419,970	0	(a) 0	1	715,427	0	0	284	62,135,397

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,159,210	2,164,335		2,465,858	(802,893)
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	1,680	1,680		522	522
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,680	1,680	0	522	522
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,160,890	2,166,015	0	2,466,380	(802,371)

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....8.

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	6,992,993		18,209,774		25,202,767
2. Annuity considerations	69,620,982		65,752,663		135,373,645
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	76,613,975	0	83,962,437	0	160,576,412
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	55,298		-		55,298
6.2 Applied to pay renewal premiums	45,096		-		45,096
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	132,450		-		132,450
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	232,844	0	0	0	232,844
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	232,844	0	0	0	232,844
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	8,888,541		119,087		9,007,628
10. Matured endowments	4,041		-		4,041
11. Annuity benefits	11,922,715		11,185,105		23,107,820
12. Surrender values and withdrawals for life contracts	65,047,795		67,518,039		132,565,834
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	110,156		-		110,156
15. Totals	85,973,248	0	78,822,231	0	164,795,479
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	11	388,502							11	388,502
17. Incurred during current year	93	8,888,542			1	106,331			94	8,994,873
Settled during current year:										
18.1 By payment in full	90	8,602,180			1	106,331			91	8,708,511
18.2 By payment on compromised claims									0	0
18.3 Totals paid	90	8,602,180	0	0	1	106,331	0	0	91	8,708,511
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	90	8,602,180	0	0	1	106,331	0	0	91	8,708,511
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	14	674,864	0	0	0	0	0	0	14	674,864
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	5,134	729,483,506		(a)	13	32,571,965			5,147	762,055,471
21. Issued during year	28	15,393,908			477	4,616,252			505	20,010,160
22. Other changes to in force (Net)	(312)	(39,951,507)			(478)	(9,709,845)			(790)	(49,661,352)
23. In force December 31 of current year	4,850	704,925,907	0	(a) 0	12	27,478,372	0	0	4,862	732,404,279

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	9,749,106	9,802,955		5,181,580	5,208,563
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	21,175	21,175		6,252	6,252
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	21,175	21,175	0	6,252	6,252
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,770,281	9,824,130	0	5,187,832	5,214,815

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....593.

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,388,310		642,156		3,030,466
2. Annuity considerations	31,012,062		32,059,713		63,071,775
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	33,400,372	0	32,701,869	0	66,102,241
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	26,558		-		26,558
6.2 Applied to pay renewal premiums	12,090		-		12,090
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	66,373		-		66,373
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	105,021	0	0	0	105,021
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	105,021	0	0	0	105,021
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,267,219		63,565		1,330,784
10. Matured endowments	-		-		0
11. Annuity benefits	7,063,112		5,220,785		12,283,897
12. Surrender values and withdrawals for life contracts	38,004,419		51,192,460		89,196,879
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	29,283		-		29,283
15. Totals	46,364,033	0	56,476,810	0	102,840,843
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	5	28,197				(1)			5	28,196
17. Incurred during current year	27	1,262,219			4	54,193			31	1,316,412
Settled during current year:										
18.1 By payment in full	28	1,249,805			4	54,193			32	1,303,998
18.2 By payment on compromised claims									0	0
18.3 Totals paid	28	1,249,805	0	0	4	54,193	0	0	32	1,303,998
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	28	1,249,805	0	0	4	54,193	0	0	32	1,303,998
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	40,611	0	0	0	(1)	0	0	4	40,610
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,993	276,942,429		(a)	101	506,142,785			2,094	783,085,214
21. Issued during year					309	9,650,252			309	9,650,252
22. Other changes to in force (Net)	(126)	(13,910,723)			(306)	(435,106,393)			(432)	(449,017,116)
23. In force December 31 of current year	1,867	263,031,706	0	(a) 0	104	80,686,644	0	0	1,971	343,718,350

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,165,405	2,385,621		890,788	690,451
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	9,215	9,215		3,585	3,585
25.3 Non-renewable for stated reasons only (b)	1,672	1,672		293,587	293,587
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	10,887	10,887	0	297,172	297,172
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,176,292	2,396,508	0	1,187,960	987,623

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....248.

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DIRECT BUSINESS IN AMERICAN SAMOA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	31,114		-		31,114
2. Annuity considerations	-		-		0
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	31,114	0	0	0	31,114
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	265		-		265
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)	265	0	0	0	265
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	265	0	0	0	265
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,000		-		15,000
10. Matured endowments	-		-		0
11. Annuity benefits	-		-		0
12. Surrender values and withdrawals for life contracts	358,276		-		358,276
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	-		-		0
15. Totals	373,276	0	0	0	373,276
DETAILS OF WRITE-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		15,000							0	15,000
Settled during current year:										
18.1 By payment in full		15,000							0	15,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	15,000	0	0	0	0	0	0	0	15,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	15,000	0	0	0	0	0	0	0	15,000
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	8,073,191		(a)	1	214,143			18	8,287,334
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(1,621,775)				7,796			(2)	(1,613,979)
23. In force December 31 of current year	15	6,451,416	0	(a) 0	1	221,939	0	0	16	6,673,355

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	13,586,039		29,267,866		42,853,905
2. Annuity considerations	127,959,643		337,984,832		465,944,475
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	141,545,682	0	367,252,698	0	508,798,380
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	106,661		-		106,661
6.2 Applied to pay renewal premiums	124,028		-		124,028
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	142,876		-		142,876
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	373,565	0	0	0	373,565
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	373,565	0	0	0	373,565
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,795,488		6,593,897		12,389,385
10. Matured endowments	-		-		0
11. Annuity benefits	25,978,328		14,345,907		40,324,235
12. Surrender values and withdrawals for life contracts	142,026,186		335,198,191		477,224,377
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	22,514		-		22,514
15. Totals	173,822,516	0	356,137,995	0	529,960,511
DETAILS OF WRITE-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	16	124,980							16	124,980
17. Incurred during current year	89	5,708,919			4	6,543,150			93	12,252,069
Settled during current year:										
18.1 By payment in full	95	5,696,551			4	6,543,150			99	12,239,701
18.2 By payment on compromised claims									0	0
18.3 Totals paid	95	5,696,551	0	0	4	6,543,150	0	0	99	12,239,701
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	95	5,696,551	0	0	4	6,543,150	0	0	99	12,239,701
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	137,348	0	0	0	0	0	0	10	137,348
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,899	996,952,105		(a)	967	1,326,735,643			4,866	2,323,687,748
21. Issued during year					1,300	80,266,224			1,300	80,266,224
22. Other changes to in force (Net)	(175)	(9,963,504)			(1,255)	401,246,382			(1,430)	391,282,878
23. In force December 31 of current year	3,724	986,988,601	0	(a) 0	1,012	1,808,248,249	0	0	4,736	2,795,236,850

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	12,163,173	12,187,146		10,995,030	10,077,958
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	(140)	(140)			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,148	3,148		2,152	2,152
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,148	3,148	0	2,152	2,152
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,166,181	12,190,154	0	10,997,182	10,080,110

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....1,134.

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DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	40,363,557		50,912,108		91,275,665
2. Annuity considerations	584,544,118		509,101,031		1,093,645,149
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	624,907,675	0	560,013,139	0	1,184,920,814
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	618,799		-		618,799
6.2 Applied to pay renewal premiums	804,716		-		804,716
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,235,469		-		1,235,469
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,658,984	0	0	0	2,658,984
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	2,658,984	0	0	0	2,658,984
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	48,514,195		8,998,355		57,512,550
10. Matured endowments	17,083		-		17,083
11. Annuity benefits	128,089,732		49,745,787		177,835,519
12. Surrender values and withdrawals for life contracts	649,711,029		1,572,675,506		2,222,386,535
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	90,847		-		90,847
15. Totals	826,422,886	0	1,631,419,648	0	2,457,842,534
DETAILS OF WRITE-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	49	4,721,171			5	490,149			54	5,211,320
17. Incurred during current year	312	48,405,838			16	8,896,658			328	57,302,496
Settled during current year:										
18.1 By payment in full	306	47,687,802			23	8,335,377			329	56,023,179
18.2 By payment on compromised claims									0	0
18.3 Totals paid	306	47,687,802	0	0	23	8,335,377	0	0	329	56,023,179
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	306	47,687,802	0	0	23	8,335,377	0	0	329	56,023,179
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	55	5,439,207	0	0	(2)	1,051,430	0	0	53	6,490,637
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	17,008	5,483,861,759		(a)	3,215	3,707,987,762			20,223	9,191,849,521
21. Issued during year	20	13,400,818			5,379	149,520,670			5,399	162,921,488
22. Other changes to in force (Net)	(1,077)	(186,350,200)			(5,211)	(31,274,254)			(6,288)	(217,624,454)
23. In force December 31 of current year	15,951	5,310,912,377	0	(a) 0	3,383	3,826,234,178	0	0	19,334	9,137,146,555

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	15,026,976	15,426,785		15,749,155	14,746,622
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	942	942		(788)	(788)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,112	10,112		4,085	4,085
25.3 Non-renewable for stated reasons only (b)	1,451	1,451			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	11,563	11,563	0	4,085	4,085
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,039,481	15,439,290	0	15,752,452	14,749,919

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....3,701.

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DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	117,012		-		117,012
2. Annuity considerations	-		163,423		163,423
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	117,012	0	163,423	0	280,435
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	12,224		-		12,224
6.2 Applied to pay renewal premiums	9,251		-		9,251
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	11,651		-		11,651
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	33,126	0	0	0	33,126
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	33,126	0	0	0	33,126
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	77,741		-		77,741
10. Matured endowments	-		-		0
11. Annuity benefits	105,898		16,924		122,822
12. Surrender values and withdrawals for life contracts	5,495		6,034		11,529
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	260		-		260
15. Totals	189,394	0	22,958	0	212,352
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	66,133							2	66,133
17. Incurred during current year	(1)	(59,316)							(1)	(59,316)
Settled during current year:										
18.1 By payment in full	1	6,817							1	6,817
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	6,817	0	0	0	0	0	0	1	6,817
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	6,817	0	0	0	0	0	0	1	6,817
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	373	16,769,726		(a)	1	48,048			374	16,817,774
21. Issued during year									0	0
22. Other changes to in force (Net)	(23)	(381,892)				11,764			(23)	(370,128)
23. In force December 31 of current year	350	16,387,834	0	(a) 0	1	59,812	0	0	351	16,447,646

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	8,207,941		10,534,749		18,742,690
2. Annuity considerations	128,622,964		117,356,281		245,979,245
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	136,830,905	0	127,891,030	0	264,721,935
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	77,818		-		77,818
6.2 Applied to pay renewal premiums	105,721		-		105,721
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	137,762		-		137,762
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	321,301	0	0	0	321,301
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	321,301	0	0	0	321,301
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,403,561		99,878		4,503,439
10. Matured endowments	4,000		-		4,000
11. Annuity benefits	26,451,790		11,148,884		37,600,674
12. Surrender values and withdrawals for life contracts	104,453,451		84,052,606		188,506,057
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	2,865		-		2,865
15. Totals	135,315,667	0	95,301,368	0	230,617,035
DETAILS OF WRITE-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	11	369,712			6				17	369,712
17. Incurred during current year	58	4,371,565			4	33,890			62	4,405,455
Settled during current year:										
18.1 By payment in full	65	4,481,201			4	33,890			69	4,515,091
18.2 By payment on compromised claims									0	0
18.3 Totals paid	65	4,481,201	0	0	4	33,890	0	0	69	4,515,091
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	65	4,481,201	0	0	4	33,890	0	0	69	4,515,091
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	260,076	0	0	6	0	0	0	10	260,076
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	3,553	711,723,133		(a)	598	797,044,340			4,151	1,508,767,473
21. Issued during year	1	250,000			1,050	76,253,752			1,051	76,503,752
22. Other changes to in force (Net)	(154)	(24,113,305)			(1,023)	(69,437,707)			(1,177)	(93,551,012)
23. In force December 31 of current year	3,400	687,859,828	0	(a) 0	625	803,860,385	0	0	4,025	1,491,720,213

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	12,103,102	12,189,296		3,971,330	7,340,254
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,004	2,004		268	268
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,004	2,004	0	268	268
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,105,106	12,191,300	0	3,971,598	7,340,522

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....557.

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,969,382		1,015,760		5,985,142
2. Annuity considerations	187,170,608		53,307,000		240,477,608
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	192,139,990	0	54,322,760	0	246,462,750
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	155,537		-		155,537
6.2 Applied to pay renewal premiums	151,490		-		151,490
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	253,527		-		253,527
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	560,554	0	0	0	560,554
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	560,554	0	0	0	560,554
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,148,464		344,333		6,492,797
10. Matured endowments	5,070		-		5,070
11. Annuity benefits	31,129,189		3,696,892		34,826,081
12. Surrender values and withdrawals for life contracts	132,131,381		66,362,359		198,493,740
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	33,510		-		33,510
15. Totals	169,447,614	0	70,403,584	0	239,851,198
DETAILS OF WRITE-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	17	276,009			3	3,848			20	279,857
17. Incurred during current year	145	6,148,463			5	339,751			150	6,488,214
Settled during current year:										
18.1 By payment in full	145	6,107,047			7	342,599			152	6,449,646
18.2 By payment on compromised claims									0	0
18.3 Totals paid	145	6,107,047	0	0	7	342,599	0	0	152	6,449,646
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	145	6,107,047	0	0	7	342,599	0	0	152	6,449,646
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	17	317,425	0	0	1	1,000	0	0	18	318,425
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	7,643	899,459,288		(a)	24	36,570,454			7,667	936,029,742
21. Issued during year					159	7,063,001			159	7,063,001
22. Other changes to in force (Net)	(472)	(60,471,096)			(172)	(9,647,151)			(644)	(70,118,247)
23. In force December 31 of current year	7,171	838,988,192	0	(a) 0	11	33,986,304	0	0	7,182	872,974,496

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	11,695,662	11,716,098		7,789,900	7,325,302
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	108,066	108,066		43,271	43,271
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	108,066	108,066	0	43,271	43,271
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,803,728	11,824,164	0	7,833,171	7,368,573

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....190.

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

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	274,053		223,048		497,101
2. Annuity considerations	9,483,741		1,641,809		11,125,550
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,757,794	0	1,864,857	0	11,622,651
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	10,559		-		10,559
6.2 Applied to pay renewal premiums	20,154		-		20,154
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	24,269		-		24,269
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	54,982	0	0	0	54,982
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	54,982	0	0	0	54,982
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,671,255		13,708		2,684,963
10. Matured endowments	-		-		0
11. Annuity benefits	1,493,852		101,730		1,595,582
12. Surrender values and withdrawals for life contracts	13,468,037		1,797,631		15,265,668
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	269		-		269
15. Totals	17,633,413	0	1,913,069	0	19,546,482
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	5	206,484			24				29	206,484
17. Incurred during current year	9	2,671,255			6	13,248			15	2,684,503
Settled during current year:										
18.1 By payment in full	9	2,858,793			5	10,721			14	2,869,514
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	2,858,793	0	0	5	10,721	0	0	14	2,869,514
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	2,858,793	0	0	5	10,721	0	0	14	2,869,514
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	18,946	0	0	25	2,527	0	0	30	21,473
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	797	220,572,053		(a)	10	8,999,692			807	229,571,745
21. Issued during year					76	3,390,080			76	3,390,080
22. Other changes to in force (Net)	(28)	(9,532,821)			(76)	(3,339,113)			(104)	(12,871,934)
23. In force December 31 of current year	769	211,039,232	0	(a) 0	10	9,050,659	0	0	779	220,089,891

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,347,829	1,334,212		244,524	371,418
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,222	2,222		11,148	11,148
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,222	2,222	0	11,148	11,148
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,350,051	1,336,434	0	255,672	382,566

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....44.

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	13,159,502		302,710,532		315,870,034
2. Annuity considerations	27,636,951		2,982,107		30,619,058
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	40,796,453	0	305,692,639	0	346,489,092
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	136,493		16		136,509
6.2 Applied to pay renewal premiums	112,040		-		112,040
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	400,847		-		400,847
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	649,380	0	16	0	649,396
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	649,380	0	16	0	649,396
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,487,371		97,603,324		113,090,695
10. Matured endowments	27,677		-		27,677
11. Annuity benefits	4,769,230		502,231		5,271,461
12. Surrender values and withdrawals for life contracts	138,279,133		19,140,161		157,419,294
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	37,597		-		37,597
15. Totals	158,601,008	0	117,245,716	0	275,846,724
DETAILS OF WRITE-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	27	916,325			(20)	745,779			7	1,662,104
17. Incurred during current year	147	15,487,371			2	97,389,044			149	112,876,415
Settled during current year:										
18.1 By payment in full	151	16,473,215			2	96,407,529			153	112,880,744
18.2 By payment on compromised claims									0	0
18.3 Totals paid	151	16,473,215	0	0	2	96,407,529	0	0	153	112,880,744
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	151	16,473,215	0	0	2	96,407,529	0	0	153	112,880,744
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	23	(69,519)	0	0	(20)	1,727,294	0	0	3	1,657,775
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	10,434	2,262,309,558		(a)	10,575	18,212,220,312			21,009	20,474,529,870
21. Issued during year	(1)	(100,000)			681	27,488,982			680	27,388,982
22. Other changes to in force (Net)	(407)	(129,126,457)			(194)	350,012,419			(601)	220,885,962
23. In force December 31 of current year	10,026	2,133,083,101	0	(a) 0	11,062	18,589,721,713	0	0	21,088	20,722,804,814

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,849,466	1,876,915		773,349	1,261,939
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,485	5,485		10,674	10,674
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	5,485	5,485	0	10,674	10,674
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,854,951	1,882,400	0	784,023	1,272,613

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....60.

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	30,911,571		90,539,948		121,451,519
2. Annuity considerations	648,400,131		794,677,323		1,443,077,454
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	679,311,702	0	885,217,271	0	1,564,528,973
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	627,968		42		628,010
6.2 Applied to pay renewal premiums	549,673		-		549,673
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	993,409		-		993,409
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,171,050	0	42	0	2,171,092
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	2,171,050	0	42	0	2,171,092
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	43,178,508		10,414,443		53,592,951
10. Matured endowments	24,293		-		24,293
11. Annuity benefits	114,056,551		102,951,442		217,007,993
12. Surrender values and withdrawals for life contracts	602,374,577		838,635,490		1,441,010,067
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	310,004		-		310,004
15. Totals	759,943,933	0	952,001,375	0	1,711,945,308
DETAILS OF WRITE-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	63	6,829,053			(3)	834,103			60	7,663,156
17. Incurred during current year	606	43,147,047			15	10,406,796			621	53,553,843
Settled during current year:										
18.1 By payment in full	579	45,377,743			18	11,220,716			597	56,598,459
18.2 By payment on compromised claims									0	0
18.3 Totals paid	579	45,377,743	0	0	18	11,220,716	0	0	597	56,598,459
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	579	45,377,743	0	0	18	11,220,716	0	0	597	56,598,459
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	90	4,598,357	0	0	(6)	20,183	0	0	84	4,618,540
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	24,429	3,569,977,218		(a)	3,120	3,155,359,979			27,549	6,725,337,197
21. Issued during year	186	35,920,940			1,757	2,817,723			1,943	38,738,663
22. Other changes to in force (Net)	(1,054)	22,626,213			(1,766)	103,856,269			(2,820)	126,482,482
23. In force December 31 of current year	23,561	3,628,524,371	0	(a) 0	3,111	3,262,033,971	0	0	26,672	6,890,558,342

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	18,280,719	18,936,656		11,052,157	11,167,569
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	334,232	334,232		280,671	280,671
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	334,232	334,232	0	280,671	280,671
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,614,951	19,270,888	0	11,332,828	11,448,240

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....2,208.

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	13,339,896		88,236,429		101,576,325
2. Annuity considerations	159,197,208		72,781,277		231,978,485
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	172,537,104	0	161,017,706	0	333,554,810
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	204,593		-		204,593
6.2 Applied to pay renewal premiums	157,540		-		157,540
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	376,742		-		376,742
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	738,875	0	0	0	738,875
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	738,875	0	0	0	738,875
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	11,224,527		3,090,247		14,314,774
10. Matured endowments	-		-		0
11. Annuity benefits	27,202,587		11,111,526		38,314,113
12. Surrender values and withdrawals for life contracts	112,066,074		113,803,129		225,869,203
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	48,602		-		48,602
15. Totals	150,541,790	0	128,004,902	0	278,546,692
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
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	37	984,408			10	103,751			47	1,088,159
17. Incurred during current year	206	11,179,615			11	2,852,721			217	14,032,336
Settled during current year:										
18.1 By payment in full	217	11,257,653			9	2,947,800			226	14,205,453
18.2 By payment on compromised claims									0	0
18.3 Totals paid	217	11,257,653	0	0	9	2,947,800	0	0	226	14,205,453
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	217	11,257,653	0	0	9	2,947,800	0	0	226	14,205,453
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	26	906,370	0	0	12	8,672	0	0	38	915,042
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	9,462	1,519,577,154		(a)	488	624,591,071			9,950	2,144,168,225
21. Issued during year	13	3,486,686			1,831	41,598,892			1,844	45,085,578
22. Other changes to in force (Net)	(578)	(77,944,409)			(1,825)	(37,786,857)			(2,403)	(115,731,266)
23. In force December 31 of current year	8,897	1,445,119,431	0	(a) 0	494	628,403,106	0	0	9,391	2,073,522,537

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	12,185,018	19,792,973		9,116,031	10,470,572
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	104,074	104,074		58,533	58,533
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	104,074	104,074	0	58,533	58,533
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,289,092	19,897,047	0	9,174,564	10,529,105

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....2,026.

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	663,465,889		938,875,318		1,602,341,207
2. Annuity considerations	7,057,947,065		4,714,201,762		11,772,148,827
3. Deposit-type contract funds	4,576,776,331	XXX		XXX	4,576,776,331
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	12,298,189,285	0	5,653,077,080	0	17,951,266,365
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	9,336,947		226		9,337,173
6.2 Applied to pay renewal premiums	8,917,438				8,917,438
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	17,698,494		85		17,698,579
6.4 Other	(5,643,246)		(100)		(5,643,346)
6.5 Totals (Sum of Lines 6.1 to 6.4)	30,309,633	0	211	0	30,309,844
Annuities:					
7.1 Paid in cash or left on deposit	1,027				1,027
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	1,027	0	0	0	1,027
8. Grand Totals (Lines 6.5 + 7.4)	30,310,660	0	211	0	30,310,871
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	582,572,421		198,016,586		780,589,007
10. Matured endowments	460,795				460,795
11. Annuity benefits	1,378,539,483		728,827,772		2,107,367,255
12. Surrender values and withdrawals for life contracts	7,121,346,303		6,802,273,000		13,923,619,303
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	3,956,033		5,355,925		9,311,958
15. Totals	9,086,875,035	0	7,734,473,283	0	16,821,348,318
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1,205	77,472,906			68	7,739,995			1,273	85,212,901
17. Incurred during current year	10,358	577,353,633			264	177,484,143			10,622	754,837,776
Settled during current year:										
18.1 By payment in full	10,239	566,509,172			287	180,410,361			10,526	746,919,533
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10,239	566,509,172	0	0	287	180,410,361	0	0	10,526	746,919,533
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10,239	566,509,172	0	0	287	180,410,361	0	0	10,526	746,919,533
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1,324	88,317,367	0	0	45	4,813,777	0	0	1,369	93,131,144
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	510,084	80,797,577,053		(a)	36,561	66,057,573,964			546,645	146,855,151,017
21. Issued during year	3,371	1,895,998,171			40,022	1,367,574,899			43,393	3,263,573,070
22. Other changes to in force (Net)	(29,035)	(3,474,904,572)			(37,998)	(2,585,786,970)			(67,033)	(6,060,691,542)
23. In force December 31 of current year	484,420	79,218,670,652	0	(a) 0	38,585	64,839,361,893	0	0	523,005	144,058,032,545

(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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	444,293,816	449,382,256	39,670	292,412,827	296,987,457
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	2,264	2,136		(863)	(1,252)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	392,972	392,972		2,934,280	2,690,600
25.2 Guaranteed renewable (b)	2,568,953	2,758,294		1,727,186	1,352,381
25.3 Non-renewable for stated reasons only (b)	12,263	12,263		352,626	313,839
25.4 Other accident only					
25.5 All other (b)	1,476	1,476			
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,975,664	3,165,005	0	5,014,092	4,356,820
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	447,271,744	452,549,397	39,670	297,426,056	301,343,025

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....43,298.

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DIRECT BUSINESS IN GUAM DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	153		-		153
2. Annuity considerations	2,750		5,454		8,204
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,903	0	5,454	0	8,357
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	14,138		-		14,138
10. Matured endowments	-		-		0
11. Annuity benefits	156,400		18,885		175,285
12. Surrender values and withdrawals for life contracts	350,067		243,084		593,151
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	-		-		0
15. Totals	520,605	0	261,969	0	782,574
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1	10,001		(a)					1	10,001
21. Issued during year									0	0
22. Other changes to in force (Net)	1	20,000							1	20,000
23. In force December 31 of current year	2	30,001	0	(a) 0	0	0	0	0	2	30,001

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,793,797		4,953,930		6,747,727
2. Annuity considerations	36,591,400		4,763,729		41,355,129
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	38,385,197	0	9,717,659	0	48,102,856
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	16,123		-		16,123
6.2 Applied to pay renewal premiums	9,240		-		9,240
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	22,993		-		22,993
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	48,356	0	0	0	48,356
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	48,356	0	0	0	48,356
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,165,187		25		4,165,212
10. Matured endowments	-		-		0
11. Annuity benefits	9,231,963		1,260,028		10,491,991
12. Surrender values and withdrawals for life contracts	69,722,487		17,785,925		87,508,412
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	2		-		2
15. Totals	83,119,639	0	19,045,978	0	102,165,617
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	368,430							2	368,430
17. Incurred during current year	12	4,165,187							12	4,165,187
Settled during current year:										
18.1 By payment in full	11	3,497,712							11	3,497,712
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	3,497,712	0	0	0	0	0	0	11	3,497,712
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	3,497,712	0	0	0	0	0	0	11	3,497,712
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	1,035,905	0	0	0	0	0	0	3	1,035,905
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	965	271,323,833		(a)	74	25,055,330			1,039	296,379,163
21. Issued during year	1	325,000			68	42,215,343			69	42,540,343
22. Other changes to in force (Net)	(55)	4,759,152			(11)	(25,083,142)			(66)	(20,323,990)
23. In force December 31 of current year	911	276,407,985	0	(a) 0	131	42,187,531	0	0	1,042	318,595,516

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	39,276	48,243		6,948	8,301
24.1 Federal Employee Health Benefits Plan premium (b)					
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)				(38)	(38)
25.3 Non-renewable for stated 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	(38)	(38)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	39,276	48,243	0	6,910	8,263

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....2.

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	7,770,210		28,556,762		36,326,972
2. Annuity considerations	28,574,935		39,323,882		67,898,817
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	36,345,145	0	67,880,644	0	104,225,789
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	48,365		-		48,365
6.2 Applied to pay renewal premiums	79,831		-		79,831
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	131,573		29		131,602
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	259,769	0	29	0	259,798
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	259,769	0	29	0	259,798
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,147,718		72,075		3,219,793
10. Matured endowments	4,837		-		4,837
11. Annuity benefits	6,229,301		3,467,720		9,697,021
12. Surrender values and withdrawals for life contracts	39,246,966		44,253,683		83,500,649
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	4,887		-		4,887
15. Totals	48,633,709	0	47,793,478	0	96,427,187
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	20,423			(3)				(2)	20,423
17. Incurred during current year	39	3,147,718				3,435			39	3,151,153
Settled during current year:										
18.1 By payment in full	34	3,048,678				3,435			34	3,052,113
18.2 By payment on compromised claims									0	0
18.3 Totals paid	34	3,048,678	0	0	0	3,435	0	0	34	3,052,113
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	34	3,048,678	0	0	0	3,435	0	0	34	3,052,113
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	119,463	0	0	(3)	0	0	0	3	119,463
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,625	390,926,904		(a)	1,050	2,928,891,066			2,675	3,319,817,970
21. Issued during year	7	3,740,984			618	165,416,774			625	169,157,758
22. Other changes to in force (Net)	(88)	10,534,952			(420)	129,610,825			(508)	140,145,777
23. In force December 31 of current year	1,544	405,202,840	0	(a) 0	1,248	3,223,918,665	0	0	2,792	3,629,121,505

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,453,677	2,471,820		1,104,217	1,710,494
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	2,453,677	2,471,820	0	1,104,217	1,710,494

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....684.

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	523,310		20,978		544,288
2. Annuity considerations	29,279,659		24,584,486		53,864,145
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	29,802,969	0	24,605,464	0	54,408,433
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	11,927		-		11,927
6.2 Applied to pay renewal premiums	6,574		-		6,574
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	29,211		-		29,211
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	47,712	0	0	0	47,712
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	47,712	0	0	0	47,712
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	384,652		37,598		422,250
10. Matured endowments	-		-		0
11. Annuity benefits	3,730,584		8,136,214		11,866,798
12. Surrender values and withdrawals for life contracts	23,828,860		27,764,604		51,593,464
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	1		-		1
15. Totals	27,944,097	0	35,938,416	0	63,882,513
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	1,250							1	1,250
17. Incurred during current year	9	384,652			1	35,000			10	419,652
Settled during current year:										
18.1 By payment in full	10	385,902			1	35,000			11	420,902
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	385,902	0	0	1	35,000	0	0	11	420,902
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	385,902	0	0	1	35,000	0	0	11	420,902
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	605	156,630,713		(a)	8	9,010,482			613	165,641,195
21. Issued during year					366	3,155,003			366	3,155,003
22. Other changes to in force (Net)	(19)	1,584,827			(353)	10,304,185			(372)	11,889,012
23. In force December 31 of current year	586	158,215,540	0	(a) 0	21	22,469,670	0	0	607	180,685,210

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	754,685	754,924		448,122	409,429
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	754,685	754,924	0	448,122	409,429

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....158.

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

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	11,672,867		32,196,731		43,869,598
2. Annuity considerations	285,841,799		240,222,067		526,063,866
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	297,514,666	0	272,418,798	0	569,933,464
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	161,194		-		161,194
6.2 Applied to pay renewal premiums	98,801		-		98,801
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	311,408		-		311,408
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	571,403	0	0	0	571,403
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	571,403	0	0	0	571,403
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	14,808,271		211,334		15,019,605
10. Matured endowments	14,028		-		14,028
11. Annuity benefits	47,636,709		21,237,307		68,874,016
12. Surrender values and withdrawals for life contracts	226,740,641		381,632,542		608,373,183
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	14,791		-		14,791
15. Totals	289,214,440	0	403,081,183	0	692,295,623
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	26	3,108,132			(1)	104,840			25	3,212,972
17. Incurred during current year	141	14,606,495			10	208,149			151	14,814,644
Settled during current year:										
18.1 By payment in full	138	16,154,488			6	205,928			144	16,360,416
18.2 By payment on compromised claims									0	0
18.3 Totals paid	138	16,154,488	0	0	6	205,928	0	0	144	16,360,416
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	138	16,154,488	0	0	6	205,928	0	0	144	16,360,416
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	29	1,560,139	0	0	3	107,061	0	0	32	1,667,200
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	9,112	2,043,573,424		(a)	3,666	3,547,253,012			12,778	5,590,826,436
21. Issued during year					1,009	1,952,531			1,009	1,952,531
22. Other changes to in force (Net)	(562)	(121,016,062)			(979)	129,440,492			(1,541)	8,424,430
23. In force December 31 of current year	8,550	1,922,557,362	0	(a) 0	3,696	3,678,646,035	0	0	12,246	5,601,203,397

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	25,297,044	24,491,173		17,044,610	19,641,634
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	8,515	8,515		7,115	7,115
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	8,515	8,515	0	7,115	7,115
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,305,559	24,499,688	0	17,051,725	19,648,749

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....1,013.

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	4,053,509		13,046,397		17,099,906
2. Annuity considerations	143,481,215		74,502,389		217,983,604
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	147,534,724	0	87,548,786	0	235,083,510
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	83,284		129		83,413
6.2 Applied to pay renewal premiums	107,686		-		107,686
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	175,232		-		175,232
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	366,202	0	129	0	366,331
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	366,202	0	129	0	366,331
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,862,338		7,165,974		12,028,312
10. Matured endowments	8,636		-		8,636
11. Annuity benefits	20,019,469		10,868,025		30,887,494
12. Surrender values and withdrawals for life contracts	116,036,734		192,532,532		308,569,266
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	30,951		4,167		35,118
15. Totals	140,958,128	0	210,570,698	0	351,528,826
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	15	438,675			4	3,001			19	441,676
17. Incurred during current year	107	4,862,338			6	7,165,857			113	12,028,195
Settled during current year:										
18.1 By payment in full	103	5,178,430			7	7,168,857			110	12,347,287
18.2 By payment on compromised claims									0	0
18.3 Totals paid	103	5,178,430	0	0	7	7,168,857	0	0	110	12,347,287
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	103	5,178,430	0	0	7	7,168,857	0	0	110	12,347,287
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	19	122,583	0	0	3	1	0	0	22	122,584
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	5,241	479,628,559		(a)	373	1,023,321,318			5,614	1,502,949,877
21. Issued during year	1	100,000			955	23,271,506			956	23,371,506
22. Other changes to in force (Net)	(249)	(12,454,678)			(951)	213,145,581			(1,200)	200,690,903
23. In force December 31 of current year	4,993	467,273,881	0	(a) 0	377	1,259,738,405	0	0	5,370	1,727,012,286

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	19,500,469	20,394,726		16,766,924	17,675,522
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	25,379	25,379		10,072	10,072
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	25,379	25,379	0	10,072	10,072
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,525,848	20,420,105	0	16,776,996	17,685,594

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....1,018.

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

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,392,626		667,815		3,060,441
2. Annuity considerations	56,018,510		19,176,474		75,194,984
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	58,411,136	0	19,844,289	0	78,255,425
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	30,176		-		30,176
6.2 Applied to pay renewal premiums	39,228		-		39,228
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	82,617		-		82,617
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	152,021	0	0	0	152,021
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	152,021	0	0	0	152,021
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,529,580		1,027,273		2,556,853
10. Matured endowments	-		-		0
11. Annuity benefits	16,104,456		1,813,075		17,917,531
12. Surrender values and withdrawals for life contracts	87,797,874		26,236,085		114,033,959
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	12,432		-		12,432
15. Totals	105,444,342	0	29,076,433	0	134,520,775
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	2	(17,198)			3	1			5	(17,197)
17. Incurred during current year	27	1,492,445							27	1,492,445
Settled during current year:										
18.1 By payment in full	23	1,479,368							23	1,479,368
18.2 By payment on compromised claims									0	0
18.3 Totals paid	23	1,479,368	0	0	0	0	0	0	23	1,479,368
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	23	1,479,368	0	0	0	0	0	0	23	1,479,368
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	6	(4,121)	0	0	3	1	0	0	9	(4,120)
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,761	345,357,997		(a)	17	285,817,189			1,778	631,175,186
21. Issued during year					297	29,482,565			297	29,482,565
22. Other changes to in force (Net)	(133)	(15,656,798)			(297)	(288,363,641)			(430)	(304,020,439)
23. In force December 31 of current year	1,628	329,701,199	0	(a) 0	17	26,936,113	0	0	1,645	356,637,312

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	4,109,719	3,542,247		3,465,942	4,377,091
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	48	48			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	48	48	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,109,767	3,542,295	0	3,465,942	4,377,091

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....201.

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DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,171,012		7,674,387		10,845,399
2. Annuity considerations	82,279,890		20,022,248		102,302,138
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	85,450,902	0	27,696,635	0	113,147,537
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	139,989		-		139,989
6.2 Applied to pay renewal premiums	143,244		-		143,244
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	319,002		-		319,002
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	602,235	0	0	0	602,235
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	602,235	0	0	0	602,235
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,432,875		8,962,161		16,395,036
10. Matured endowments	11,000		-		11,000
11. Annuity benefits	13,188,330		4,402,961		17,591,291
12. Surrender values and withdrawals for life contracts	84,072,837		26,644,802		110,717,639
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	111,600		-		111,600
15. Totals	104,816,642	0	40,009,924	0	144,826,566
DETAILS OF WRITE-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	17	1,285,505							17	1,285,505
17. Incurred during current year	163	7,425,852			1	8,299			164	7,434,151
Settled during current year:										
18.1 By payment in full	169	8,591,490			1	8,299			170	8,599,789
18.2 By payment on compromised claims									0	0
18.3 Totals paid	169	8,591,490	0	0	1	8,299	0	0	170	8,599,789
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	169	8,591,490	0	0	1	8,299	0	0	170	8,599,789
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	11	119,867	0	0	0	0	0	0	11	119,867
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	5,741	548,869,123		(a)	44	6,604,736,403			5,785	7,153,605,526
21. Issued during year					695	11,006,000			695	11,006,000
22. Other changes to in force (Net)	(415)	(44,602,669)			(697)	(2,752,799,252)			(1,112)	(2,797,401,921)
23. In force December 31 of current year	5,326	504,266,454	0	(a) 0	42	3,862,943,151	0	0	5,368	4,367,209,605

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	11,470,065	13,699,758		13,205,284	15,334,047
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	26,010	26,010		12,504	12,504
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	26,010	26,010	0	12,504	12,504
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,496,075	13,725,768	0	13,217,788	15,346,551

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....635.

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	5,482,761		3,507,324		8,990,085
2. Annuity considerations	86,696,720		55,997,424		142,694,144
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	92,179,481	0	59,504,748	0	151,684,229
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	44,875		-		44,875
6.2 Applied to pay renewal premiums	91,922		-		91,922
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	109,438		-		109,438
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	246,235	0	0	0	246,235
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	246,235	0	0	0	246,235
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	779,063		392,335		1,171,398
10. Matured endowments	-		-		0
11. Annuity benefits	13,723,977		7,215,656		20,939,633
12. Surrender values and withdrawals for life contracts	91,868,938		100,906,457		192,775,395
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	6,693		-		6,693
15. Totals	106,378,671	0	108,514,448	0	214,893,119
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	6,000			1	1,565,908			2	1,571,908
17. Incurred during current year	10	769,063			5	392,211			15	1,161,274
Settled during current year:										
18.1 By payment in full	11	775,063			5	1,662,219			16	2,437,282
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	775,063	0	0	5	1,662,219	0	0	16	2,437,282
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	775,063	0	0	5	1,662,219	0	0	16	2,437,282
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	0	0	0	0	1	295,900	0	0	1	295,900
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,065	236,269,680		(a)	51	95,526,354			1,116	331,796,034
21. Issued during year	24	10,071,476			495	16,598,953			519	26,670,429
22. Other changes to in force (Net)	(40)	(4,077,289)			(488)	(3,429,696)			(528)	(7,506,985)
23. In force December 31 of current year	1,049	242,263,867	0	(a) 0	58	108,695,611	0	0	1,107	350,959,478

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,476,356	1,234,109		409,062	471,252
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	1,476,356	1,234,109	0	409,062	471,252

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....478.

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DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	9,764,905		2,736,962		12,501,867
2. Annuity considerations	268,209,827		82,949,091		351,158,918
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	277,974,732	0	85,686,053	0	363,660,785
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	202,312		-		202,312
6.2 Applied to pay renewal premiums	299,125		-		299,125
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	355,419		-		355,419
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	856,856	0	0	0	856,856
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	856,856	0	0	0	856,856
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	29,667,496		13,444,772		43,112,268
10. Matured endowments	-		-		0
11. Annuity benefits	59,142,749		12,497,461		71,640,210
12. Surrender values and withdrawals for life contracts	216,175,432		129,272,190		345,447,622
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	14,435		-		14,435
15. Totals	305,000,112	0	155,214,423	0	460,214,535
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
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	16	393,152			3	38,037			19	431,189
17. Incurred during current year	109	29,652,123			8	13,369,098			117	43,021,221
Settled during current year:										
18.1 By payment in full	114	16,273,396			11	13,213,709			125	29,487,105
18.2 By payment on compromised claims									0	0
18.3 Totals paid	114	16,273,396	0	0	11	13,213,709	0	0	125	29,487,105
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	114	16,273,396	0	0	11	13,213,709	0	0	125	29,487,105
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	11	13,771,879	0	0	0	193,426	0	0	11	13,965,305
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	5,752	1,012,186,254		(a)	1,433	4,004,694,446			7,185	5,016,880,700
21. Issued during year	20	27,000,000			176	9,730,501			196	36,730,501
22. Other changes to in force (Net)	(266)	(50,114,734)			(198)	359,492,879			(464)	309,378,145
23. In force December 31 of current year	5,506	989,071,520	0	(a) 0	1,411	4,373,917,826	0	0	6,917	5,362,989,346

(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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	8,620,284	8,563,115		6,335,212	6,460,058
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,848	5,848		5,284	5,284
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	116	116			
25.6 Totals (Sum of Lines 25.1 to 25.5)	5,964	5,964	0	5,284	5,284
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,626,248	8,569,079	0	6,340,496	6,465,342

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....484.

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DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	20,876,791		474,097		21,350,888
2. Annuity considerations	126,307,891		152,850,951		279,158,842
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	147,184,682	0	153,325,048	0	300,509,730
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	273,434		-		273,434
6.2 Applied to pay renewal premiums	251,834		-		251,834
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	607,467		-		607,467
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,132,735	0	0	0	1,132,735
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	1,132,735	0	0	0	1,132,735
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	19,518,544		6,825		19,525,369
10. Matured endowments	26,620		-		26,620
11. Annuity benefits	27,664,887		18,778,088		46,442,975
12. Surrender values and withdrawals for life contracts	141,170,756		162,751,278		303,922,034
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	125,299		-		125,299
15. Totals	188,506,106	0	181,536,191	0	370,042,297
DETAILS OF WRITE-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	55	1,847,663			1	5,059			56	1,852,722
17. Incurred during current year	489	19,518,544				14,490			489	19,533,034
Settled during current year:										
18.1 By payment in full	481	17,561,720			1	19,549			482	17,581,269
18.2 By payment on compromised claims									0	0
18.3 Totals paid	481	17,561,720	0	0	1	19,549	0	0	482	17,581,269
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	481	17,561,720	0	0	1	19,549	0	0	482	17,581,269
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	63	3,804,487	0	0	0	0	0	0	63	3,804,487
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	21,984	1,909,244,422		(a)	340	465,940,273			22,324	2,375,184,695
21. Issued during year	16	25,286,570			381	3,450,500			397	28,737,070
22. Other changes to in force (Net)	(1,502)	(143,533,525)			(472)	(67,763,843)			(1,974)	(211,297,368)
23. In force December 31 of current year	20,498	1,790,997,467	0	(a) 0	249	401,626,930	0	0	20,747	2,192,624,397

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	6,552,708	6,692,903		3,315,209	3,968,103
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	251,968	251,968		146,626	146,626
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	251,968	251,968	0	146,626	146,626
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,804,676	6,944,871	0	3,461,835	4,114,729

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....26.

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DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	737,201		57,133		794,334
2. Annuity considerations	29,340,205		4,297,977		33,638,182
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	30,077,406	0	4,355,110	0	34,432,516
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	72,755		-		72,755
6.2 Applied to pay renewal premiums	46,319		-		46,319
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	97,802		-		97,802
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	216,876	0	0	0	216,876
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	216,876	0	0	0	216,876
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,070,437		107,347		1,177,784
10. Matured endowments	-		-		0
11. Annuity benefits	4,645,202		1,132,268		5,777,470
12. Surrender values and withdrawals for life contracts	22,223,654		5,627,373		27,851,027
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	13,052		-		13,052
15. Totals	27,952,345	0	6,866,988	0	34,819,333
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	2,000							1	2,000
17. Incurred during current year	32	1,052,337			3	107,486			35	1,159,823
Settled during current year:										
18.1 By payment in full	29	1,035,057			3	107,486			32	1,142,543
18.2 By payment on compromised claims									0	0
18.3 Totals paid	29	1,035,057	0	0	3	107,486	0	0	32	1,142,543
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	29	1,035,057	0	0	3	107,486	0	0	32	1,142,543
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	19,280	0	0	0	0	0	0	4	19,280
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,560	129,775,305		(a)		1,309,130			1,560	131,084,435
21. Issued during year					30	8,925,000			30	8,925,000
22. Other changes to in force (Net)	(67)	(2,220,306)			(30)	(7,795,149)			(97)	(10,015,455)
23. In force December 31 of current year	1,493	127,554,999	0	(a) 0	0	2,438,981	0	0	1,493	129,993,980

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	697,104	854,727		1,688,663	1,830,383
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	697,104	854,727	0	1,688,663	1,830,383

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....169.

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DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	11,661,349		6,118,527		17,779,876
2. Annuity considerations	164,313,319		169,974,156		334,287,475
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	175,974,668	0	176,092,683	0	352,067,351
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	107,670		-		107,670
6.2 Applied to pay renewal premiums	77,153		-		77,153
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	218,299		36		218,335
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	403,122	0	36	0	403,158
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	403,122	0	36	0	403,158
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,103,718		591,024		10,694,742
10. Matured endowments	3,779		-		3,779
11. Annuity benefits	39,642,245		20,360,616		60,002,861
12. Surrender values and withdrawals for life contracts	173,294,250		160,693,229		333,987,479
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	12,553		-		12,553
15. Totals	223,056,545	0	181,644,869	0	404,701,414
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	22	265,633			2	1			24	265,634
17. Incurred during current year	151	9,943,058			4	329,364			155	10,272,422
Settled during current year:										
18.1 By payment in full	155	9,948,583			4	329,364			159	10,277,947
18.2 By payment on compromised claims									0	0
18.3 Totals paid	155	9,948,583	0	0	4	329,364	0	0	159	10,277,947
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	155	9,948,583	0	0	4	329,364	0	0	159	10,277,947
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	18	260,108	0	0	2	1	0	0	20	260,109
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	8,571	2,014,161,816		(a)	305	298,570,353			8,876	2,312,732,169
21. Issued during year	4	2,341,226			687	5,000,284			691	7,341,510
22. Other changes to in force (Net)	(510)	(85,910,596)			(814)	(31,276,613)			(1,324)	(117,187,209)
23. In force December 31 of current year	8,065	1,930,592,446	0	(a) 0	178	272,294,024	0	0	8,243	2,202,886,470

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	7,914,250	7,976,550		4,319,400	3,309,862
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,934	3,934		17,993	17,993
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	3,934	3,934	0	17,993	17,993
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,918,184	7,980,484	0	4,337,393	3,327,855

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....918.

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DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	6,698,685		15,201,189		21,899,874
2. Annuity considerations	89,679,923		47,531,457		137,211,380
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	96,378,608	0	62,732,646	0	159,111,254
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	191,809		-		191,809
6.2 Applied to pay renewal premiums	214,537		-		214,537
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	255,406		-		255,406
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	661,752	0	0	0	661,752
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	661,752	0	0	0	661,752
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	11,869,388		7,524,627		19,394,015
10. Matured endowments	731		-		731
11. Annuity benefits	15,857,881		15,101,566		30,959,447
12. Surrender values and withdrawals for life contracts	121,268,395		148,345,615		269,614,010
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	(1,690)		-		(1,690)
15. Totals	148,994,705	0	170,971,808	0	319,966,513
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	15	695,085			1	1,766,633			16	2,461,718
17. Incurred during current year	92	11,846,296			5	7,523,091			97	19,369,387
Settled during current year:										
18.1 By payment in full	87	11,994,907			5	9,256,289			92	21,251,196
18.2 By payment on compromised claims									0	0
18.3 Totals paid	87	11,994,907	0	0	5	9,256,289	0	0	92	21,251,196
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	87	11,994,907	0	0	5	9,256,289	0	0	92	21,251,196
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	20	546,474	0	0	1	33,435	0	0	21	579,909
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	4,940	1,212,775,481		(a)	1,292	1,948,924,957			6,232	3,161,700,438
21. Issued during year	1	321,450			455	147,993,386			456	148,314,836
22. Other changes to in force (Net)	(214)	10,400,766			(293)	(66,775,296)			(507)	(56,374,530)
23. In force December 31 of current year	4,727	1,223,497,697	0	(a) 0	1,454	2,030,143,047	0	0	6,181	3,253,640,744

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,033,950	1,094,957		640,047	(508,601)
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,683	5,683		2,669	2,669
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	5,683	5,683	0	2,669	2,669
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,039,633	1,100,640	0	642,716	(505,932)

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....403.

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DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1.	Life insurance	2,665,918		3,083,591		5,749,509
2.	Annuity considerations	64,166,681		50,242,791		114,409,472
3.	Deposit-type contract funds	-	XXX		XXX	0
4.	Other considerations					0
5.	Totals (Sum of Lines 1 to 4)	66,832,599	0	53,326,382	0	120,158,981
	DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
	Life insurance:					
6.1	Paid in cash or left on deposit	67,065		-		67,065
6.2	Applied to pay renewal premiums	39,967		-		39,967
6.3	Applied to provide paid-up additions or shorten the endowment or premium-paying period	145,605		-		145,605
6.4	Other	-		-		0
6.5	Totals (Sum of Lines 6.1 to 6.4)	252,637	0	0	0	252,637
	Annuities:					
7.1	Paid in cash or left on deposit					0
7.2	Applied to provide paid-up annuities					0
7.3	Other					0
7.4	Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8.	Grand Totals (Lines 6.5 + 7.4)	252,637	0	0	0	252,637
	DIRECT CLAIMS AND BENEFITS PAID					
9.	Death benefits	4,032,151		1,926,824		5,958,975
10.	Matured endowments	-		-		0
11.	Annuity benefits	20,627,823		6,414,010		27,041,833
12.	Surrender values and withdrawals for life contracts	77,945,071		84,521,844		162,466,915
13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14.	All other benefits, except accident and health	23,228		-		23,228
15.	Totals	102,628,273	0	92,862,678	0	195,490,951
	DETAILS OF WRITE-INS					
1301.						0
1302.						0
1303.						0
1398.	Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399.	Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

		Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
		1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16.	Unpaid December 31, prior year	6	93,133			2	362,251			8	455,384
17.	Incurred during current year	56	4,032,152			6	1,800,138			62	5,832,290
	Settled during current year:										
18.1	By payment in full	58	4,100,074			5	2,158,463			63	6,258,537
18.2	By payment on compromised claims									0	0
18.3	Totals paid	58	4,100,074	0	0	5	2,158,463	0	0	63	6,258,537
18.4	Reduction by compromise									0	0
18.5	Amount rejected									0	0
18.6	Total settlements	58	4,100,074	0	0	5	2,158,463	0	0	63	6,258,537
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	25,211	0	0	3	3,926	0	0	7	29,137
	POLICY EXHIBIT					No. of Pol.					
20.	In force December 31, prior year	2,645	687,366,132		(a)	241	332,080,018			2,886	1,019,446,150
21.	Issued during year					831	8,923,680			831	8,923,680
22.	Other changes to in force (Net)	(128)	5,087,664			(826)	(1,701,220)			(954)	3,386,444
23.	In force December 31 of current year	2,517	692,453,796	0	(a) 0	246	339,302,478	0	0	2,763	1,031,756,274

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group policies (b)	5,650,503	5,701,665		5,558,816	4,767,627
24.1	Federal Employee Health Benefits Plan premium (b)					
24.2	Credit (group and individual)					
24.3	Collectively renewable policies/certificates (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees					
	Other Individual Policies:					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	2,113	2,113		696	696
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)					
25.6	Totals (Sum of Lines 25.1 to 25.5)	2,113	2,113	0	696	696
26.	Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,652,616	5,703,778	0	5,559,512	4,768,323

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....534.

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DIRECT BUSINESS IN THE STATE OF NORTHERN MARIANA ISLANDS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

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

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

NONE

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,469,305		363,521		1,832,826
2. Annuity considerations	35,906,726		5,380,201		41,286,927
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	37,376,031	0	5,743,722	0	43,119,753
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	32,246		-		32,246
6.2 Applied to pay renewal premiums	12,677		-		12,677
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	76,562		-		76,562
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	121,485	0	0	0	121,485
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	121,485	0	0	0	121,485
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,840,545		23,992		2,864,537
10. Matured endowments	-		-		0
11. Annuity benefits	3,104,804		1,523,766		4,628,570
12. Surrender values and withdrawals for life contracts	22,702,712		6,046,421		28,749,133
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	37,009		-		37,009
15. Totals	28,685,070	0	7,594,179	0	36,279,249
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	5	57,682			1				6	57,682
17. Incurred during current year	40	2,840,546			1	22,757			41	2,863,303
Settled during current year:										
18.1 By payment in full	40	2,727,934				20,257			40	2,748,191
18.2 By payment on compromised claims									0	0
18.3 Totals paid	40	2,727,934	0	0	0	20,257	0	0	40	2,748,191
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	40	2,727,934	0	0	0	20,257	0	0	40	2,748,191
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	5	170,294	0	0	2	2,500	0	0	7	172,794
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,419	320,129,217		(a)	2	19,009,599			2,421	339,138,816
21. Issued during year					677	8,915,751			677	8,915,751
22. Other changes to in force (Net)	(129)	(5,694,396)			(670)	(9,707,518)			(799)	(15,401,914)
23. In force December 31 of current year	2,290	314,434,821	0	(a) 0	9	18,217,832	0	0	2,299	332,652,653

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,346,476	2,373,043		3,152,814	2,618,158
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	33,810	33,810		25,141	25,141
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	33,810	33,810	0	25,141	25,141
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,380,286	2,406,853	0	3,177,955	2,643,299

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....450.

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DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	794,755		5,347		800,102
2. Annuity considerations	16,069,693		7,889,367		23,959,060
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	16,864,448	0	7,894,714	0	24,759,162
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	8,516		-		8,516
6.2 Applied to pay renewal premiums	18,328		-		18,328
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	28,701		-		28,701
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	55,545	0	0	0	55,545
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	55,545	0	0	0	55,545
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	870,513		395		870,908
10. Matured endowments	-		-		0
11. Annuity benefits	2,895,281		2,011,224		4,906,505
12. Surrender values and withdrawals for life contracts	9,636,220		10,718,589		20,354,809
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	4,901		-		4,901
15. Totals	13,406,915	0	12,730,208	0	26,137,123
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	59,299			(1)				2	59,299
17. Incurred during current year	11	870,513							11	870,513
Settled during current year:										
18.1 By payment in full	13	929,812							13	929,812
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	929,812	0	0	0	0	0	0	13	929,812
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	929,812	0	0	0	0	0	0	13	929,812
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	0	0	0	(1)	0	0	0	0	0
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	478	87,342,143		(a)	1	2,445,377			479	89,787,520
21. Issued during year					22	22,190,500			22	22,190,500
22. Other changes to in force (Net)	1	6,004,467			(23)	(22,950,906)			(22)	(16,946,439)
23. In force December 31 of current year	479	93,346,610	0	(a) 0	0	1,684,971	0	0	479	95,031,581

(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 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	492,343	509,092		22,268	(606,157)
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	1,122	1,122		712	712
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	1,122	1,122	0	712	712
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	493,465	510,214	0	22,980	(605,445)

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....19.

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	29,941,124		116,721,351		146,662,475
2. Annuity considerations	193,876,319		43,787,076		237,663,395
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	223,817,443	0	160,508,427	0	384,325,870
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	442,823		-		442,823
6.2 Applied to pay renewal premiums	369,116		-		369,116
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	914,121		20		914,141
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,726,060	0	20	0	1,726,080
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	1,726,060	0	20	0	1,726,080
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	29,070,080		270,811		29,340,891
10. Matured endowments	17,788		-		17,788
11. Annuity benefits	38,031,196		8,933,162		46,964,358
12. Surrender values and withdrawals for life contracts	220,820,582		85,126,821		305,947,403
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	326,422		-		326,422
15. Totals	288,266,068	0	94,330,794	0	382,596,862
DETAILS OF WRITE-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	89	4,052,301			10	1,042,595			99	5,094,896
17. Incurred during current year	748	29,025,790			13	223,362			761	29,249,152
Settled during current year:										
18.1 By payment in full	773	30,363,544			12	1,262,054			785	31,625,598
18.2 By payment on compromised claims									0	0
18.3 Totals paid	773	30,363,544	0	0	12	1,262,054	0	0	785	31,625,598
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	773	30,363,544	0	0	12	1,262,054	0	0	785	31,625,598
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	64	2,714,547	0	0	11	3,903	0	0	75	2,718,450
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	35,676	4,284,047,823		(a)	1,855	2,143,059,730			37,531	6,427,107,553
21. Issued during year	19	20,205,803			3,122	47,602,563			3,141	67,808,366
22. Other changes to in force (Net)	(2,077)	(285,023,629)			(1,418)	372,267,849			(3,495)	87,244,220
23. In force December 31 of current year	33,618	4,019,229,997	0	(a) 0	3,559	2,562,930,142	0	0	37,177	6,582,160,139

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	16,354,638	17,156,663		7,895,531	8,240,654
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	134	134			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)	2,118	2,118			
25.2 Guaranteed renewable (b)	259,242	259,242		153,595	153,595
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	261,360	261,360	0	153,595	153,595
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,616,132	17,418,157	0	8,049,126	8,394,249

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....1,829.

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	19,264,058		1,305,105		20,569,163
2. Annuity considerations	14,798,704		14,229,575		29,028,279
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	34,062,762	0	15,534,680	0	49,597,442
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,040		-		1,040
6.2 Applied to pay renewal premiums	5,948		-		5,948
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	37,606		-		37,606
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	44,594	0	0	0	44,594
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)	44,594	0	0	0	44,594
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	545,957		6,166		552,123
10. Matured endowments	-		-		0
11. Annuity benefits	1,304,300		2,234,228		3,538,528
12. Surrender values and withdrawals for life contracts	8,921,630		16,519,805		25,441,435
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health			-		0
15. Totals	10,771,887	0	18,760,199	0	29,532,086
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	4	1,299,598			1				5	1,299,598
17. Incurred during current year	3	545,957			1	6,000			4	551,957
Settled during current year:										
18.1 By payment in full	3	590,828			1	6,000			4	596,828
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	590,828	0	0	1	6,000	0	0	4	596,828
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	590,828	0	0	1	6,000	0	0	4	596,828
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	4	1,254,727	0	0	1	0	0	0	5	1,254,727
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,862	1,095,553,763		(a)	21	22,250,055			1,883	1,117,803,818
21. Issued during year					37	22,455,000			37	22,455,000
22. Other changes to in force (Net)	(52)	(9,416,274)			(38)	(22,718,708)			(90)	(32,134,982)
23. In force December 31 of current year	1,810	1,086,137,489	0	(a) 0	20	21,986,347	0	0	1,830	1,108,123,836

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	819,915	833,549		127,283	550,905
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	819,915	833,549	0	127,283	550,905

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....7.

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,598,288		78,711		1,676,999
2. Annuity considerations	17,621,693		21,782,894		39,404,587
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	19,219,981	0	21,861,605	0	41,081,586
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	15,763		-		15,763
6.2 Applied to pay renewal premiums	18,549		-		18,549
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	35,832		-		35,832
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	70,144	0	0	0	70,144
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)	70,144	0	0	0	70,144
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,262,080		7,232		1,269,312
10. Matured endowments	1,000		-		1,000
11. Annuity benefits	8,275,853		1,307,861		9,583,714
12. Surrender values and withdrawals for life contracts	27,830,362		23,373,154		51,203,516
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	342		-		342
15. Totals	37,369,637	0	24,688,247	0	62,057,884
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	100,441			1				4	100,441
17. Incurred during current year	7	1,262,080			2	6,704			9	1,268,784
Settled during current year:										
18.1 By payment in full	7	1,348,420			2	6,704			9	1,355,124
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	1,348,420	0	0	2	6,704	0	0	9	1,355,124
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	1,348,420	0	0	2	6,704	0	0	9	1,355,124
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	14,101	0	0	1	0	0	0	4	14,101
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	645	124,119,820		(a)	118	124,763,258			763	248,883,078
21. Issued during year	1	582,066			194	6,704,511			195	7,286,577
22. Other changes to in force (Net)	(43)	(7,533,056)			(195)	(11,730,322)			(238)	(19,263,378)
23. In force December 31 of current year	603	117,168,830	0	(a) 0	117	119,737,447	0	0	720	236,906,277

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,514,585	1,513,124		3,317,130	2,015,190
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-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)	1,514,585	1,513,124	0	3,317,130	2,015,190

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....316.

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,398,615		18,178		1,416,793
2. Annuity considerations	49,075,257		6,283,290		55,358,547
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	50,473,872	0	6,301,468	0	56,775,340
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	60,776		-		60,776
6.2 Applied to pay renewal premiums	46,693		-		46,693
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	80,846		-		80,846
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	188,315	0	0	0	188,315
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	188,315	0	0	0	188,315
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,275,452		23,272		1,298,724
10. Matured endowments	1,109		-		1,109
11. Annuity benefits	10,016,854		2,031,458		12,048,312
12. Surrender values and withdrawals for life contracts	39,719,996		13,370,292		53,090,288
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	3,943		-		3,943
15. Totals	51,017,354	0	15,425,022	0	66,442,376
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	58,671							3	58,671
17. Incurred during current year	40	1,275,452			6	22,367			46	1,297,819
Settled during current year:										
18.1 By payment in full	41	1,313,133			6	22,367			47	1,335,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	41	1,313,133	0	0	6	22,367	0	0	47	1,335,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	41	1,313,133	0	0	6	22,367	0	0	47	1,335,500
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	2	20,990	0	0	0	0	0	0	2	20,990
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,266	312,576,131		(a)	8	9,469,217			2,274	322,045,348
21. Issued during year					20	3,665,000			20	3,665,000
22. Other changes to in force (Net)	(107)	(5,787,203)			(24)	(3,987,039)			(131)	(9,774,242)
23. In force December 31 of current year	2,159	306,788,928	0	(a) 0	4	9,147,178	0	0	2,163	315,936,106

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,221,729	2,165,501		1,050,472	(3,950,918)
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,424	2,424		430	430
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,424	2,424	0	430	430
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,224,153	2,167,925	0	1,050,902	(3,950,488)

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....1.

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DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	20,339,411		2,746,765		23,086,176
2. Annuity considerations	262,218,278		132,017,902		394,236,180
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	282,557,689	0	134,764,667	0	417,322,356
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	643,894		-		643,894
6.2 Applied to pay renewal premiums	765,868		-		765,868
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,045,954		-		1,045,954
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,455,716	0	0	0	2,455,716
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	2,455,716	0	0	0	2,455,716
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	20,306,118		705,805		21,011,923
10. Matured endowments	35,969		-		35,969
11. Annuity benefits	51,146,226		27,130,714		78,276,940
12. Surrender values and withdrawals for life contracts	263,166,549		169,568,038		432,734,587
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	118,175		894		119,069
15. Totals	334,773,037	0	197,405,451	0	532,178,488
DETAILS OF WRITE-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	43	1,720,003			3	133,666			46	1,853,669
17. Incurred during current year	333	20,235,898			20	274,992			353	20,510,890
Settled during current year:										
18.1 By payment in full	326	20,147,975			22	403,331			348	20,551,306
18.2 By payment on compromised claims									0	0
18.3 Totals paid	326	20,147,975	0	0	22	403,331	0	0	348	20,551,306
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	326	20,147,975	0	0	22	403,331	0	0	348	20,551,306
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	50	1,807,926	0	0	1	5,327	0	0	51	1,813,253
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	15,591	3,226,280,718		(a)	501	522,355,329			16,092	3,748,636,047
21. Issued during year	17	13,773,550			476	1,451,000			493	15,224,550
22. Other changes to in force (Net)	(957)	(161,491,483)			(561)	(38,424,420)			(1,518)	(199,915,903)
23. In force December 31 of current year	14,651	3,078,562,785	0	(a) 0	416	485,381,909	0	0	15,067	3,563,944,694

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	16,218,706	16,487,932		12,293,178	13,114,371
24.1 Federal Employee Health Benefits Plan premium (b)					
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)				1,360	1,360
25.2 Guaranteed renewable (b)	9,957	9,957		7,868	7,868
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	254	254			
25.6 Totals (Sum of Lines 25.1 to 25.5)	10,211	10,211	0	9,228	9,228
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,228,917	16,498,143	0	12,302,406	13,123,599

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....553.

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	361,785		6,948		368,733
2. Annuity considerations	26,318,791		5,597,454		31,916,245
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	26,680,576	0	5,604,402	0	32,284,978
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	21,597		-		21,597
6.2 Applied to pay renewal premiums	19,417		-		19,417
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	76,970		-		76,970
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	117,984	0	0	0	117,984
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	117,984	0	0	0	117,984
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,545,182		1,983		1,547,165
10. Matured endowments	81		-		81
11. Annuity benefits	4,782,327		1,029,532		5,811,859
12. Surrender values and withdrawals for life contracts	30,062,281		11,117,970		41,180,251
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	1		-		1
15. Totals	36,389,872	0	12,149,485	0	48,539,357
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	183,752							3	183,752
17. Incurred during current year	21	1,542,682							21	1,542,682
Settled during current year:										
18.1 By payment in full	21	1,685,035							21	1,685,035
18.2 By payment on compromised claims									0	0
18.3 Totals paid	21	1,685,035	0	0	0	0	0	0	21	1,685,035
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	21	1,685,035	0	0	0	0	0	0	21	1,685,035
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	41,399	0	0	0	0	0	0	3	41,399
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	721	76,640,598		(a)	6	7,748,617			727	84,389,215
21. Issued during year					114	7,065,000			114	7,065,000
22. Other changes to in force (Net)	(60)	(3,078,169)			(120)	(10,648,452)			(180)	(13,726,621)
23. In force December 31 of current year	661	73,562,429	0	(a) 0	0	4,165,165	0	0	661	77,727,594

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,639,468	3,634,248		2,421,405	2,938,609
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	3,639,468	3,634,248	0	2,421,405	2,938,609

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....95.

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,654,742		15,372		2,670,114
2. Annuity considerations	52,387,615		23,576,153		75,963,768
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	55,042,357	0	23,591,525	0	78,633,882
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	30,889		-		30,889
6.2 Applied to pay renewal premiums	22,163		-		22,163
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	39,674		-		39,674
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	92,726	0	0	0	92,726
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	92,726	0	0	0	92,726
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	528,415		2,706		531,121
10. Matured endowments	-		-		0
11. Annuity benefits	8,482,377		2,221,378		10,703,755
12. Surrender values and withdrawals for life contracts	46,229,274		29,598,185		75,827,459
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	6,470		-		6,470
15. Totals	55,246,536	0	31,822,269	0	87,068,805
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	6	84,858							6	84,858
17. Incurred during current year	21	528,415			2	2,129			23	530,544
Settled during current year:										
18.1 By payment in full	24	547,613			2	2,129			26	549,742
18.2 By payment on compromised claims									0	0
18.3 Totals paid	24	547,613	0	0	2	2,129	0	0	26	549,742
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	24	547,613	0	0	2	2,129	0	0	26	549,742
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	65,660	0	0	0	0	0	0	3	65,660
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	980	200,118,676		(a)	4	15,482,486			984	215,601,162
21. Issued during year					238	6,973,170			238	6,973,170
22. Other changes to in force (Net)	(34)	818,687			(238)	(3,227,645)			(272)	(2,408,958)
23. In force December 31 of current year	946	200,937,363	0	(a) 0	4	19,228,011	0	0	950	220,165,374

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	3,053,629	3,064,027		3,234,297	3,586,934
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	961	961			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	961	961	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,054,590	3,064,988	0	3,234,297	3,586,934

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....230.

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	201,441,051		4,584,621		206,025,672
2. Annuity considerations	928,901,442		224,640,627		1,153,542,069
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,130,342,493	0	229,225,248	0	1,359,567,741
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	874,404		17		874,421
6.2 Applied to pay renewal premiums	1,080,708		-		1,080,708
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,198,344		-		2,198,344
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,153,456	0	17	0	4,153,473
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	4,153,456	0	17	0	4,153,473
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	69,387,668		10,654,275		80,041,943
10. Matured endowments	117,957		-		117,957
11. Annuity benefits	166,249,376		43,958,309		210,207,685
12. Surrender values and withdrawals for life contracts	855,027,760		351,214,682		1,206,242,442
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	501,737		17,934		519,671
15. Totals	1,091,284,498	0	405,845,200	0	1,497,129,698
DETAILS OF WRITE-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	92	8,911,677			(2)	65,944			90	8,977,621
17. Incurred during current year	935	68,110,638			28	10,652,949			963	78,763,587
Settled during current year:										
18.1 By payment in full	908	62,344,821			33	10,717,024			941	73,061,845
18.2 By payment on compromised claims									0	0
18.3 Totals paid	908	62,344,821	0	0	33	10,717,024	0	0	941	73,061,845
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	908	62,344,821	0	0	33	10,717,024	0	0	941	73,061,845
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	119	14,677,494	0	0	(7)	1,869	0	0	112	14,679,363
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	72,637	19,125,046,260		(a)	1,262	812,558,693			73,899	19,937,604,953
21. Issued during year	2,737	1,487,333,309			604	3,927,600			3,341	1,491,260,909
22. Other changes to in force (Net)	(4,374)	(1,102,325,275)			(679)	13,472,020			(5,053)	(1,088,853,255)
23. In force December 31 of current year	71,000	19,510,054,294	0	(a) 0	1,187	829,958,313	0	0	72,187	20,340,012,607

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	12,616,479	12,768,429		9,611,120	8,826,124
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	387,105	387,105		2,932,920	(20,106,191)
25.2 Guaranteed renewable (b)	55,915	55,915		29,649	29,649
25.3 Non-renewable for stated reasons only (b)	7,848	7,848		38,787	
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	450,868	450,868	0	3,001,356	(20,076,542)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,067,347	13,219,297	0	12,612,476	(11,250,418)

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....543.

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	22,914,534		22,466,071		45,380,605
2. Annuity considerations	332,795,821		462,935,613		795,731,434
3. Deposit-type contract funds	4,576,776,331	XXX		XXX	4,576,776,331
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,932,486,686	0	485,401,684	0	5,417,888,370
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	465,015		-		465,015
6.2 Applied to pay renewal premiums	319,124		-		319,124
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,000,555		-		1,000,555
6.4 Other	(359,009)		-		(359,009)
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,425,685	0	0	0	1,425,685
Annuities:					
7.1 Paid in cash or left on deposit	1,027		-		1,027
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	1,027	0	0	0	1,027
8. Grand Totals (Lines 6.5 + 7.4)	1,426,712	0	0	0	1,426,712
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	48,198,502		8,339,327		56,537,829
10. Matured endowments	73,931		-		73,931
11. Annuity benefits	67,320,352		173,161,369		240,481,721
12. Surrender values and withdrawals for life contracts	382,415,117		308,583,959		690,999,076
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	569,292		5,332,930		5,902,222
15. Totals	498,577,194	0	495,417,585	0	993,994,779
DETAILS OF WRITE-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	150	18,810,128			(1)				149	18,810,128
17. Incurred during current year	1,418	48,119,039				660,033			1,418	48,779,072
Settled during current year:										
18.1 By payment in full	1,379	51,525,192				505,483			1,379	52,030,675
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1,379	51,525,192	0	0	0	505,483	0	0	1,379	52,030,675
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1,379	51,525,192	0	0	0	505,483	0	0	1,379	52,030,675
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	189	15,403,975	0	0	(1)	154,550	0	0	188	15,558,525
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	59,482	7,182,751,638		(a)	1,286	5,895,275,354			60,768	13,078,026,992
21. Issued during year	32	14,053,760			2,161	10,817,503			2,193	24,871,263
22. Other changes to in force (Net)	(3,476)	(179,367,091)			(2,182)	134,200,790			(5,658)	(45,166,301)
23. In force December 31 of current year	56,038	7,017,438,307	0	(a) 0	1,265	6,040,293,647	0	0	57,303	13,057,731,954

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	36,956,653	36,342,245	39,670	19,527,623	21,033,087
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)		(128)			(389)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					(70,077)
25.2 Guaranteed renewable (b)	511,812	701,153		379,612	4,807
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	511,812	701,153	0	379,612	(65,270)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,468,465	37,043,270	39,670	19,907,235	20,967,428

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....11,517.

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	1,258,903		1,289,393		2,548,296
2. Annuity considerations	59,050,709		73,218,423		132,269,132
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	60,309,612	0	74,507,816	0	134,817,428
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	23,822		-		23,822
6.2 Applied to pay renewal premiums	21,840		-		21,840
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	55,300		-		55,300
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	100,962	0	0	0	100,962
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	100,962	0	0	0	100,962
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	906,747		41,978		948,725
10. Matured endowments	3,602		-		3,602
11. Annuity benefits	8,077,058		9,838,533		17,915,591
12. Surrender values and withdrawals for life contracts	46,329,843		79,198,584		125,528,427
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	524		-		524
15. Totals	55,317,774	0	89,079,095	0	144,396,869
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	3	108,641			3	25,011			6	133,652
17. Incurred during current year	31	886,726			4	13,734			35	900,460
Settled during current year:										
18.1 By payment in full	31	771,508			4	6,724			35	778,232
18.2 By payment on compromised claims									0	0
18.3 Totals paid	31	771,508	0	0	4	6,724	0	0	35	778,232
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	31	771,508	0	0	4	6,724	0	0	35	778,232
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	223,859	0	0	3	32,021	0	0	6	255,880
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	927	124,644,145		(a)	8	14,648,773			935	139,292,918
21. Issued during year	3	2,550,000			421	19,204,444			424	21,754,444
22. Other changes to in force (Net)	(72)	(10,515,797)			(403)	(13,918,661)			(475)	(24,434,458)
23. In force December 31 of current year	858	116,678,348	0	(a) 0	26	19,934,556	0	0	884	136,612,904

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,837,901	2,873,017		2,568,210	2,824,222
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	(124)	(124)		361	361
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	(124)	(124)	0	361	361
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,837,777	2,872,893	0	2,568,571	2,824,583

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....314.

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DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	9,434,208		594,255		10,028,463
2. Annuity considerations	40,429,940		45,612,341		86,042,281
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	49,864,148	0	46,206,596	0	96,070,744
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	56,007		-		56,007
6.2 Applied to pay renewal premiums	82,433		-		82,433
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	97,942		-		97,942
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	236,382	0	0	0	236,382
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	236,382	0	0	0	236,382
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,654,727		2,606		1,657,333
10. Matured endowments	12,957		-		12,957
11. Annuity benefits	19,938,231		5,610,269		25,548,500
12. Surrender values and withdrawals for life contracts	67,422,436		80,053,708		147,476,144
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	43,395		-		43,395
15. Totals	89,071,746	0	85,666,583	0	174,738,329
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	6	104,166							6	104,166
17. Incurred during current year	44	1,652,726				2,117			44	1,654,843
Settled during current year:										
18.1 By payment in full	40	1,487,106				2,117			40	1,489,223
18.2 By payment on compromised claims									0	0
18.3 Totals paid	40	1,487,106	0	0	0	2,117	0	0	40	1,489,223
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	40	1,487,106	0	0	0	2,117	0	0	40	1,489,223
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	10	269,786	0	0	0	0	0	0	10	269,786
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	1,731	363,593,613		(a)	37	64,806,926			1,768	428,400,539
21. Issued during year	14	23,229,994			167	22,932,130			181	46,162,124
22. Other changes to in force (Net)	(85)	(8,786,814)			(163)	(22,386,687)			(248)	(31,173,501)
23. In force December 31 of current year	1,660	378,036,793	0	(a) 0	41	65,352,369	0	0	1,701	443,389,162

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	714,601	759,649		548,329	600,701
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,896	2,896		338	338
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	2,896	2,896	0	338	338
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	717,497	762,545	0	548,667	601,039

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....125.

DIRECT BUSINESS IN OTHER ALIEN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	576,149		214		576,363
2. Annuity considerations	350		99,661		100,011
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	576,499	0	99,875	0	676,374
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	29,963				29,963
6.2 Applied to pay renewal premiums	52,863				52,863
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	89,385				89,385
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	172,211	0	0	0	172,211
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	172,211	0	0	0	172,211
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	75,650		4,566		80,216
10. Matured endowments					0
11. Annuity benefits	469,035		156,043		625,078
12. Surrender values and withdrawals for life contracts	2,099,469		161,231		2,260,700
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	8,429				8,429
15. Totals	2,652,583	0	321,840	0	2,974,423
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	22							1	22
17. Incurred during current year	13	43,004							13	43,004
Settled during current year:										
18.1 By payment in full	13	35,458							13	35,458
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	35,458	0	0	0	0	0	0	13	35,458
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	35,458	0	0	0	0	0	0	13	35,458
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	7,568	0	0	0	0	0	0	1	7,568
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	291	54,593,209		(a)		(555,350)			291	54,037,859
21. Issued during year					6	495,000			6	495,000
22. Other changes to in force (Net)	(15)	(647,811)			(6)	210,350			(21)	(437,461)
23. In force December 31 of current year	276	53,945,398	0	(a) 0	0	150,000	0	0	276	54,095,398

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,514	1,514		630	630
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	1,514	1,514	0	630	630

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

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DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	42,414,459		10,827,443		53,241,902
2. Annuity considerations	385,819,519		201,839,329		587,658,848
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	428,233,978	0	212,666,772	0	640,900,750
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,587,284		-		1,587,284
6.2 Applied to pay renewal premiums	1,127,568		-		1,127,568
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,210,696		-		2,210,696
6.4 Other	(5,284,237)		(100)		(5,284,337)
6.5 Totals (Sum of Lines 6.1 to 6.4)	(358,689)	0	(100)	0	(358,789)
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	(358,689)	0	(100)	0	(358,789)
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	70,663,332		2,140,045		72,803,377
10. Matured endowments	107,590		-		107,590
11. Annuity benefits	86,719,720		24,253,024		110,972,744
12. Surrender values and withdrawals for life contracts	476,939,201		215,038,401		691,977,602
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	530,112		-		530,112
15. Totals	634,959,955	0	241,431,470	0	876,391,425
DETAILS OF WRITE-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	186	10,765,347			8	116,471			194	10,881,818
17. Incurred during current year	1,884	68,263,122			28	1,709,874			1,912	69,972,996
Settled during current year:										
18.1 By payment in full	1,866	71,854,753			35	1,805,567			1,901	73,660,320
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1,866	71,854,753	0	0	35	1,805,567	0	0	1,901	73,660,320
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1,866	71,854,753	0	0	35	1,805,567	0	0	1,901	73,660,320
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	204	7,173,716	0	0	1	20,778	0	0	205	7,194,494
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	74,689	6,198,538,238		(a)	1,263	1,271,725,608			75,952	7,470,263,846
21. Issued during year	66	80,846,316			896	7,977,304			962	88,823,620
22. Other changes to in force (Net)	(4,374)	(234,026,442)			(1,417)	(420,252,023)			(5,791)	(654,278,465)
23. In force December 31 of current year	70,381	6,045,358,112	0	(a) 0	742	859,450,889	0	0	71,123	6,904,809,001

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	19,051,744	18,847,634		9,734,830	9,874,978
24.1 Federal Employee Health Benefits Plan premium (b)					
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)					22,865,508
25.2 Guaranteed renewable (b)	256,220	256,220		202,782	202,782
25.3 Non-renewable for stated reasons only (b)	1,169	1,169		20,252	20,252
25.4 Other accident only					
25.5 All other (b)	1,106	1,106			
25.6 Totals (Sum of Lines 25.1 to 25.5)	258,495	258,495	0	223,034	23,088,542
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,310,239	19,106,129	0	9,957,864	32,963,520

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....1,287.

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DIRECT BUSINESS IN PUERTO RICO DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	238,338		-		238,338
2. Annuity considerations	48,180,170		6,325,945		54,506,115
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	48,418,508	0	6,325,945	0	54,744,453
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	3,014		-		3,014
6.2 Applied to pay renewal premiums	-		-		0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	829		-		829
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	3,843	0	0	0	3,843
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	3,843	0	0	0	3,843
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	175,000		16		175,016
10. Matured endowments	-		-		0
11. Annuity benefits	6,063,156		2,177,203		8,240,359
12. Surrender values and withdrawals for life contracts	24,746,177		5,883,985		30,630,162
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	1		-		1
15. Totals	30,984,334	0	8,061,204	0	39,045,538
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1								1	0
17. Incurred during current year	3	175,000							3	175,000
Settled during current year:										
18.1 By payment in full	3	152,182							3	152,182
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	152,182	0	0	0	0	0	0	3	152,182
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	152,182	0	0	0	0	0	0	3	152,182
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	22,818	0	0	0	0	0	0	1	22,818
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	70	29,159,298		(a)	(7)	729,400			63	29,888,698
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(503,487)				(729,400)			(5)	(1,232,887)
23. In force December 31 of current year	65	28,655,811	0	(a) 0	(7)	0	0	0	58	28,655,811

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	2,232,120		133,588		2,365,708
2. Annuity considerations	44,629,801		4,005,281		48,635,082
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	46,861,921	0	4,138,869	0	51,000,790
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	126,481		-		126,481
6.2 Applied to pay renewal premiums	97,387		-		97,387
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	149,666		-		149,666
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	373,534	0	0	0	373,534
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	373,534	0	0	0	373,534
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,987,906		14,100		3,002,006
10. Matured endowments	33,732		-		33,732
11. Annuity benefits	4,651,436		773,996		5,425,432
12. Surrender values and withdrawals for life contracts	38,569,840		11,228,898		49,798,738
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	48,840		-		48,840
15. Totals	46,291,754	0	12,016,994	0	58,308,748
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	6	126,387							6	126,387
17. Incurred during current year	82	2,987,907			4	16,044			86	3,003,951
Settled during current year:										
18.1 By payment in full	67	2,233,119			2	13,481			69	2,246,600
18.2 By payment on compromised claims									0	0
18.3 Totals paid	67	2,233,119	0	0	2	13,481	0	0	69	2,246,600
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	67	2,233,119	0	0	2	13,481	0	0	69	2,246,600
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	21	881,175	0	0	2	2,563	0	0	23	883,738
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	4,218	424,678,767		(a)	15	11,829,958			4,233	436,508,725
21. Issued during year					38	11,028,870			38	11,028,870
22. Other changes to in force (Net)	(317)	(40,381,616)			(48)	(13,688,269)			(365)	(54,069,885)
23. In force December 31 of current year	3,901	384,297,151	0	(a) 0	5	9,170,559	0	0	3,906	393,467,710

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,738,482	1,655,661		305,171	720,939
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	488	488		(13)	(13)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	488	488	0	(13)	(13)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,738,970	1,656,149	0	305,158	720,926

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....38.

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DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	9,155,452		2,387,178		11,542,630
2. Annuity considerations	100,175,116		11,264,883		111,439,999
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	109,330,568	0	13,652,061	0	122,982,629
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	139,300		-		139,300
6.2 Applied to pay renewal premiums	108,595		-		108,595
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	268,784		-		268,784
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	516,679	0	0	0	516,679
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	516,679	0	0	0	516,679
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,916,103		69,863		5,985,966
10. Matured endowments	9,120		-		9,120
11. Annuity benefits	13,355,855		1,979,053		15,334,908
12. Surrender values and withdrawals for life contracts	104,987,910		54,337,948		159,325,858
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	139,777		-		139,777
15. Totals	124,408,765	0	56,386,864	0	180,795,629
DETAILS OF WRITE-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	21	605,352							21	605,352
17. Incurred during current year	202	5,887,804				71,889			202	5,959,693
Settled during current year:										
18.1 By payment in full	201	5,823,218				71,889			201	5,895,107
18.2 By payment on compromised claims									0	0
18.3 Totals paid	201	5,823,218	0	0	0	71,889	0	0	201	5,895,107
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	201	5,823,218	0	0	0	71,889	0	0	201	5,895,107
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	22	669,938	0	0	0	0	0	0	22	669,938
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	9,589	862,458,746		(a)	36	74,205,104			9,625	936,663,850
21. Issued during year	2	20,000,000			776	16,965,102			778	36,965,102
22. Other changes to in force (Net)	(344)	(44,999,262)			(780)	(31,226,580)			(1,124)	(76,225,842)
23. In force December 31 of current year	9,247	837,459,484	0	(a) 0	32	59,943,626	0	0	9,279	897,403,110

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	9,658,382	9,823,441		5,995,852	6,847,915
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	87,185	87,185		80,753	80,753
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	87,185	87,185	0	80,753	80,753
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	9,745,567	9,910,626	0	6,076,605	6,928,668

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....867.

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	716,478		9,501		725,979
2. Annuity considerations	11,037,618		572,820		11,610,438
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,754,096	0	582,321	0	12,336,417
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	4,035		-		4,035
6.2 Applied to pay renewal premiums	4,777		-		4,777
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	13,158		-		13,158
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	21,970	0	0	0	21,970
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	21,970	0	0	0	21,970
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	489,084		(4,380)		484,704
10. Matured endowments	-		-		0
11. Annuity benefits	2,248,962		293,962		2,542,924
12. Surrender values and withdrawals for life contracts	9,392,289		3,028,879		12,421,168
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	2		-		2
15. Totals	12,130,337	0	3,318,461	0	15,448,798
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	5,986							1	5,986
17. Incurred during current year	8	489,084							8	489,084
Settled during current year:										
18.1 By payment in full	9	495,070							9	495,070
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	495,070	0	0	0	0	0	0	9	495,070
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	495,070	0	0	0	0	0	0	9	495,070
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	460	98,046,486		(a)	3	9,369,206			463	107,415,692
21. Issued during year	3	1,454,721			99	13,192,250			102	14,646,971
22. Other changes to in force (Net)	(24)	(1,997,118)			(99)	(16,386,289)			(123)	(18,383,407)
23. In force December 31 of current year	439	97,504,089	0	(a) 0	3	6,175,167	0	0	442	103,679,256

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	541,014	547,911		636,214	329,588
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	541,014	547,911	0	636,214	329,588

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....34.

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DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	8,028,507		6,711,925		14,740,432
2. Annuity considerations	114,273,066		30,668,686		144,941,752
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	122,301,573	0	37,380,611	0	159,682,184
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	140,935		-		140,935
6.2 Applied to pay renewal premiums	158,634		-		158,634
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	318,702		-		318,702
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	618,271	0	0	0	618,271
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	618,271	0	0	0	618,271
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,685,459		3,605,217		10,290,676
10. Matured endowments	(135,574)		-		(135,574)
11. Annuity benefits	24,511,668		8,829,932		33,341,600
12. Surrender values and withdrawals for life contracts	114,503,221		55,030,172		169,533,393
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	102,151		-		102,151
15. Totals	145,666,925	0	67,465,321	0	213,132,246
DETAILS OF WRITE-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	21	1,005,341				318,340			21	1,323,681
17. Incurred during current year	140	6,643,440			7	3,608,808			147	10,252,248
Settled during current year:										
18.1 By payment in full	143	7,275,256			7	3,871,926			150	11,147,182
18.2 By payment on compromised claims									0	0
18.3 Totals paid	143	7,275,256	0	0	7	3,871,926	0	0	150	11,147,182
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	143	7,275,256	0	0	7	3,871,926	0	0	150	11,147,182
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	18	373,525	0	0	0	55,222	0	0	18	428,747
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	7,481	815,545,481		(a)	312	322,747,976			7,793	1,138,293,457
21. Issued during year	20	13,350,195			1,035	4,099,162			1,055	17,449,357
22. Other changes to in force (Net)	(402)	(38,480,059)			(1,042)	(42,445,378)			(1,444)	(80,925,437)
23. In force December 31 of current year	7,099	790,415,617	0	(a) 0	305	284,401,760	0	0	7,404	1,074,817,377

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	8,830,817	8,913,153		2,779,754	3,752,934
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	43,606	43,606		20,548	20,548
25.3 Non-renewable for stated reasons only (b)	123	123			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	43,729	43,729	0	20,548	20,548
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,874,546	8,956,882	0	2,800,302	3,773,482

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....1,256.

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	25,183,958		27,593,194		52,777,152
2. Annuity considerations	417,137,970		221,496,520		638,634,490
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	442,321,928	0	249,089,714	0	691,411,642
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	446,824		-		446,824
6.2 Applied to pay renewal premiums	381,154		-		381,154
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	852,318		-		852,318
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,680,296	0	0	0	1,680,296
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	1,680,296	0	0	0	1,680,296
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	23,079,085		2,828,201		25,907,286
10. Matured endowments	2,008		-		2,008
11. Annuity benefits	68,770,422		24,545,865		93,316,287
12. Surrender values and withdrawals for life contracts	366,888,684		320,141,202		687,029,886
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	52,528		-		52,528
15. Totals	458,792,727	0	347,515,268	0	806,307,995
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	42	1,045,332			1	(1)			43	1,045,331
17. Incurred during current year	265	23,020,949			2	2,271,317			267	25,292,266
Settled during current year:										
18.1 By payment in full	270	21,255,532			2	1,186,351			272	22,441,883
18.2 By payment on compromised claims									0	0
18.3 Totals paid	270	21,255,532	0	0	2	1,186,351	0	0	272	22,441,883
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	270	21,255,532	0	0	2	1,186,351	0	0	272	22,441,883
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	37	2,810,749	0	0	1	1,084,965	0	0	38	3,895,714
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	14,823	3,469,265,989		(a)	1,576	4,285,935,982			16,399	7,755,201,971
21. Issued during year	84	59,339,671			6,216	35,520,056			6,300	94,859,727
22. Other changes to in force (Net)	(832)	(123,529,869)			(6,070)	17,575,707			(6,902)	(105,954,162)
23. In force December 31 of current year	14,075	3,405,075,791	0	(a) 0	1,722	4,339,031,745	0	0	15,797	7,744,107,536

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	62,331,331	55,765,723		30,627,814	32,607,028
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	642	642			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	14,822	14,822		17,605	17,605
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	14,822	14,822	0	17,605	17,605
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	62,346,795	55,781,187	0	30,645,419	32,624,633

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....4,032.

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DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,501,113		13,136		3,514,249
2. Annuity considerations	39,555,272		3,159,272		42,714,544
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	43,056,385	0	3,172,408	0	46,228,793
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	14,358		-		14,358
6.2 Applied to pay renewal premiums	15,199		-		15,199
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	15,393		-		15,393
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	44,950	0	0	0	44,950
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	44,950	0	0	0	44,950
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	331,356		3,199		334,555
10. Matured endowments	-		-		0
11. Annuity benefits	8,837,489		297,358		9,134,847
12. Surrender values and withdrawals for life contracts	32,526,074		8,853,320		41,379,394
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	1,770		-		1,770
15. Totals	41,696,689	0	9,153,877	0	50,850,566
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	1	13,652							1	13,652
17. Incurred during current year	10	331,356							10	331,356
Settled during current year:										
18.1 By payment in full	8	329,041							8	329,041
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	329,041	0	0	0	0	0	0	8	329,041
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	329,041	0	0	0	0	0	0	8	329,041
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	3	15,967	0	0	0	0	0	0	3	15,967
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	672	178,604,498		(a)	11	27,883,013			683	206,487,511
21. Issued during year					374	72,726,062			374	72,726,062
22. Other changes to in force (Net)	(35)	(5,133,637)			(360)	(69,194,376)			(395)	(74,328,013)
23. In force December 31 of current year	637	173,470,861	0	(a) 0	25	31,414,699	0	0	662	204,885,560

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	4,672,113	4,714,690		2,392,014	2,820,275
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	4,672,113	4,714,690	0	2,392,014	2,820,275

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....263.

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	18,121,297		28,190,240		46,311,537
2. Annuity considerations	128,577,178		36,525,419		165,102,597
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	146,698,475	0	64,715,659	0	211,414,134
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	373,224		13		373,237
6.2 Applied to pay renewal premiums	252,347		-		252,347
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	722,715		-		722,715
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,348,286	0	13	0	1,348,299
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	1,348,286	0	13	0	1,348,299
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	21,120,939		305,304		21,426,243
10. Matured endowments	12,000		-		12,000
11. Annuity benefits	30,257,022		9,453,029		39,710,051
12. Surrender values and withdrawals for life contracts	136,302,269		48,611,172		184,913,441
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	237,969		-		237,969
15. Totals	187,930,199	0	58,369,505	0	246,299,704
DETAILS OF WRITE-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	45	2,339,878			3	4,035			48	2,343,913
17. Incurred during current year	558	21,113,055			17	224,718			575	21,337,773
Settled during current year:										
18.1 By payment in full	552	19,475,070			18	223,530			570	19,698,600
18.2 By payment on compromised claims									0	0
18.3 Totals paid	552	19,475,070	0	0	18	223,530	0	0	570	19,698,600
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	552	19,475,070	0	0	18	223,530	0	0	570	19,698,600
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	51	3,977,863	0	0	2	5,223	0	0	53	3,983,086
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	26,589	2,297,307,416		(a)	109	201,281,648			26,698	2,498,589,064
21. Issued during year	20	11,671,674			703	75,113,754			723	86,785,428
22. Other changes to in force (Net)	(1,598)	(154,966,881)			(778)	(127,064,702)			(2,376)	(282,031,583)
23. In force December 31 of current year	25,011	2,154,012,209	0	(a) 0	34	149,330,700	0	0	25,045	2,303,342,909

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	9,950,772	9,711,488		6,630,361	7,787,760
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	490	490		(75)	(75)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	214,177	214,177		120,705	120,705
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	214,177	214,177	0	120,705	120,705
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,165,439	9,926,155	0	6,750,991	7,908,390

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....882.

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

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	11,881		-		11,881
2. Annuity considerations	183,913		33		183,946
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	195,794	0	33	0	195,827
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	652		-		652
6.2 Applied to pay renewal premiums	3,738		-		3,738
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	6,747		-		6,747
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	11,137	0	0	0	11,137
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	11,137	0	0	0	11,137
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	-		-		0
10. Matured endowments	-		-		0
11. Annuity benefits	111,432		894		112,326
12. Surrender values and withdrawals for life contracts	1,065,999		3		1,066,002
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	-		-		0
15. Totals	1,177,431	0	897	0	1,178,328
DETAILS OF WRITE-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	23	3,882,051		(a)					23	3,882,051
21. Issued during year									0	0
22. Other changes to in force (Net)	1	435,244							1	435,244
23. In force December 31 of current year	24	4,317,295	0	(a) 0	0	0	0	0	24	4,317,295

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

ACCIDENT AND HEALTH INSURANCE

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

NONE

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

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

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	903,480		216,469		1,119,949
2. Annuity considerations	17,313,389		5,825,136		23,138,525
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	18,216,869	0	6,041,605	0	24,258,474
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	55,795		-		55,795
6.2 Applied to pay renewal premiums	77,339		-		77,339
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	145,440		-		145,440
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	278,574	0	0	0	278,574
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	278,574	0	0	0	278,574
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,238,631		27,782		1,266,413
10. Matured endowments	2,000		-		2,000
11. Annuity benefits	2,285,701		1,714,310		4,000,011
12. Surrender values and withdrawals for life contracts	13,782,932		6,728,326		20,511,258
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	6,767		-		6,767
15. Totals	17,316,031	0	8,470,418	0	25,786,449
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	4	75,694							4	75,694
17. Incurred during current year	56	1,238,631			6	27,782			62	1,266,413
Settled during current year:										
18.1 By payment in full	51	1,228,702			6	27,782			57	1,256,484
18.2 By payment on compromised claims									0	0
18.3 Totals paid	51	1,228,702	0	0	6	27,782	0	0	57	1,256,484
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	51	1,228,702	0	0	6	27,782	0	0	57	1,256,484
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	9	85,623	0	0	0	0	0	0	9	85,623
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,603	147,246,220		(a)	2	2,292,215			2,605	149,538,435
21. Issued during year					1	19,560,000			1	19,560,000
22. Other changes to in force (Net)	(151)	(9,196,288)			(1)	(19,745,418)			(152)	(28,941,706)
23. In force December 31 of current year	2,452	138,049,932	0	(a) 0	2	2,106,797	0	0	2,454	140,156,729

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	1,655,421	1,666,536		1,949,767	2,155,217
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	3,749	3,749			
25.2 Guaranteed renewable (b)	15,819	15,819		694	694
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	19,568	19,568	0	694	694
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,674,989	1,686,104	0	1,950,461	2,155,911

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....1.

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	3,269,827		319,098		3,588,925
2. Annuity considerations	80,828,130		65,096,300		145,924,430
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	84,097,957	0	65,415,398	0	149,513,355
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	94,257		9		94,266
6.2 Applied to pay renewal premiums	83,893		-		83,893
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	140,367		-		140,367
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	318,517	0	9	0	318,526
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	318,517	0	9	0	318,526
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,719,951		71,106		1,791,057
10. Matured endowments	4,773		-		4,773
11. Annuity benefits	30,423,982		8,688,280		39,112,262
12. Surrender values and withdrawals for life contracts	106,315,972		89,873,820		196,189,792
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	1,052		-		1,052
15. Totals	138,465,730	0	98,633,206	0	237,098,936
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year	5	8,849			(1)				4	8,849
17. Incurred during current year	45	1,691,167			5	63,735			50	1,754,902
Settled during current year:										
18.1 By payment in full	43	1,167,458			5	63,735			48	1,231,193
18.2 By payment on compromised claims									0	0
18.3 Totals paid	43	1,167,458	0	0	5	63,735	0	0	48	1,231,193
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	43	1,167,458	0	0	5	63,735	0	0	48	1,231,193
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	7	532,558	0	0	(1)	0	0	0	6	532,558
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	2,491	424,444,717		(a)	18	41,763,954			2,509	466,208,671
21. Issued during year	1	921,000			702	5,528,600			703	6,449,600
22. Other changes to in force (Net)	(111)	(14,588,441)			(687)	(833,340)			(798)	(15,421,781)
23. In force December 31 of current year	2,381	410,777,276	0	(a) 0	33	46,459,214	0	0	2,414	457,236,490

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	2,179,080	2,194,225		4,619,591	3,428,138
24.1 Federal Employee Health Benefits Plan premium (b)					
24.2 Credit (group and individual)					
24.3 Collectively renewable policies/certificates (b)	196	196			
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,611	4,611		1,422	1,422
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	4,611	4,611	0	1,422	1,422
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,183,887	2,199,032	0	4,621,013	3,429,560

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....344.

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	6,368,425		1,579,015		7,947,440
2. Annuity considerations	130,638,158		77,772,325		208,410,483
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	137,006,583	0	79,351,340	0	216,357,923
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	85,918		-		85,918
6.2 Applied to pay renewal premiums	106,449		-		106,449
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	242,994		-		242,994
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	435,361	0	0	0	435,361
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	435,361	0	0	0	435,361
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,892,364		4,718		2,897,082
10. Matured endowments	2,933		-		2,933
11. Annuity benefits	21,998,848		19,629,991		41,628,839
12. Surrender values and withdrawals for life contracts	128,558,245		126,157,032		254,715,277
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	17,168		-		17,168
15. Totals	153,469,558	0	145,791,741	0	299,261,299
DETAILS OF WRITE-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	9	1,118,181							9	1,118,181
17. Incurred during current year	56	2,699,725			1	4,283			57	2,704,008
Settled during current year:										
18.1 By payment in full	51	3,164,766			1	4,283			52	3,169,049
18.2 By payment on compromised claims									0	0
18.3 Totals paid	51	3,164,766	0	0	1	4,283	0	0	52	3,169,049
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	51	3,164,766	0	0	1	4,283	0	0	52	3,169,049
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	14	653,140	0	0	0	0	0	0	14	653,140
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	4,085	504,043,437		(a)	83	101,279,773			4,168	605,323,210
21. Issued during year	30	8,582,518			378	6,915,002			408	15,497,520
22. Other changes to in force (Net)	(157)	(10,642,643)			(383)	4,873,649			(540)	(5,768,994)
23. In force December 31 of current year	3,958	501,983,312	0	(a) 0	78	113,068,424	0	0	4,036	615,051,736

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	8,392,073	8,462,014		6,515,674	4,338,346
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	8,392,073	8,462,014	0	6,515,674	4,338,346

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....416.

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DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	5,556,733		88,480		5,645,213
2. Annuity considerations	32,596,431		6,550,049		39,146,480
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	38,153,164	0	6,638,529	0	44,791,693
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	65,650		-		65,650
6.2 Applied to pay renewal premiums	30,801		-		30,801
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	170,089		-		170,089
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	266,540	0	0	0	266,540
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	266,540	0	0	0	266,540
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,656,489		57,385		4,713,874
10. Matured endowments	6,024		-		6,024
11. Annuity benefits	9,875,128		1,796,606		11,671,734
12. Surrender values and withdrawals for life contracts	38,733,358		8,748,236		47,481,594
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	140,438		-		140,438
15. Totals	53,411,437	0	10,602,227	0	64,013,664
DETAILS OF WRITE-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	28	1,392,811			2	9,116			30	1,401,927
17. Incurred during current year	247	4,656,489				6,149			247	4,662,638
Settled during current year:										
18.1 By payment in full	239	5,307,291			1	15,265			240	5,322,556
18.2 By payment on compromised claims									0	0
18.3 Totals paid	239	5,307,291	0	0	1	15,265	0	0	240	5,322,556
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	239	5,307,291	0	0	1	15,265	0	0	240	5,322,556
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	36	742,009	0	0	1	0	0	0	37	742,009
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	9,657	522,307,637		(a)	8	56,164,627			9,665	578,472,264
21. Issued during year					313	21,280,420			313	21,280,420
22. Other changes to in force (Net)	(523)	(40,123,043)			(320)	(58,110,097)			(843)	(98,233,140)
23. In force December 31 of current year	9,134	482,184,594	0	(a) 0	1	19,334,950	0	0	9,135	501,519,544

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	15,918,153	15,937,568		8,656,786	8,775,398
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	123,099	123,099		60,902	60,902
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Lines 25.1 to 25.5)	123,099	123,099	0	60,902	60,902
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,041,252	16,060,667	0	8,717,688	8,836,300

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....162.

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....0140 NAIC Company Code.....66869

LIFE INSURANCE

	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS					
1. Life insurance	566,958		14,504		581,462
2. Annuity considerations	6,717,990		632,219		7,350,209
3. Deposit-type contract funds	-	XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,284,948	0	646,723	0	7,931,671
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	3,914		-		3,914
6.2 Applied to pay renewal premiums	32,390		-		32,390
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	16,027		-		16,027
6.4 Other	-		-		0
6.5 Totals (Sum of Lines 6.1 to 6.4)	52,331	0	0	0	52,331
Annuities:					
7.1 Paid in cash or left on deposit	-		-		0
7.2 Applied to provide paid-up annuities	-		-		0
7.3 Other	-		-		0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	52,331	0	0	0	52,331
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,075,579		(2,127)		1,073,452
10. Matured endowments	-		-		0
11. Annuity benefits	1,419,719		166,142		1,585,861
12. Surrender values and withdrawals for life contracts	8,666,511		2,193,144		10,859,655
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	2,675		-		2,675
15. Totals	11,164,484	0	2,357,159	0	13,521,643
DETAILS OF WRITE-INS					
1301.					0
1302.					0
1303.					0
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above)	0	0	0	0	0

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 No. of Pols. & Certifs.	2 Amount	3 No. of Ind. Pols. & Gr. Certifs.	4 Amount	5 No. of Certifs.	6 Amount	7 No. of Pols. & Certifs.	8 Amount	9 No. of Pols. & Certifs.	10 Amount
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED										
16. Unpaid December 31, prior year					2	1,458			2	1,458
17. Incurred during current year	7	1,075,579							7	1,075,579
Settled during current year:										
18.1 By payment in full	6	1,074,579			2	1,458			8	1,076,037
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	1,074,579	0	0	2	1,458	0	0	8	1,076,037
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	1,074,579	0	0	2	1,458	0	0	8	1,076,037
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)	1	1,000	0	0	0	0	0	0	1	1,000
POLICY EXHIBIT					No. of Pol.					
20. In force December 31, prior year	318	51,360,572		(a)	12	16,350,284			330	67,710,856
21. Issued during year	1	564,536			137	9,616,541			138	10,181,077
22. Other changes to in force (Net)	(11)	(7,957,402)			(142)	(20,620,575)			(153)	(28,577,977)
23. In force December 31 of current year	308	43,967,706	0	(a) 0	7	5,346,250	0	0	315	49,313,956

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)	5,290,041	5,326,270		3,260,551	4,443,474
24.1 Federal Employee Health Benefits Plan premium (b)					
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)	5,290,041	5,326,270	0	3,260,551	4,443,474

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....225.

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	(6,180,966)
2. Current year's realized pre-tax capital gains/(losses) of $.....19,485,022 transferred into the reserve net of taxes of $.....4,091,855	15,393,167
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)	9,212,201
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	(7,721,837)
6. Reserve as of December 31, current year (Line 4 minus Line 5)	16,934,038

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. 2021	(3,420,568)	(4,301,269)		(7,721,837)
2. 2022	(2,287,433)	2,406,323		118,890
3. 2023	(1,187,796)	1,893,744		705,948
4. 2024	(188,808)	1,691,521		1,502,713
5. 2025	624,799	1,469,357		2,094,156
6. 2026	759,716	1,246,765		2,006,481
7. 2027	317,343	1,062,142		1,379,485
8. 2028	52,597	927,615		980,212
9. 2029	(80,761)	796,785		716,024
10. 2030	(256,769)	641,974		385,205
11. 2031	(260,134)	485,626		225,492
12. 2032	(258,150)	410,943		152,793
13. 2033	(58,549)	394,177		335,628
14. 2034	133,025	375,742		508,767
15. 2035	206,035	346,123		552,158
16. 2036	247,728	335,797		583,525
17. 2037	225,826	332,947		558,773
18. 2038	156,302	346,597		502,899
19. 2039	124,632	360,725		485,357
20. 2040	136,439	384,644		521,083
21. 2041	69,672	389,403		459,075
22. 2042	(313,352)	411,375		98,023
23. 2043	(134,324)	421,822		287,498
24. 2044	(129,743)	441,780		312,037
25. 2045	(138,290)	442,514		304,224
26. 2046	(128,636)	472,252		343,616
27. 2047	(125,379)	424,422		299,043
28. 2048	(124,855)	337,609		212,754
29. 2049	(142,286)	241,149		98,863
30. 2050	753	154,334		155,087
31. 2051 and Later		48,229		48,229
32. Total (Lines 1 to 31)	(6,180,966)	15,393,167	0	9,212,201

ASSET VALUATION RESERVE

	Default Component			Equity Component			7
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	Total Amount (Cols. 3 + 6)
1. Reserve as of December 31, prior year	317,510,027	73,959,917	391,469,944	4,164,377	69,906,146	74,070,523	465,540,467
2. Realized capital gains/(losses) net of taxes - General Account	30,463,401	1,161,516	31,624,917	2,994,861	879,988	3,874,849	35,499,766
3. Realized capital gains/(losses) net of taxes - Separate Accounts	661,312		661,312			0	661,312
4. Unrealized capital gains/(losses) - net of deferred taxes - General Account	(7,471,206)	2,857,086	(4,614,120)	1,485,565	93,237,373	94,722,938	90,108,818
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	77,152,729	16,865,047	94,017,776		867,217	867,217	94,884,994
8. Accumulated balances (Lines 1 through 5, minus 6 plus 7)	418,316,263	94,843,566	513,159,829	8,644,803	164,890,725	173,535,527	686,695,356
9. Maximum reserve	357,371,922	81,280,811	438,652,733	21,796,197	153,235,594	175,031,791	613,684,524
10. Reserve objective	218,613,618	62,418,692	281,032,309	21,279,939	152,272,019	173,551,958	454,584,267
11. 20% of (Line 10 minus Line 8)	(39,940,529)	(6,484,975)	(46,425,504)	2,527,027	(2,523,741)	3,286	(46,422,218)
12. Balance before transfers (Lines 8 + 11)	378,375,734	88,358,591	466,734,325	11,171,830	162,366,983	173,538,813	640,273,139
13. Transfers			0			0	0
14. Voluntary contribution			0	7,164,141	(7,164,141)	0	0
15. Adjustment down to maximum/up to zero	(21,003,811)	(7,077,781)	(28,081,592)	-	(1,967,249)	(1,967,249)	(30,048,841)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	357,371,923	81,280,810	438,652,733	18,335,971	153,235,593	171,571,564	610,224,298

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		LONG-TERM BONDS										
1		Exempt obligations	9,600,680	XXX	XXX	9,600,680	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	4,955,428,097	XXX	XXX	4,955,428,097	0.0005	2,477,714	0.0016	7,928,685	0.0033	16,352,913
2.2	1	NAIC Designation Category 1.B	661,436,962	XXX	XXX	661,436,962	0.0005	330,718	0.0016	1,058,299	0.0033	2,182,742
2.3	1	NAIC Designation Category 1.C	1,687,562,247	XXX	XXX	1,687,562,247	0.0005	843,781	0.0016	2,700,100	0.0033	5,568,955
2.4	1	NAIC Designation Category 1.D	2,027,793,774	XXX	XXX	2,027,793,774	0.0005	1,013,897	0.0016	3,244,470	0.0033	6,691,719
2.5	1	NAIC Designation Category 1.E	2,344,770,150	XXX	XXX	2,344,770,150	0.0005	1,172,385	0.0016	3,751,632	0.0033	7,737,741
2.6	1	NAIC Designation Category 1.F	4,161,052,392	XXX	XXX	4,161,052,392	0.0005	2,080,526	0.0016	6,657,684	0.0033	13,731,473
2.7	1	NAIC Designation Category 1.G	4,020,557,880	XXX	XXX	4,020,557,880	0.0005	2,010,279	0.0016	6,432,893	0.0033	13,267,841
2.8		Subtotal NAIC (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	19,858,601,502	XXX	XXX	19,858,601,502	XXX	9,929,301	XXX	31,773,762	XXX	65,533,385
3.1	2	NAIC Designation Category 2.A	5,977,967,061	XXX	XXX	5,977,967,061	0.0021	12,553,731	0.0064	38,258,989	0.0106	63,366,451
3.2	2	NAIC Designation Category 2.B	6,854,457,241	XXX	XXX	6,854,457,241	0.0021	14,394,360	0.0064	43,868,526	0.0106	72,657,247
3.3	2	NAIC Designation Category 2.C	3,074,673,426	XXX	XXX	3,074,673,426	0.0021	6,456,814	0.0064	19,677,910	0.0106	32,591,538
3.4		Subtotal NAIC (3.1+3.2+3.3)	15,907,097,728	XXX	XXX	15,907,097,728	XXX	33,404,905	XXX	101,805,425	XXX	168,615,236
4.1	3	NAIC Designation Category 3.A	832,747,045	XXX	XXX	832,747,045	0.0099	8,244,196	0.0263	21,901,247	0.0376	31,311,289
4.2	3	NAIC Designation Category 3.B	361,668,691	XXX	XXX	361,668,691	0.0099	3,580,520	0.0263	9,511,887	0.0376	13,598,743
4.3	3	NAIC Designation Category 3.C	416,595,642	XXX	XXX	416,595,642	0.0099	4,124,297	0.0263	10,956,465	0.0376	15,663,996
4.4		Subtotal NAIC (4.1+4.2+4.3)	1,611,011,378	XXX	XXX	1,611,011,378	XXX	15,949,013	XXX	42,369,599	XXX	60,574,028
5.1	4	NAIC Designation Category 4.A	128,243,323	XXX	XXX	128,243,323	0.0245	3,141,961	0.0572	7,335,518	0.0817	10,477,479
5.2	4	NAIC Designation Category 4.B	263,283,537	XXX	XXX	263,283,537	0.0245	6,450,447	0.0572	15,059,818	0.0817	21,510,265
5.3	4	NAIC Designation Category 4.C	68,080,830	XXX	XXX	68,080,830	0.0245	1,667,980	0.0572	3,894,223	0.0817	5,562,204
5.4		Subtotal NAIC (5.1+5.2+5.3)	459,607,690	XXX	XXX	459,607,690	XXX	11,260,388	XXX	26,289,560	XXX	37,549,948
6.1	5	NAIC Designation Category 5.A	22,633,553	XXX	XXX	22,633,553	0.0630	1,425,914	0.1128	2,553,065	0.1880	4,255,108
6.2	5	NAIC Designation Category 5.B	46,431,628	XXX	XXX	46,431,628	0.0630	2,925,193	0.1128	5,237,488	0.1880	8,729,146
6.3	5	NAIC Designation Category 5.C	6,830,203	XXX	XXX	6,830,203	0.0630	430,303	0.1128	770,447	0.1880	1,284,078
6.4		Subtotal NAIC (6.1+6.2+6.3)	75,895,384	XXX	XXX	75,895,384	XXX	4,781,409	XXX	8,560,999	XXX	14,268,332
7	6	NAIC 6	10,319,390	XXX	XXX	10,319,390	0.0000	0	0.2370	2,445,695	0.2370	2,445,695
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)	37,932,133,752	XXX	XXX	37,932,133,752	XXX	75,325,016	XXX	213,245,042	XXX	348,986,625
		PREFERRED STOCKS										
10	1	Highest quality	-	XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11	2	High quality	17,887,745	XXX	XXX	17,887,745	0.0021	37,564	0.0064	114,482	0.0106	189,610
12	3	Medium quality	18,941,082	XXX	XXX	18,941,082	0.0099	187,517	0.0263	498,150	0.0376	712,185
13	4	Low quality	8,078,262	XXX	XXX	8,078,262	0.0245	197,917	0.0572	462,077	0.0817	659,994
14	5	Lower quality	2,848,783	XXX	XXX	2,848,783	0.0630	179,473	0.1128	321,343	0.1880	535,571
15	6	In or near default	1,605,535	XXX	XXX	1,605,535	0.0000	0	0.2370	380,512	0.2370	380,512
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)	49,361,407	XXX	XXX	49,361,407	XXX	602,472	XXX	1,776,563	XXX	2,477,872

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		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	12,222,437	XXX	XXX	12,222,437	0.0005	6,111	0.0016	19,556	0.0033	40,334
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	12,222,437	XXX	XXX	12,222,437	XXX	6,111	XXX	19,556	XXX	40,334
34		Total (Lines 9 + 17 + 25 + 33)	37,993,717,596	XXX	XXX	37,993,717,596	XXX	75,933,599	XXX	215,041,161	XXX	351,504,830

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In good standing:										
35		Farm mortgages - CM1 - highest quality	-		XXX	0	0.0011	0	0.0057	0	0.0074	0
36		Farm mortgages - CM2 - high quality	-		XXX	0	0.0040	0	0.0114	0	0.0149	0
37		Farm mortgages - CM3 - medium quality	-		XXX	0	0.0069	0	0.0200	0	0.0257	0
38		Farm mortgages - CM4 - low medium quality	-		XXX	0	0.0120	0	0.0343	0	0.0428	0
39		Farm mortgages - CM5 - low quality	-		XXX	0	0.0183	0	0.0486	0	0.0628	0
40		Residential mortgages-insured or guaranteed	-		XXX	0	0.0003	0	0.0007	0	0.0011	0
41		Residential mortgages-all other	-		XXX	0	0.0015	0	0.0034	0	0.0046	0
42		Commercial mortgages-insured or guaranteed	-		XXX	0	0.0003	0	0.0007	0	0.0011	0
43		Commercial mortgages-all other - CM1 - highest quality	5,549,175,252		XXX	5,549,175,252	0.0011	6,104,093	0.0057	31,630,299	0.0074	41,063,897
44		Commercial mortgages-all other - CM2 - high quality	2,586,214,341		XXX	2,586,214,341	0.0040	10,344,857	0.0114	29,482,843	0.0149	38,534,594
45		Commercial mortgages-all other - CM3 - medium quality	50,075,215		XXX	50,075,215	0.0069	345,519	0.0200	1,001,504	0.0257	1,286,933
46		Commercial mortgages-all other - CM4 - low medium quality	-		XXX	0	0.0120	0	0.0343	0	0.0428	0
47		Commercial mortgages-all other - CM5 - low quality	-		XXX	0	0.0183	0	0.0486	0	0.0628	0
		Overdue, not in process:										
48		Farm mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
49		Residential mortgages-insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50		Residential mortgages-all other			XXX	0	0.0029	0	0.0066	0	0.0103	0
51		Commercial mortgages-insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
52		Commercial mortgages-all other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In process of foreclosure:										
53		Farm mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
54		Residential mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55		Residential mortgages-all other			XXX	0	0.0000	0	0.0149	0	0.0149	0
56		Commercial mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
57		Commercial mortgages-all other			XXX	0	0.0000	0	0.1942	0	0.1942	0
58		Total Schedule B mortgages (sum of Lines 35 through 57)	8,185,464,808	0	XXX	8,185,464,808	XXX	16,794,469	XXX	62,114,647	XXX	80,885,424
59		Schedule DA mortgages			XXX	0	0.0034	0	0.0114	0	0.0149	0
60		Total mortgage loans on real estate (Lines 58 + 59)	8,185,464,808	0	XXX	8,185,464,808	XXX	16,794,469	XXX	62,114,647	XXX	80,885,424

ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		COMMON STOCK										
1		Unaffiliated public	81,696,208	XXX	XXX	81,696,208	0.0000	0	(a) 0.2431	19,860,348	(a) 0.2431	19,860,348
2		Unaffiliated private	97,447	XXX	XXX	97,447	0.0000	0	0.1945	18,953	0.1945	18,953
3		Federal Home Loan Bank	143,405,100	XXX	XXX	143,405,100	0.0000	0	0.0061	874,771	0.0097	1,391,029
4		Affiliated life with AVR	2,739,794,251	XXX	XXX	2,739,794,251	0.0000	0	0.0000	0	0.0000	0
		Affiliated Investment Subsidiary:										
5		Fixed income exempt obligations				0	XXX		XXX		XXX	
6		Fixed income highest quality				0	XXX		XXX		XXX	
7		Fixed income high quality				0	XXX		XXX		XXX	
8		Fixed income medium quality				0	XXX		XXX		XXX	
9		Fixed income low quality				0	XXX		XXX		XXX	
10		Fixed income lower quality				0	XXX		XXX		XXX	
11		Fixed income in or near default				0	XXX		XXX		XXX	
12		Unaffiliated common stock public				0	0.0000	0	(a) 0.2431	0	(a) 0.2431	0
13		Unaffiliated common stock private				0	0.0000	0	0.1945	0	0.1945	0
14		Real estate				0	(b)	0	(b)	0	(b)	0
15		Affiliated - certain other (see SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16		Affiliated - all other	1,277,251	XXX	XXX	1,277,251	0.0000	0	0.1945	248,425	0.1945	248,425
17		Total common stock (sum of Lines 1 through 16)	2,966,270,257	0	0	2,966,270,257	XXX	0	XXX	21,002,498	XXX	21,518,756
		REAL ESTATE										
18		Home office property (General Account only)				0	0.0000	0	0.0912	0	0.0912	0
19		Investment properties				0	0.0000	0	0.0912	0	0.0912	0
20		Properties acquired in satisfaction of debt				0	0.0000	0	0.1337	0	0.1337	0
21		Total real estate (sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
		OTHER INVESTED ASSETS										
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
22		Exempt obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
24	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
25	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
26	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
27	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
28	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
29		Total with bond characteristics (sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS										
30	1	Highest quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
31	2	High quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
32	3	Medium quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
33	4	Low quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
34	5	Lower quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
35	6	In or near default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
36		Affiliated life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37		Total with preferred stock characteristics (sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS										
		In Good Standing Affiliated:										
38		Mortgages - CM1 - highest quality			XXX	0	0.0011	0	0.0057	0	0.0074	0
39		Mortgages - CM2 - high quality			XXX	0	0.0040	0	0.0114	0	0.0149	0
40		Mortgages - CM3 - medium quality			XXX	0	0.0069	0	0.0200	0	0.0257	0
41		Mortgages - CM4 - low medium quality			XXX	0	0.0120	0	0.0343	0	0.0428	0
42		Mortgages - CM5 - low quality			XXX	0	0.0183	0	0.0486	0	0.0628	0
43		Residential mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
44		Residential mortgages-all other		XXX	XXX	0	0.0015	0	0.0034	0	0.0046	0
45		Commercial mortgages-insured or guaranteed			XXX	0	0.0003	0	0.0007	0	0.0011	0
		Overdue, Not in Process Affiliated:										
46		Farm mortgages			XXX	0	0.0480	0	0.0868	0	0.1371	0
47		Residential mortgages-insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
48		Residential mortgages-all other			XXX	0	0.0029	0	0.0066	0	0.0103	0
49		Commercial mortgages-insured or guaranteed			XXX	0	0.0006	0	0.0014	0	0.0023	0
50		Commercial mortgages-all other			XXX	0	0.0480	0	0.0868	0	0.1371	0
		In Process of foreclosure Affiliated:										
51		Farm mortgages			XXX	0	0.0000	0	0.1942	0	0.1942	0
52		Residential mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
53		Residential mortgages-all other			XXX	0	0.0000	0	0.0149	0	0.0149	0
54		Commercial mortgages-insured or guaranteed			XXX	0	0.0000	0	0.0046	0	0.0046	0
55		Commercial mortgages-all other			XXX	0	0.0000	0	0.1942	0	0.1942	0
56		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57		Unaffiliated - In Good Standing with Covenants			XXX	0	(c)	0	(c)	0	(c)	0
58		Unaffiliated - In Good Standing Defeased with Government Securities			XXX	0	0.0011	0	0.0057	0	0.0074	0
59		Unaffiliated - In Good Standing Primarily Senior			XXX	0	0.0040	0	0.0114	0	0.0149	0
60		Unaffiliated - In Good Standing All Other			XXX	0	0.0069	0	0.0200	0	0.0257	0
61		Unaffiliated - Overdue, Not in Process			XXX	0	0.0480	0	0.0868	0	0.1371	0
62		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1942	0	0.1942	0
63		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

NONE

ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Equity and Other Invested Asset Component

Line Number	NAIC Desig-nation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution 5 Factor	Basic Contribution 6 Amount (Cols. 4 x 5)	Reserve Objective 7 Factor	Reserve Objective 8 Amount (Cols. 4 x 7)	Maximum Reserve 9 Factor	Maximum Reserve 10 Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65		Unaffiliated public	-	XXX	XXX	0	0.0000	0	(a) 0.2431	0	(a) 0.2431	0
66		Unaffiliated private	292,955,558	XXX	XXX	292,955,558	0.0000	0	0.1945	56,979,856	0.1945	56,979,856
67		Affiliated life with AVR	52,039,992	XXX	XXX	52,039,992	0.0000	0	0.0000	0	0.0000	0
68		Affiliated certain other (see SVO Purposes and Procedures Manual)	-	XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
69		Affiliated other - all other	-	XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	344,995,550	XXX	XXX	344,995,550	XXX	0	XXX	56,979,856	XXX	56,979,856
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
71		Home office property (general account only)	-			0	0.0000	0	0.0912	0	0.0912	0
72		Investment properties	480,730,359			480,730,359	0.0000	0	0.0912	43,842,609	0.0912	43,842,609
73		Properties acquired in satisfaction of debt	-			0	0.0000	0	0.1337	0	0.1337	0
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	480,730,359	0	0	480,730,359	XXX	0	XXX	43,842,609	XXX	43,842,609
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75		Guaranteed federal low income housing tax credit	-			0	0.0003	0	0.0006	0	0.0010	0
76		Non-guaranteed federal low income housing tax credit	131,839,305			131,839,305	0.0063	830,588	0.0120	1,582,072	0.0190	2,504,947
77		Guaranteed state low income housing tax credit	-			0	0.0003	0	0.0006	0	0.0010	0
78		Non-guaranteed state low income housing tax credit	5,814,259			5,814,259	0.0063	36,630	0.0120	69,771	0.0190	110,471
79		All other low income housing tax credit	-			0	0.0273	0	0.0600	0	0.0975	0
80		Total LIHTC (Sum of Lines 75 through 79)	137,653,564	0	0	137,653,564	XXX	867,217	XXX	1,651,843	XXX	2,615,418
		ALL OTHER INVESTMENTS										
81		NAIC 1 working capital finance investments	-	XXX		0	0.0000	0	0.0042	0	0.0042	0
82		NAIC 2 working capital finance investments	-	XXX		0	0.0000	0	0.0137	0	0.0137	0
83		Other invested assets - Schedule BA	235,175,387	XXX		235,175,387	0.0000	0	0.1580	37,157,711	0.1580	37,157,711
84		Other short-term invested assets - Schedule DA	80,000,000	XXX		80,000,000	0.0000	0	0.1580	12,640,000	0.1580	12,640,000
85		Total All Other (sum of Lines 81, 82, 83 and 84)	315,175,387	XXX	0	315,175,387	XXX	0	XXX	49,797,711	XXX	49,797,711
86		Total Other Invested Assets - Schedule BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	1,278,554,860	0	0	1,278,554,860	XXX	867,217	XXX	152,272,019	XXX	153,235,594

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).
(b) Determined using same factors and breakdowns used for directly owned real estate.
(c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve - Replications (Synthetic) Assets
NONE

Sch. F - Claims
NONE

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

		Total		Group Accident and Health		Credit A&H (Group and Individual)		Collectively Renewable		Other Individual Contracts									
										Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
		1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																			
1.	Premiums written	282,947	XXX	237,993	XXX		XXX		XXX	19,276	XXX	21,264	XXX	4,414	XXX		XXX		XXX
2.	Premiums earned	282,947	XXX	237,993	XXX		XXX		XXX	19,276	XXX	21,264	XXX	4,414	XXX		XXX		XXX
3.	Incurred claims	(833,017)	(294.4)	(1,306,212)	(548.8)	0	0.0	0	0.0	136,732	709.3	22,625	106.4	313,838	7,110.1	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)	(833,017)	(294.4)	(1,306,212)	(548.8)	0	0.0	0	0.0	136,732	709.3	22,625	106.4	313,838	7,110.1	0	0.0	0	0.0
6	Increase in contract reserves	(231,067)	(81.7)	(247,737)	(104.1)	0	0.0	0	0.0	(7,353)	(38.1)	(13,994)	(65.8)	0	0.0	0	0.0	38,017	0.0
7	Commissions (a)	(73,680,426)	(26,040.4)	(73,685,661)	(30,961.3)		0.0		0.0	4,530	23.5	705	3.3		0.0		0.0		0.0
8	Other general insurance expenses	66,422,585	23,475.3	66,542,554	27,959.9		0.0	(2)	0.0	(136,723)	(709.3)	16,779	78.9	(23)	(0.5)		0.0		0.0
9	Taxes, licenses and fees	7,246,086	2,560.9	7,249,636	3,046.2		0.0	2	0.0	(7)	(0.0)	(3,579)	(16.8)	62	1.4		0.0	(28)	0.0
10	Total other expenses incurred	(11,755)	(4.2)	106,529	44.8	0	0.0	0	0.0	(132,200)	(685.8)	13,905	65.4	39	0.9	0	0.0	(28)	0.0
11.	Aggregate write-ins for deductions	(536,719)	(189.7)	(536,719)	(225.5)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12.	Gain from underwriting before dividends or refunds	1,895,505	669.9	2,222,132	933.7	0	0.0	0	0.0	22,097	114.6	(1,272)	(6.0)	(309,463)	(7,010.9)	0	0.0	(37,989)	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	1,895,505	669.9	2,222,132	933.7	0	0.0	0	0.0	22,097	114.6	(1,272)	(6.0)	(309,463)	(7,010.9)	0	0.0	(37,989)	0.0
DETAILS OF WRITE-INS																			
1101.	Change in Rate Stabilization	(36,719)	(13.0)	(36,719)	(15.4)		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1102.	Change in Loss Recognition Reserve	(500,000)	(176.7)	(500,000)	(210.1)		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1103.		0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
1198.	Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199.	Total (Lines 1101 through 1103 plus 1198) (Line 11 above)	(536,719)	(189.7)	(536,719)	(225.5)	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.'

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	16,495,878	16,495,878							
2. Advance premiums	16,943	15,719				1,224			
3. Reserve for rate credits	2,020,466	2,020,466							
4. Total premium reserves, current year	18,533,287	18,532,063	0	0	0	1,224	0	0	0
5. Total premium reserves, prior year	23,818,642	23,819,493				(851)			
6. Increase in total premium reserves	(5,285,355)	(5,287,430)	0	0	0	2,075	0	0	0
B. Contract Reserves:									
1. Additional reserves (a)	8,368,000	2,047,856			12,721	155,331			6,152,092
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	8,368,000	2,047,856	0	0	12,721	155,331	0	0	6,152,092
4. Total contract reserves, prior year	8,599,067	2,295,593			20,074	169,325			6,114,075
5. Increase in contract reserves	(231,067)	(247,737)	0	0	(7,353)	(13,994)	0	0	38,017
C. Claim Reserves and Liabilities:									
1. Total current year	114,126,707	112,877,114	0	0	1,105,329	44,034	100,000	772	(542)
2. Total prior year	112,252,838	110,993,584			1,114,990	44,034	100,000	772	(542)
3. Increase	1,873,869	1,883,530	0	0	(9,661)	0	0	0	0

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	(2,706,886)	(3,189,742)			146,393	22,625	313,838		
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	114,126,707	112,877,114			1,105,329	44,034	100,000	772	(542)
2.2 On claims incurred during current year	0								
3. Test:									
3.1 Lines 1.1 and 2.1	111,419,821	109,687,372	0	0	1,251,722	66,659	413,838	772	(542)
3.2 Claim reserves and liabilities, December 31, prior year	112,252,838	110,993,584			1,114,990	44,034	100,000	772	(542)
3.3 Line 3.1 minus Line 3.2	(833,017)	(1,306,212)	0	0	136,732	22,625	313,838	0	0

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	(125,100)	(125,100)							
4. Commissions	0								
B. Reinsurance Ceded:									
1. Premiums written	446,988,795	444,055,820		2,264	373,696	2,547,692	7,848		1,475
2. Premiums earned	452,266,450	449,144,263		2,136	373,696	2,737,032	7,848		1,475
3. Incurred claims	302,089,727	298,168,569		(1,252)	2,553,868	1,329,755	38,787		
4. Commissions	115,703,532	115,533,594			10,502	157,281	2,155		

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

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1 Medical	2 Dental	3 Other	4 Total
A.	Direct:				
1.	Incurred claims	267,698,286	21,976,765	11,706,760	301,381,811
2.	Beginning claim reserves and liabilities	150,087,881	2,727,733	50,648,337	203,463,951
3.	Ending claim reserves and liabilities	153,842,914	5,432,195	48,144,599	207,419,708
4.	Claims paid	263,943,253	19,272,303	14,210,498	297,426,054
B.	Assumed Reinsurance:				
5.	Incurred claims	(125,101)			(125,101)
6.	Beginning claim reserves and liabilities	111,088			111,088
7.	Ending claim reserves and liabilities				0
8.	Claims paid	(14,013)	0	0	(14,013)
C.	Ceded Reinsurance:				
9.	Incurred claims	260,500,680	19,272,303	22,316,743	302,089,726
10.	Beginning claim reserves and liabilities	57,630,676		33,691,525	91,322,201
11.	Ending claim reserves and liabilities	54,202,116		39,090,884	93,293,000
12.	Claims paid	263,929,240	19,272,303	16,917,384	300,118,927
D.	Net:				
13.	Incurred claims	7,072,505	2,704,462	(10,609,983)	(833,016)
14.	Beginning claim reserves and liabilities	92,568,293	2,727,733	16,956,812	112,252,838
15.	Ending claim reserves and liabilities	99,640,798	5,432,195	9,053,715	114,126,708
16.	Claims paid	0	0	(2,706,886)	(2,706,886)
E.	Net Incurred Claims and Cost Containment Expenses:				
17.	Incurred claims and cost containment expenses	7,072,505	2,704,462	(10,609,983)	(833,016)
18.	Beginning reserves and liabilities	92,568,293	2,727,733	16,956,812	112,252,838
19.	Ending reserves and liabilities	99,640,798	5,432,195	9,053,715	114,126,708
20.	Paid claims and cost containment expenses	0	0	(2,706,886)	(2,706,886)

SCHEDULE S - PART 1 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In Force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld under Coinsurance
General Account - Affiliates - U.S. - Other												
92657	31-1000740	02/26/1999	Nationwide Life and Annuity Insurance Co	OH	CO/G	OL	83,363,161	154,719,313				
92657	31-1000740	01/01/1994	Nationwide Life and Annuity Insurance Co	OH	MCO/I	OL	568,784,757		12,301,870		35,352,105	
92657	31-1000740	12/31/1996	Nationwide Life and Annuity Insurance Co	OH	MCO/I	FA			10,386,936		985,115,830	
0299999.	Total - General Account - Affiliates - U.S. - Other						652,147,918	154,719,313	22,688,806	0	1,020,467,935	0
0399999.	Total - General Account - Affiliates - U.S. - Totals						652,147,918	154,719,313	22,688,806	0	1,020,467,935	0
0799999.	Total - General Account - Affiliates						652,147,918	154,719,313	22,688,806	0	1,020,467,935	0
General Account - Non-Affiliates - U.S. Non-Affiliates												
62308	06-0303370	01/01/1982	Connecticut General Life Insurance Co	CT	YRT/I	OL		1,763				
60992	13-3690700	04/16/1993	First MetLife Investors Insurance Co	NY	CO/I	FA		457,737				
65676	35-0472300	02/01/1989	Lincoln National Life Insurance Co	IN	YRT/I	OL		2,855	6,841			
82627	06-0839705	01/01/1989	Swiss Re Life and Health America Inc	MO	YRT/I	OL			751			
70335	94-0971150	01/01/1986	West Coast Life Ins Company	NE	OTH/I	OL	948,344	456,479	(249)			
0899999.	Total - General Account - Non-Affiliates - U.S. Non-Affiliates						948,344	918,834	7,343	0	0	0
1099999.	Total - General Account - Non-Affiliates						948,344	918,834	7,343	0	0	0
1199999.	Total - General Account						653,096,262	155,638,147	22,696,149	0	1,020,467,935	0
Separate Accounts - Affiliates - U.S. - Other												
92657	31-1000740	01/01/1994	Nationwide Life and Annuity Insurance Co	OH	MCO/I	OL					102,997,335	
1399999.	Total - Separate Accounts - Affiliates - U.S. - Other						0	0	0	0	102,997,335	0
1499999.	Total - Separate Accounts - Affiliates - U.S. - Totals						0	0	0	0	102,997,335	0
1899999.	Total - Separate Accounts - Affiliates						0	0	0	0	102,997,335	0
2299999.	Total - Separate Accounts						0	0	0	0	102,997,335	0
2399999.	Total U.S.						653,096,262	155,638,147	22,696,149	0	1,123,465,270	0
9999999.	Total						653,096,262	155,638,147	22,696,149	0	1,123,465,270	0

SCHEDULE S - PART 1 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld under Coinsurance

NONE

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
Life and Annuity - Non-Affiliates - U.S. Non-Affiliates						
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	136,433	337,500
33197	06-0949141	11/01/1997	Cologne Reinsurance Co	CT	-	256,760
86258	13-2572994	12/01/1973	General Re Life Corporation	CT	104,691	449,802
11231	13-5617450	03/01/1986	Generali US Branch	NY	-	34,358
88340	59-2859797	06/01/2012	Hannover Life Reassurance Company of America	FL	397,828	-
88340	59-2859797	10/01/2005	Hannover Life Reassurance Company of America	FL	300,707	-
65676	35-0472300	04/01/1998	Lincoln National Life Insurance Co	IN	258,206	-
65676	35-0472300	10/01/1946	Lincoln National Life Insurance Co	IN	227,820	-
65676	35-0472300	10/01/1946	Lincoln National Life Insurance Co	IN	1,015,687	5,812,855
66346	58-0828824	03/20/1979	Munich American Reassurance Co	GA	-	34,385
93572	43-1235868	10/01/1980	RGA Reinsurance Company	MO	250,017	150,000
93572	43-1235868	09/01/1989	RGA Reinsurance Company	MO	90,412	-
93572	43-1235868	10/01/1980	RGA Reinsurance Company	MO	1,452,408	863,410
93572	43-1235868	10/01/1980	RGA Reinsurance Company	MO	691,003	8,814,386
64688	75-6020048	02/07/2000	SCOR Global Life Americas Reinsurance	DE	727,253	350,000
64688	75-6020048	11/01/1989	SCOR Global Life Americas Reinsurance	DE	1,102,777	62,500
64688	75-6020048	10/01/1983	Scor Global Life Americas Reinsurance Co	DE	-	112,277
87572	23-2038295	03/01/2005	Scottish Re Us Inc	DE	716,568	-
87572	23-2038295	10/01/1984	Scottish Re Us Inc	DE	233,516	1,438,328
68713	84-0499703	01/01/2002	Security Life of Denver Ins Co	CO	366,029	472,500
68713	84-0499703	01/01/2002	Security Life of Denver Ins Co	CO	313,739	405,000
68713	84-0499703	04/01/1994	Security Life of Denver Ins Co	CO	117,005	-
68713	84-0499703	04/01/1994	Security Life of Denver Ins Co	CO	403,920	80,432
68713	84-0499703	04/01/1994	Security Life of Denver Ins Co	CO	25,738	-
82627	06-0839705	03/01/1964	Swiss Re Life and Health America Inc	MO	290,598	235,646
82627	06-0839705	03/01/1964	Swiss Re Life and Health America Inc	MO	15,399	-
62596	31-0252460	11/12/1982	Union Fidelity Life Ins Co	KS	-	804
0899999	Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates				9,237,755	19,910,943
Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	AA-3190878	07/01/2002	Wilton Reinsurance Bermuda Ltd	BMU	13,493	
0999999	Total - Life and Annuity Non-Affiliates - Non-U.S. Non-Affiliates				13,493	0
1099999	Total - Life and Annuity Non-Affiliates				9,251,248	19,910,943
1199999	Total - Life and Annuity				9,251,248	19,910,943
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
71439	38-1843471	07/01/2003	Assurity Life Insurance Compnay	NE		6,748
37273	39-1338397	10/01/2012	AXIS Insurance Company	IL		827,549
37915	04-2672903	12/01/2013	Essentia Insurance Company	MO		
00000	45-2207399	06/01/2014	Fringe Re, LLC	MT		587,924
70939	13-2611847	01/01/2005	Gerber Life Insurance Company	NY		2,762,537
88340	59-2859797	01/01/2011	Hannover Life Re	FL		21,472,451
11054	43-1898350	01/01/2018	Maiden Reinsurance North America Inc	MO		9,729,309
10219	23-1641984	01/01/2011	QBE Reinsurance Corp	PA		926,165
68381	36-0883760	04/01/2010	Reliance Standard Life Ins Co	IL		355,504
93572	43-1235868	05/01/2015	RGA Reinsurance Company	MO		1,000,317
82627	06-0839705	05/01/1977	Swiss Re Life and Health America Inc	MO	90,411	
00000	85-4353285	01/01/2021	TMS Re Captive Ins Co - QA-G - SLEL	MT		4,831,740
19453	13-5616275	04/01/2019	Transatlantic Reinsurance Company	NY		284,130
21113	13-5459190	04/01/2019	United States Fire Insurance Company	DE		156,224
1999999	Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates				90,411	42,940,599
Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates						
00000	98-1502043	01/01/2019	Black Sands Reinsurance	BRB		2,546,579
00000	AA-3770280	01/01/2016	Greenlight Reinsurance, Ltd	CYM		4,182,357
00000	AA-1126033	12/01/2004	Lloyds Syndicate #0033	GBR		125,215
00000	AA-1126033	12/01/2004	Lloyds Syndicate #0033	GBR		(122)
00000	AA-1126457	12/01/2006	Lloyds Syndicate #0457	GBR		42,526
00000	AA-1126457	12/01/2006	Lloyds Syndicate #0457	GBR		(41)
00000	AA-1126510	12/01/2004	Lloyds Syndicate #0510	GBR		125,215
00000	AA-1126510	12/01/2004	Lloyds Syndicate #0510	GBR		(122)
00000	AA-1126780	12/01/2014	Lloyds Syndicate #0780	GBR		(61)
00000	AA-1126958	04/01/2014	Lloyds Syndicate #0958	GBR		(4)
00000	AA-1127183	01/01/2005	Lloyds Syndicate #1183	GBR		(41)
00000	AA-1127200	01/01/2010	Lloyds Syndicate #1200	GBR		25,988
00000	AA-1127200	01/01/2010	Lloyds Syndicate #1200	GBR		(24)
00000	AA-1127206	04/01/2010	Lloyds Syndicate #1206	GBR		47,842
00000	AA-1127206	04/01/2010	Lloyds Syndicate #1206	GBR		(20)
00000	AA-1127414	12/01/2006	Lloyds Syndicate #1414	GBR		13,000
00000	AA-1127861	12/01/2012	Lloyds Syndicate #1861	GBR		(24)
00000	AA-1128001	01/01/2005	Lloyds Syndicate #2001	GBR		59,064
00000	AA-1128001	01/01/2005	Lloyds Syndicate #2001	GBR		(57)
00000	AA-1128003	05/01/2016	Lloyds Syndicate #2003	GBR		(61)
00000	AA-1120104	12/01/2011	Lloyds Syndicate #2012	GBR		25,988

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
00000	AA-1120104	12/01/2011	Lloyds Syndicate #2012	GBR		(24)
00000	AA-1128488	12/01/2004	Lloyds Syndicate #2488	GBR		(41)
00000	AA-1128987	12/01/2004	Lloyds Syndicate #2987	GBR		(122)
00000	AA-1120055	03/01/2010	Lloyds Syndicate #3623	GBR		63,198
00000	AA-1120055	03/01/2010	Lloyds Syndicate #3623	GBR		(122)
00000	AA-1120075	12/01/2006	Lloyds Syndicate #4020	GBR		125,215
00000	AA-1120075	12/01/2006	Lloyds Syndicate #4020	GBR		(136)
00000	AA-1126004	12/01/2006	Lloyds Syndicate #4444	GBR		21,854
00000	AA-1126004	12/01/2006	Lloyds Syndicate #4444	GBR		(16)
00000	AA-1126006	01/01/2005	Lloyds Syndicate #4472	GBR		125,215
00000	AA-1126006	01/01/2005	Lloyds Syndicate #4472	GBR		(122)
00000	AA-1120090	05/01/2016	Lloyds Syndicate #4711	GBR		(16)
00000	AA-1126003	08/01/2008	Lloyds Syndicate #5000	GBR		86,822
00000	AA-1126003	08/01/2008	Lloyds Syndicate #5000	GBR		(61)
00000	AA-3194213	10/01/2012	Roundstone Insurance	BMU		11,675,200
2099999.	Total - Accident and Health Non-Affiliates - Non-U.S. Non-Affiliates				0	19,290,043
2199999.	Total - Accident and Health Non-Affiliates				90,411	62,230,642
2299999.	Total - Accident and Health				90,411	62,230,642
2399999.	Total U.S.				9,328,167	62,851,542
2499999.	Total Non-U.S.				13,493	19,290,043
9999999.	Total				9,341,660	82,141,585

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 - Affiliates - U.S. - Captive														
15821	47-4523959	10/01/2015	Eagle Captive Reinsurance, LLC	OH	COFW/I	VA		48,982,722	65,192,819	602,972,379				1,026,918,392
15821	47-4523959	10/01/2015	Eagle Captive Reinsurance, LLC	OH	COFW/G	VA		1,183,524		4,456,816				24,812,360
0199999.	Total - General Account - Authorized - Affiliates - U.S. - Captive						0	50,166,246	65,192,819	607,429,195	0	0	0	1,051,730,752
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						0	50,166,246	65,192,819	607,429,195	0	0	0	1,051,730,752
0799999.	Total - General Account - Authorized - Affiliates						0	50,166,246	65,192,819	607,429,195	0	0	0	1,051,730,752
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates														
60488	25-0598210	10/01/1991	American General Life Ins Co	TX	CO/I	FA		18,406,546	19,067,885	425,263				
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	CO/I	XXXL	699,166,980	12,937,841	16,782,932	1,292,073				
60895	35-0145825	01/01/1977	American United Life Ins Co	IN	CO/I	OL	706,250	665,911	654,486	33,141				
60895	35-0145825	01/01/1992	American United Life Ins Co	IN	YRT/I	OL	150,000	33	30	3,342				
61689	42-0175020	01/01/1992	Athene Ann & Life Co	IA	OTH/I	OL	49,819,809	22,002,191	21,875,738	68,897				
68365	04-2729166	05/01/1999	AXA Corp Solutions Re Life Reins Co	DE	CO/I	VA		482,221	573,422	661,712				
33197	06-0949141	11/01/1997	Cologne Reinsurance Co	CT	YRT/I	XXXLO	3,750,000			69,728				
33197	06-0949141	11/01/1997	Cologne Reinsurance Co	CT	YRT/I	OL	24,931,567	671,208	652,762	61,134				
79782	86-0262046	02/23/1972	Electric Cooperative Life Ins Co	AZ	CO/I	OL				(8,591)				
68276	48-1024691	12/31/1995	Employers Reassurance Corp	KS	CO/I	OL	63,950,439	9,403,234	9,981,184	603,320				
68276	48-1024691	04/01/1996	Employers Reassurance Corp	KS	YRT/I	OL		469	464					
86258	13-2572994	12/01/1973	General Re Life Corporation	CT	YRT/I	AXXX	55,175,757	15,654	13,663	220,843				
86258	13-2572994	12/01/1973	General Re Life Corporation	CT	YRT/I	XXXLO	990,000			1,115				
86258	13-2572994	12/01/1973	General Re Life Corporation	CT	YRT/I	OL	514,222,311	6,926,248	6,908,544	5,318,388				
11231	13-5617450	03/01/1986	Generali US Branch	NY	YRT/I	OL	198,393	84	119	2,101				
88340	59-2859797	06/01/2012	Hannover Life Reassurance Company of America	FL	YRT/G	OL	3,460,339,650	892,993	878,361	6,860,843				
88340	59-2859797	10/01/2005	Hannover Life Reassurance Company of America	FL	YRT/I	AXXX	1,485,648,148	438,262	434,856	3,988,186				
88340	59-2859797	10/01/2005	Hannover Life Reassurance Company of America	FL	YRT/I	XXXLO	124,468,683			131,565				
88340	59-2859797	10/01/2005	Hannover Life Reassurance Company of America	FL	YRT/I	OL	90,616,753	12,454	5,680	21,275				
65676	35-0472300	01/01/1982	Lincoln National Life Insurance Co	IN	CO/G	FA		28,919,381	30,335,345	22,398				
65676	35-0472300	03/01/1944	Lincoln National Life Insurance Co	IN	MCO/I	OL	3,104,663			57,342			2,152,437	
65676	35-0472300	04/01/1998	Lincoln National Life Insurance Co	IN	YRT/G	OL	402,474,332	425,859	384,751	3,530,897				
65676	35-0472300	10/01/1946	Lincoln National Life Insurance Co	IN	YRT/I	AXXX	1,105,941,125	1,293,485	1,221,265	10,685,235				
65676	35-0472300	10/01/1946	Lincoln National Life Insurance Co	IN	YRT/I	XXXLO	1,182,223,290	6,257,338	8,614,813	5,394,353				
65676	35-0472300	10/01/1946	Lincoln National Life Insurance Co	IN	YRT/I	OL	704,269,783	1,585,303	1,598,209	4,201,146				
65676	35-0472300	10/01/1946	Lincoln National Life Insurance Co	IN	CO/I	OL	530,000			11,947				
66346	58-0828824	07/01/2001	Munich American Reassurance Co	GA	YRT/G	OL	327,690,599	41,670	63,827	182,611				
66346	58-0828824	03/20/1979	Munich American Reassurance Co	GA	YRT/I	AXXX	115,120,529	34,174	31,644	86,212				
66346	58-0828824	03/20/1979	Munich American Reassurance Co	GA	YRT/I	XXXLO	71,051,104			39,596				
66346	58-0828824	03/20/1979	Munich American Reassurance Co	GA	YRT/I	OL	146,258,711	915,084	873,880	601,110				
88099	75-1608507	02/01/1987	Optimum Re Insurance Company	TX	CO/I	OL			31,779	25,669				

SCHEDULE S - PART 3 - SECTION 1

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

1	2	3	4	5	6	7	8	Reserve Credit Taken		11	Outstanding Surplus Relief		14	15
								9	10		12	13		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Amount in Force at End of Year	Current Year	Prior Year	Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
88099	75-1608507	01/01/1986	Optimum Re Insurance Company	TX	YRT/I	OL			13,412	12,269				
93572	43-1235868	10/01/1980	RGA Reinsurance Company	MO	CO/I	XXXL	522,571,006	12,391,084	13,945,917	935,829				
93572	43-1235868	10/01/1980	RGA Reinsurance Company	MO	CO/I	OL	421,250	3,401	3,862	2,926				
93572	43-1235868	09/01/1989	RGA Reinsurance Company	MO	YRT/G	OL	505,010,816	461,852	424,838	3,956,505				
93572	43-1235868	10/01/1980	RGA Reinsurance Company	MO	YRT/I	AXXX	1,346,491,369	1,284,928	1,197,709	11,868,593				
93572	43-1235868	10/01/1980	RGA Reinsurance Company	MO	YRT/I	XXXLO	281,255,388	114,649	200,972	350,481				
93572	43-1235868	10/01/1980	RGA Reinsurance Company	MO	YRT/I	OL	2,387,081,482	10,412,666	10,183,534	18,563,216				
64688	75-6020048	02/07/2000	SCOR Global Life Americas Reinsurance	DE	CO/I	OL	1,715,078,327	31,841,175	43,856,741	3,371,273				
64688	75-6020048	09/01/1989	SCOR Global Life Americas Reinsurance	DE	YRT/G	OL	10,305,000	186,965	212,920	117,948				
64688	75-6020048	11/01/1989	SCOR Global Life Americas Reinsurance	DE	YRT/I	OL	615,937,948	7,099,033	7,339,100	4,991,001				
64688	75-6020048	10/01/1983	Scor Global Life Americas Reinsurance Co	DE	YRT/I	AXXX	53,535,572	24,179	20,594	239,835				
64688	75-6020048	10/01/1983	Scor Global Life Americas Reinsurance Co	DE	YRT/I	XXXLO	71,422,800			94,821				
64688	75-6020048	10/01/1983	Scor Global Life Americas Reinsurance Co	DE	YRT/I	OL	103,320,359	597,259	568,375	340,458				
97071	13-3126819	06/01/2012	SCOR Global Life USA Reins Co	DE	YRT/I	AXXX	622,340	1,329	1,170	5,443				
87572	23-2038295	10/01/2002	Scottish Re Us Inc	DE	CO/I	FA		24,525,453	25,692,823					
87572	23-2038295	10/01/2002	Scottish Re Us Inc	DE	CO/I	OL				(121)				
87572	23-2038295	03/01/2005	Scottish Re Us Inc	DE	YRT/G	OL	539,818,613	6,005,538	5,109,575	4,043,670				
87572	23-2038295	10/01/1984	Scottish Re Us Inc	DE	YRT/I	OL	311,166,629	2,006,853	2,133,052	3,441,303				
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	CO/I	FA		2,700,761	2,802,263					
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	CO/I	VA		93,590,077	97,627,703	3,733,911				
68713	84-0499703	01/01/2002	Security Life of Denver Ins Co	CO	CO/I	XXXL	1,418,135,422	28,168,580	35,072,666	2,571,518				
68713	84-0499703	01/01/2002	Security Life of Denver Ins Co	CO	CO/I	OL	288,750	3,624		(7)				
68713	84-0499703	01/01/2002	Security Life of Denver Ins Co	CO	CO/I	OL	1,707,238	969,227	945,729	(8,493)				
68713	84-0499703	04/01/1994	Security Life of Denver Ins Co	CO	YRT/G	OL	217,017,735	235,524	216,582	1,971,866				
68713	84-0499703	04/01/1994	Security Life of Denver Ins Co	CO	YRT/I	AXXX	1,098,511,275	15,992,439	15,236,210	13,058,422				
68713	84-0499703	04/01/1994	Security Life of Denver Ins Co	CO	YRT/I	OL	218,016,828	5,404,984	5,309,407	1,958,645				
82627	06-0839705	08/01/1997	Swiss Re Life and Health America Inc	MO	CO/G	VA		413,875	600,874	429,067				
82627	06-0839705	05/01/1972	Swiss Re Life & Hlth Amer Inc	MO	YRT/I	OL	1,265,139	3,524	3,729	69,592				
82627	06-0839705	01/01/1950	Swiss Re Life and Health America Inc	MO	CO/I	XXXL	1,072,072,279	20,627,970	26,019,426	2,118,759				
82627	06-0839705	10/01/1984	Swiss Re Life and Health America Inc	MO	OTH/G	OL	3,645,107,531	1,282,631	1,236,603	9,739,240				
82627	06-0839705	03/01/1964	Swiss Re Life and Health America Inc	MO	YRT/I	AXXX	1,875,066,053	885,096	844,988	6,008,208				
82627	06-0839705	03/01/1964	Swiss Re Life and Health America Inc	MO	YRT/I	XXXLO	155,054,327			198,504				
82627	06-0839705	03/01/1964	Swiss Re Life and Health America Inc	MO	YRT/I	OL	303,025,054	1,402,112	1,604,209	2,570,957				
82627	06-0839705	03/01/1964	Swiss Re Life and Health America Inc	MO	YRT/I	OL				28,131				
62596	31-0252460	11/12/1982	Union Fidelity Life Ins Co	KS	OTH/G	OL	145,000	3,053	3,053	7,831				
70335	94-0971150	01/01/1994	West Coast Life Ins Company	NE	MCO/I	FA							22,786,675	
70335	94-0971150	01/01/1994	West Coast Life Ins Company	NE	MCO/I	OL							39,926,664	

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
70335	94-0971150	01/01/1994	West Coast Life Ins Company	NE	OTH/I	OL	4,477,060	21,819	21,765	1,185,308				
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						29,106,727,466	380,989,306	419,435,439	142,569,756	0	0	64,865,776	0
1099999.	Total - General Account - Authorized - Non-Affiliates						29,106,727,466	380,989,306	419,435,439	142,569,756	0	0	64,865,776	0
1199999.	Total - General Account - Authorized						29,106,727,466	431,155,552	484,628,258	749,998,951	0	0	64,865,776	1,051,730,752
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates														
00000	AA-3190878	07/01/2002	Wilton Reinsurance Bermuda Ltd	BMU	YRT/I	OL	13,577,765	1,048,228	1,005,692	195,331				
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates						13,577,765	1,048,228	1,005,692	195,331	0	0	0	0
2199999.	Total - General Account - Unauthorized - Non-Affiliates						13,577,765	1,048,228	1,005,692	195,331	0	0	0	0
2299999.	Total - General Account - Unauthorized						13,577,765	1,048,228	1,005,692	195,331	0	0	0	0
4599999.	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified						29,120,305,231	432,203,780	485,633,950	750,194,282	0	0	64,865,776	1,051,730,752
Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates														
68675	48-0409770	07/01/2000	Security Benefits Life Insurance Co	KS	CO/I	VA				2,503,482			433,601,893	
5399999.	Total - Separate Accounts - Authorized - Non-Affiliates - U.S. Non-Affiliates						0	0	0	2,503,482	0	0	433,601,893	0
5599999.	Total - Separate Accounts - Authorized - Non-Affiliates						0	0	0	2,503,482	0	0	433,601,893	0
5699999.	Total - Separate Accounts - Authorized						0	0	0	2,503,482	0	0	433,601,893	0
9099999.	Total - Separate Accounts - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified						0	0	0	2,503,482	0	0	433,601,893	0
9199999.	Total U.S.						29,106,727,466	431,155,552	484,628,258	752,502,433	0	0	498,467,669	1,051,730,752
9299999.	Total Non-U.S.						13,577,765	1,048,228	1,005,692	195,331	0	0	0	0
9999999.	Total						29,120,305,231	432,203,780	485,633,950	752,697,764	0	0	498,467,669	1,051,730,752

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 - Affiliates - U.S. - Other													
23787	31-4177100	.01/01/1996	Nationwide Mutual Insurance Company	OH	QA/G	OH	261,773,484					24,591,994	
0299999.	Total - General Account - Authorized - Affiliates - U.S. - Other						261,773,484	0	0	0	0	24,591,994	0
0399999.	Total - General Account - Authorized - Affiliates - U.S. - Total						261,773,484	0	0	0	0	24,591,994	0
0799999.	Total - General Account - Authorized - Affiliates						261,773,484	0	0	0	0	24,591,994	0
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
22667	95-2371728	.08/01/2005	ACE American Ins Co	PA	OTH/G	OH	(4,117)	152					
71439	38-1843471	.07/01/2003	Assurity Life Insurance Compnay	NE	QA/I	STDI	78,120	10,866	1,523,952				
37273	39-1338397	.10/01/2012	AXIS Insurance Company	IL	QA/G	SLEL	3,659,193						
61883	42-0884060	.10/01/2002	Central United Life Insurance Company	AR	QA/I	STDI	8,521	1,741	167,429				
62359	36-1824600	.11/01/2002	Constitution Life Insurance Company	TX	QA/I	MS	2,496,890	369,763	383,374				
26921	22-2005057	.08/01/2005	Everest Reinsurance Company	DE	OTH/G	A		11,684					
70939	13-2611847	.01/01/2005	Gerber Life Insurance Company	NY	OTH/G	SLEL	2,444,251						
88340	59-2859797	.01/01/2011	Hannover Life Re	FL	QA/G	SLEL	44,533,632						
65676	35-0472300	.02/01/1984	Lincoln National Life Insurance Co	IN	QA/I	STDI			316,794				
11054	43-1898350	.01/01/2018	Maiden Reinsurance North America Inc	MO	QA/G	SLEL	33,776,190						
38636	13-3031176	.04/01/2012	Partner Reinsurance Co of the US	NY	QA/G	OH	(10,293)	380					
68209	62-0506281	.07/01/1991	Provident Life & Casualty Insurance Company	TN	QA/I	STDI	366,244		21,215,681				
68381	36-0883760	.04/01/2010	Reliance Standard Life Ins Co	IL	QA/G	LTDI	713,455		7,819,584				
93572	43-1235868	.05/01/2015	RGA Reinsurance Company	MO	QA/G	SLEL	478,728						
82627	06-0839705	.05/01/1987	Swiss Re Life and Health America Inc	MO	QA/G	OH			9,229				
82627	06-0839705	.05/01/1977	Swiss Re Life and Health America Inc	MO	OTH/G	OH			644				
19453	13-5616275	.04/01/2019	Transatlantic Reinsurance Company	NY	QA/G	SLEL	346,458						
61425	36-0792925	.05/01/1987	Trustmark Insurance Co (Mutual)	IL	QA/I	STDI	5,700						
62596	31-0252460	.11/12/1982	Union Fidelity Life Ins Co	KS	QA/I	STDI	2,502	5,661					
21113	13-5459190	.04/01/2019	United States Fire Insurance Company	DE	QA/G	OH	471,888	(25)					
63479	58-0869673	.04/01/1992	United Teacher Associates Insurance Co	TX	QA/I	STDI			442,382				
40827	36-3186541	.10/01/2017	Virginia Surety Company Inc	IL	QA/G	OH	20,711						
70335	94-0971150	.01/01/1994	West Coast Life Ins Company	NE	OTH/G	STDI	141,979		(43,558)				
20583	13-1290712	.05/01/2016	XL Reinsurance America, Inc	NY	QA/G	OH	(6,176)	228					
0899999.	Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates						89,523,873	400,451	31,835,511	0	0	0	0
General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	AA-1460040	.10/01/2014	AGA International S.A., Paris, Wallisellen branch (Switzerland)	CHE	QA/G	OH			50,973				
00000	AA-1126033	.12/01/2004	Lloyds Syndicate #0033	GBR	QA/G	SLEL	105,206						
00000	AA-1126033	.12/01/2004	Lloyds Syndicate #0033	GBR	QA/G	OH	272,378	61					
00000	AA-1126457	.12/01/2006	Lloyds Syndicate #0457	GBR	QA/G	SLEL	35,731						
00000	AA-1126457	.12/01/2006	Lloyds Syndicate #0457	GBR	QA/G	OH	92,511	20					
00000	AA-1126510	.12/01/2004	Lloyds Syndicate #0510	GBR	QA/G	SLEL	105,206						

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
00000	AA-1126510	.12/01/2004	Lloyds Syndicate #0510	GBR	QA/G	OH	272,378	61					
00000	AA-1126780	.12/01/2014	Lloyds Syndicate #0780	GBR	QA/G	OH	(319)	40					
00000	AA-1126958	.04/01/2014	Lloyds Syndicate #0958	GBR	QA/G	OH	51						
00000	AA-1127183	.01/01/2005	Lloyds Syndicate #1183	GBR	QA/G	OH	511						
00000	AA-1127200	.01/01/2010	Lloyds Syndicate #1200	GBR	QA/G	SLEL	21,835						
00000	AA-1127200	.01/01/2010	Lloyds Syndicate #1200	GBR	QA/G	OH	56,536	12					
00000	AA-1127206	.04/01/2010	Lloyds Syndicate #1206	GBR	QA/G	SLEL	40,197						
00000	AA-1127206	.04/01/2010	Lloyds Syndicate #1206	GBR	QA/G	OH	104,207	6					
00000	AA-1127861	.12/01/2012	Lloyds Syndicate #1861	GBR	QA/G	OH	306						
00000	AA-1128001	.01/01/2005	Lloyds Syndicate #2001	GBR	QA/G	SLEL	49,625						
00000	AA-1128001	.01/01/2005	Lloyds Syndicate #2001	GBR	QA/G	OH	128,483	28					
00000	AA-1128003	.05/01/2016	Lloyds Syndicate #2003	GBR	QA/G	OH	(319)	40					
00000	AA-1120104	.12/01/2011	Lloyds Syndicate #2012	GBR	QA/G	SLEL	21,835						
00000	AA-1120104	.12/01/2011	Lloyds Syndicate #2012	GBR	QA/G	OH	56,536	12					
00000	AA-1128488	.12/01/2004	Lloyds Syndicate #2488	GBR	QA/G	OH	511						
00000	AA-1128987	.12/01/2004	Lloyds Syndicate #2987	GBR	QA/G	OH	(639)	80					
00000	AA-1120055	.03/01/2010	Lloyds Syndicate #3623	GBR	QA/G	SLEL	53,099						
00000	AA-1120055	.03/01/2010	Lloyds Syndicate #3623	GBR	QA/G	OH	137,156	70					
00000	AA-1120075	.12/01/2006	Lloyds Syndicate #4020	GBR	QA/G	SLEL	105,206						
00000	AA-1120075	.12/01/2006	Lloyds Syndicate #4020	GBR	QA/G	OH	272,303	70					
00000	AA-1126004	.12/01/2006	Lloyds Syndicate #4444	GBR	QA/G	SLEL	18,362						
00000	AA-1126004	.12/01/2006	Lloyds Syndicate #4444	GBR	QA/G	OH	47,493	10					
00000	AA-1126006	.01/01/2005	Lloyds Syndicate #4472	GBR	QA/G	SLEL	105,206						
00000	AA-1126006	.01/01/2005	Lloyds Syndicate #4472	GBR	QA/G	OH	272,378	61					
00000	AA-1120090	.05/01/2016	Lloyds Syndicate #4711	GBR	QA/G	OH	(85)	11					
00000	AA-1126003	.08/01/2008	Lloyds Syndicate #5000	GBR	QA/G	SLEL	72,948						
00000	AA-1126003	.08/01/2008	Lloyds Syndicate #5000	GBR	QA/G	OH	188,985	26					
00000	AA-1120080	.11/17/2017	Lloyd's Syndicate 5151	GBR	QA/G	OH	(434)	16					
00000	AA-1121468	.12/01/2017	Trident Insurance Company Ltd	GBR	QA/G	OH	40,997	16					
0999999	Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates						2,676,376	640	50,973	0	0	0	0
1099999	Total - General Account - Authorized - Non-Affiliates						92,200,250	401,091	31,886,483	0	0	0	0
1199999	Total - General Account - Authorized						353,973,734	401,091	31,886,483	0	0	24,591,994	0
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates													
00000	45-2207399	.06/01/2014	Fringe Re, LLC	MT	QA/G	SLEL	14,679,083						
00000	85-4353285	.01/01/2021	TMS Re Captive Ins Co - QA-G - SLEL	MT	QA/G	SLEL	8,058,202						
1999999	Total - General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates						22,737,285	0	0	0	0	0	0
General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates													
00000	98-1502043	.01/01/2019	Black Sands Reinsurance	BRB	QA/G	SLEL	6,110,806						

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
00000.....	AA-3770280...	.01/01/2016	Greenlight Reinsurance, Ltd.....	CYM.....	QA/G.....	OH.....	638,294	.....	.....	.....	.....	.....	.....
00000.....	AA-3194213...	.10/01/2012	Roundstone Insurance.....	BMU.....	OTH/G.....	SLEL.....	63,555,155	.....	.....	.....	.....	.....	.....
2099999.	Total - General Account - Unauthorized - Non-Affiliates - Non-U.S. Non-Affiliates.....			.....	.....	.....	70,304,254	0	0	0	0	0	0
2199999.	Total - General Account - Unauthorized - Non-Affiliates.....			.....	.....	.....	93,041,539	0	0	0	0	0	0
2299999.	Total - General Account - Unauthorized.....			.....	.....	.....	93,041,539	0	0	0	0	0	0
4599999.	Total - General Account - Authorized, Reciprocal Jurisdiction, Unauthorized and Certified.....			.....	.....	.....	447,015,273	401,091	31,886,483	0	0	24,591,994	0
9199999.	Total - U.S.....			.....	.....	.....	374,034,642	400,451	31,835,511	0	0	24,591,994	0
9299999.	Total - Non-U.S.....			.....	.....	.....	72,980,631	640	50,973	0	0	0	0
9999999.	Total.....			.....	.....	.....	447,015,273	401,091	31,886,483	0	0	24,591,994	0

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Total (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9 + 11 + 12 + 13 + 14 But Not in Excess of Col. 8
General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates														
00000	AA-3190878	.07/01/2002	Wilton Reinsurance Bermuda Ltd	1,048,228	13,493		1,061,721	1,035,000						1,035,000
0999999.	Total - General Account - Life and Annuity - Non-Affiliates - Non-U.S. Non-Affiliates			1,048,228	13,493	0	1,061,721	1,035,000	XXX	0	0	0	0	1,035,000
1099999.	Total - General Account - Life and Annuity - Non-Affiliates			1,048,228	13,493	0	1,061,721	1,035,000	XXX	0	0	0	0	1,035,000
1199999.	Total - General Account - Life and Annuity			1,048,228	13,493	0	1,061,721	1,035,000	XXX	0	0	0	0	1,035,000
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates														
00000	45-2207399.	.06/01/2014	Fringe Re, LLC		587,924		587,924	800,019						587,924
00000	85-4353285.	.01/01/2021	TMS Re Captive Ins Co - QA-G - SLEL		4,831,740		4,831,740	1,500,000		2,262,806				3,762,806
1999999.	Total - General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates			0	5,419,664	0	5,419,664	2,300,019	XXX	2,262,806	0	0	0	4,350,730
General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates														
00000	98-1502043.	.01/01/2019	Black Sands Reinsurance		2,546,579		2,546,579			3,463,672				2,546,579
00000	AA-3770280	.01/01/2016	Greenlight Reinsurance, Ltd		4,182,357		4,182,357	8,632,431						4,182,357
00000	AA-3194213	.10/01/2012	Roundstone Insurance		11,675,200		11,675,200			12,432,854				11,675,200
2099999.	Total - General Account - Accident and Health - Non-Affiliates - Non-U.S. Non-Affiliates			0	18,404,136	0	18,404,136	8,632,431	XXX	15,896,526	0	0	0	18,404,136
2199999.	Total - General Account - Accident and Health - Non-Affiliates			0	23,823,800	0	23,823,800	10,932,450	XXX	18,159,332	0	0	0	22,754,866
2299999.	Total - General Account - Accident and Health			0	23,823,800	0	23,823,800	10,932,450	XXX	18,159,332	0	0	0	22,754,866
2399999.	Total - General Account			1,048,228	23,837,293	0	24,885,521	11,967,450	XXX	18,159,332	0	0	0	23,789,866
3599999.	Total - U.S.			0	5,419,664	0	5,419,664	2,300,019	XXX	2,262,806	0	0	0	4,350,730
3699999.	Total - Non-U.S.			1,048,228	18,417,629	0	19,465,857	9,667,431	XXX	15,896,526	0	0	0	19,439,136
9999999.	Total			1,048,228	23,837,293	0	24,885,521	11,967,450	XXX	18,159,332	0	0	0	23,789,866

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
001	1	111025013	Wells Fargo Bank, N.A	1,035,000
002	1	111907940	Horizon Bank, SSB	800,019
003	1	021000089	Citibank New York	8,632,431
004	1	042200910	First Financial Bank, Cincinnati, Ohio	1,500,000

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year ($000 Omitted)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	Collateral							23	24	25	26
															16	17	18	19	20	21	22				
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Domiciliary Jurisdiction	Certified Reinsurer Rating 1 thru 6)	Effective Date of Certified Reinsurer Rating	Percent Collateral Required for Full Credit (0% - 100%)	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total Recoverable Reserve Credit Taken (Cols. 9 + 10 + 11)	Miscellaneous Balances (Credit)	Net Obligation Subject to Collateral (Col. 12 - 13)	Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Multiple Beneficiary Trust	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Total Collateral Provided (Cols. 16 + 17 + 19 + 20 + 21)	Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8, not to Exceed 100%)	Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	Liability for Reinsurance with Certified Reinsurers Due to Collateral Deficiency (Col. 14 - Col. 25)

NONE

SCHEDULE S - PART 6

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

		1 2021	2 2020	3 2019	4 2018	5 2017
A.	**OPERATIONS ITEMS**					
1.	Premiums and annuity considerations for life and accident and health contracts	1,199,713	1,208,638	1,111,293	1,018,120	856,708
2.	Commissions and reinsurance expense allowances	119,751	115,074	81,953	80,082	62,140
3.	Contract claims	437,176	436,812	446,209	398,992	293,127
4.	Surrender benefits and withdrawals for life contracts	42,484	38,037	43,608	53,865	45,608
5.	Dividends to policyholders and refunds to members	448	731	749	761	708
6.	Reserve adjustments on reinsurance ceded	(10,594)	(3,744)	1,506	(11,109)	(25,666)
7.	Increase in aggregate reserves for life and accident and health contracts	(55,349)	(233,555)	(392,868)	437,600	(123,515)
B.	**BALANCE SHEET ITEMS**					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	27,655	25,392	27,355	22,922	25,227
9.	Aggregate reserves for life and accident and health contracts	460,912	516,828	748,634	1,142,542	706,195
10.	Liability for deposit-type contracts	23	24	34	49	63
11.	Contract claims unpaid	82,142	69,637	62,415	42,958	39,723
12.	Amounts recoverable on reinsurance	9,342	9,477	7,846	16,600	9,736
13.	Experience rating refunds due or unpaid	729	542	583	54	17
14.	Policyholders' dividends and refunds to members (not included in Line 10)					
15.	Commissions and reinsurance expense allowances due	241	379	488	882	788
16.	Unauthorized reinsurance offset	1,096	189	826	132	89
17.	Offset for reinsurance with certified reinsurers					
C.	**UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
18.	Funds deposited by and withheld from (F)					
19.	Letters of credit (L)	11,967	15,643	10,100	6,700	4,150
20.	Trust agreements (T)	18,159	22,206	23,250	21,846	17,714
21.	Other (O)					
D.	**REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)**					
22.	Multiple beneficiary trust					
23.	Funds deposited by and withheld from (F)					
24.	Letters of credit (L)					
25.	Trust agreements (T)					
26.	Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	52,140,392,865		52,140,392,865
2.	Reinsurance (Line 16)	28,272,921	(28,272,921)	0
3.	Premiums and considerations (Line 15)	64,870,287	27,655,437	92,525,724
4.	Net credit for ceded reinsurance	XXX	313,799,256	313,799,256
5.	All other admitted assets (balance)	1,227,210,410		1,227,210,410
6.	Total assets excluding Separate Accounts (Line 26)	53,460,746,483	313,181,772	53,773,928,255
7.	Separate Account assets (Line 27)	125,371,670,238		125,371,670,238
8.	Total assets (Line 28)	178,832,416,721	313,181,772	179,145,598,493
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Lines 1 and 2)	38,944,773,316	460,931,091	39,405,704,407
10.	Liability for deposit-type contracts (Line 3)	3,798,530,839	(24,644)	3,798,506,195
11.	Claim reserves (Line 4)	192,087,547	82,141,585	274,229,132
12.	Policyholder dividends/member refunds/reserves (Lines 5 through 7)	31,680,641		31,680,641
13.	Premium & annuity considerations received in advance (Line 8)	3,007,924		3,007,924
14.	Other contract liabilities (Line 9)	248,581,722	(228,770,605)	19,811,117
15.	Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	1,095,655	(1,095,655)	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)	1,149,597,502		1,149,597,502
20.	Total liabilities excluding Separate Accounts (Line 26)	44,369,355,146	313,181,772	44,682,536,918
21.	Separate Account liabilities (Line 27)	125,371,670,238		125,371,670,238
22.	Total liabilities (Line 28)	169,741,025,384	313,181,772	170,054,207,156
23.	Capital & surplus (Line 38)	9,091,391,337	XXX	9,091,391,337
24.	Total liabilities, capital & surplus (Line 39)	178,832,416,721	313,181,772	179,145,598,493
	NET CREDIT FOR CEDED REINSURANCE			
25.	Contract reserves	460,931,091		
26.	Claim reserves	82,141,585		
27.	Policyholder dividends/reserves	0		
28.	Premium & annuity considerations received in advance	0		
29.	Liability for deposit-type contracts	(24,644)		
30.	Other contract liabilities	(228,770,605)		
31.	Reinsurance ceded assets	28,272,921		
32.	Other ceded reinsurance recoverables	0		
33.	Total ceded reinsurance recoverables	342,550,348		
34.	Premiums and considerations	27,655,437		
35.	Reinsurance in unauthorized companies	1,095,655		
36.	Funds held under reinsurance treaties with unauthorized reinsurers	0		
37.	Reinsurance with certified reinsurers	0		
38.	Funds held under reinsurance treaties with certified reinsurers	0		
39.	Other ceded reinsurance payables/offsets	0		
40.	Total ceded reinsurance payables/offsets	28,751,092		
41.	Total net credit for ceded reinsurance	313,799,256		

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1.	Alabama AL	25,202,767	135,373,645	3,786			160,580,198
2.	Alaska AK	150,973	7,563,807				7,714,780
3.	Arizona AZ	42,853,905	465,944,475	9,481			508,807,861
4.	Arkansas AR	3,030,466	63,071,775	(47)			66,102,194
5.	California CA	91,275,665	1,093,645,149	4,270			1,184,925,084
6.	Colorado CO	18,742,690	245,979,245	198			264,722,133
7.	Connecticut CT	5,985,143	240,477,608	1,262			246,464,013
8.	Delaware DE	315,870,034	30,619,058	21,184			346,510,276
9.	District of Columbia DC	497,101	11,125,550	(768)			11,621,883
10.	Florida FL	121,451,519	1,443,077,454	8,530			1,564,537,503
11.	Georgia GA	101,576,325	231,978,485	20,798			333,575,608
12.	Hawaii HI	6,747,727	41,355,130				48,102,857
13.	Idaho ID	544,288	53,864,146	465			54,408,899
14.	Illinois IL	43,869,598	526,063,866	(3,702)			569,929,762
15.	Indiana IN	17,099,906	217,983,605	(1,216)			235,082,295
16.	Iowa IA	36,326,973	67,898,817	4,534			104,230,324
17.	Kansas KS	3,060,441	75,194,983	417,780			78,673,204
18.	Kentucky KY	10,845,398	102,302,138	21,738			113,169,274
19.	Louisiana LA	8,990,086	142,694,144	3,800			151,688,030
20.	Maine ME	794,334	33,638,183				34,432,517
21.	Maryland MD	21,350,888	279,158,843	61,574			300,571,305
22.	Massachusetts MA	12,501,867	351,158,918	(12,004)			363,648,781
23.	Michigan MI	17,779,876	334,287,475	116,614			352,183,965
24.	Minnesota MN	21,899,874	137,211,380	11,614			159,122,868
25.	Mississippi MS	1,832,826	41,286,927				43,119,753
26.	Missouri MO	5,749,509	114,409,471	81,398			120,240,378
27.	Montana MT	800,103	23,959,060	7,353			24,766,516
28.	Nebraska NE	1,676,999	39,404,586	6,408			41,087,993
29.	Nevada NV	2,670,114	75,963,768	80			78,633,962
30.	New Hampshire NH	1,416,792	55,358,548	3,348			56,778,688
31.	New Jersey NJ	23,086,176	394,236,180	38,322			417,360,678
32.	New Mexico NM	368,732	31,916,245	5,168			32,290,145
33.	New York NY	206,025,673	1,153,542,069	425,383			1,359,993,125
34.	North Carolina NC	146,662,476	237,663,395	66,268			384,392,139
35.	North Dakota ND	20,569,163	29,028,279	428			49,597,870
36.	Ohio OH	45,380,605	795,731,434	34,153		4,576,776,331	5,417,922,523
37.	Oklahoma OK	2,548,297	132,269,133	313			134,817,743
38.	Oregon OR	10,028,463	86,042,281	390			96,071,134
39.	Pennsylvania PA	53,241,902	587,658,848	631,805			641,532,555
40.	Rhode Island RI	2,365,709	48,635,083	1,164			51,001,956
41.	South Carolina SC	11,542,631	111,439,999	(1,240)			122,981,390
42.	South Dakota SD	725,979	11,610,437	5,425			12,341,841
43.	Tennessee TN	14,740,432	144,941,753	39,062			159,721,247
44.	Texas TX	52,777,152	638,634,490	19,257			691,430,899
45.	Utah UT	3,514,250	42,714,544	1,098			46,229,892
46.	Vermont VT	1,119,949	23,138,525	23,571			24,282,045
47.	Virginia VA	46,311,538	165,102,597	14,795			211,428,930
48.	Washington WA	3,588,925	145,924,430	(176)			149,513,179
49.	West Virginia WV	5,645,213	39,146,480	38,666			44,830,359
50.	Wisconsin WI	7,947,440	208,410,482	2,434			216,360,356
51.	Wyoming WY	581,462	7,350,209	9,766			7,941,437
52.	American Samoa AS	31,114					31,114
53.	Guam GU	153	8,204				8,357
54.	Puerto Rico PR	238,338	54,506,115				54,744,453
55.	US Virgin Islands VI	11,881	183,946				195,827
56.	Northern Mariana Islands MP						0
57.	Canada CAN	117,012	163,423				280,435
58.	Aggregate Other Alien OT	576,363	100,011				676,374
59.	Totals	1,602,341,215	11,772,148,831	2,144,530	0	4,576,776,331	17,953,410,907

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Members															
0140	Nationwide		31-1486309..	n/a			10 W. Nationwide, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			1000 Yard Street, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			1015 Long Street, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			1050 Yard Street, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			1125 Rail Street, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1733036..	n/a			120 Acre Partners, LLC	DE	NIA	Nationwide Realty Investors, Ltd	ownership	95.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		20-4939866..	n/a			1125 Yard Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939867..	n/a			1175 Bobcat, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		26-2451988..	n/a			1492 Capital, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			111 Rivulon Boulevard, LLC	OH	NIA	NRI-Rivulon, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			155 Rivulon Boulevard, LLC	OH	NIA	NRI-Rivulon, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			161 Rivulon Boulevard, LLC	OH	NIA	NRI-Rivulon, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			170 Marconi, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			245 Parks Edge Place, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			275 Rivulon Boulevard, LLC	OH	NIA	NRI-Rivulon, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			300 Rivulon Boulevard, LLC	OH	NIA	NRI-Rivulon, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			310 Rivulon Boulevard, LLC	OH	NIA	NRI-Rivulon, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			343 N. Front, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			400 Rivulon Boulevard, LLC	OH	NIA	NRI-Rivulon, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			400 West Nationwide Boulevard, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			410 Rivulon Boulevard, LLC	OH	NIA	NRI-Rivulon, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			425 West Nationwide Boulevard, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			44 Chestnut, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		38-4118665..	n/a			500 Neil Avenue, LLC	OH	NIA	NWD HP, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		38-4118665..	n/a			515 Kilbourne Street, LLC	OH	NIA	NWD HP, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		87-1954007..	n/a			525 Cleveland Avenue, LLC	OH	NIA	Nationwide Financial Services, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			735 Bobcat Avenue, LLC	OH	NIA	GVY Residential, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			75 Rivulon Boulevard, LLC	OH	NIA	NRI-Rivulon, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			775 Yard Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			777 Swan Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			780 Yard Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			795 Rail Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			800 Bobcat Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			800 Goodale Boulevard, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			800 Yard Street, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			805 Bobcat Avenue, LLC	OH	NIA	GVY Residential, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	

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0140	Nationwide		20-4939866..	n/a			808 Yard Street, LLC	OH	NIA	GVY Residential, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			820 Goodale Boulevard, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			825 Junction Way, LLC	OH	NIA	GVY Residential, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			828 Bobcat Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			840 Third Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			840 Yard Street, LLC	OH	NIA	GVY Residential, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			845 Yard Street, LLC	OH	NIA	GVY Residential, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			860 Third Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			880 Third Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			880 Yard Street, LLC	OH	NIA	GVY Residential, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			895 W. Third Avenue, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			950 Dorchester Way, LLC	OH	NIA	GVY Residential, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			950 Goodale Boulevard, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			960 Bobcat Avenue, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			975 Rail Street, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			995 Yard Street, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			18615 Claret Drive, LLC	OH	NIA	NRI Cavasson, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			18700 Hayden Road, LLC	OH	NIA	NRI Cavasson, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			AD DORA, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			ADTV, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		52-2227314..	n/a			AGMC Reinsurance, Ltd	TCA	NIA	Nationwide Advantage Mortgage Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		42-0958655..	n/a			ALLIED Group, Inc	IA	IA	Allied Holdings (Delaware), Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		46-4628790..	n/a			Allied Holdings (Delaware), Inc	DE	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	YES	
0140	Nationwide	10127...	27-0114983..	n/a			ALLIED Insurance Company of America	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	42579...	42-1201931..	n/a			ALLIED Property and Casualty Insurance Company	IA	IA	ALLIED Group, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		42-1527863..	n/a			ALLIED Texas Agency, Inc	TX	IA	AMCO Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	19100...	42-6054959..	n/a			AMCO Insurance Company	IA	IA	ALLIED Group, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		59-1031596..	n/a			American Marine Underwriters, Inc	FL	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		81-4532504..	n/a			American Tax Credit Fund 2017-A, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		82-2001573..	n/a			American Tax Credit Fund 2017-B, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		82-4591498..	n/a			American Tax Credit Fund 2018-A, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		83-0606592..	n/a			American Tax Credit Fund 2018-B, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		83-0620232..	n/a			American Tax Credit Fund 2018-C, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		83-3900932..	n/a			American Tax Credit Fund 2019-A, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		83-3953721..	n/a			American Tax Credit Fund 2019-B, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	

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0140	Nationwide		84-3443067	n/a			American Tax Credit Fund 2020-A, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		85-2359702	n/a			American Tax Credit Fund 2020-B, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		85-2649655	n/a			American Tax Credit Fund 2021-A, LLC (fka American Tax Credit Fund 2020-C, LLC)	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		86-2502912	n/a			American Tax Credit Fund 2021-B, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		87-1349942	n/a			American Tax Credit Fund 2021-C, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283	n/a			Arena District CA I, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
			90-0280710	n/a			Arena District Owners Association	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	NO	2
0140	Nationwide		31-1486309	n/a			Ballantrae Woods, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309	n/a			Cavasson Hotel, LLC	OH	NIA	Cavasson Hotel Holdings, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309	n/a			Cavasson Hotel Holdings, LLC	OH	NIA	NRI Cavasson, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-1618232	n/a			CNRI-Cannonsport Condominium, LLC	OH	NIA	CNRI-Cannonsport, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-1618232	n/a			CNRI-Cannonsport, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	29262	74-1061659	n/a			Colonial County Mutual Insurance Company	TX	IA	Other non-Nationwide	contract		Other non-Nationwide	NO	2
0140	Nationwide		31-1486309	n/a			Cottages at Hyatts LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	18961	68-0066866	n/a			Crestbrook Insurance Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309	n/a			Crewville, Ltd	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		84-5052608	n/a			Danforth, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	42587	42-1207150	n/a			Depositors Insurance Company	IA	IA	ALLIED Group, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
			46-4104813	n/a			Discover Affordable Housing Investment Fund I LLC	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	NO	2
0140	Nationwide		33-0096671	n/a			DVM Insurance Agency	CA	NIA	Veterinary Pet Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	15821	47-4523959	n/a			Eagle Captive Reinsurance, LLC	OH	IA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-1945276	n/a			East of Madison, LLC	DE	NIA	120 Acre Partners, Ltd	ownership	24.910	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		20-1945276	n/a			East of Madison, LLC	DE	NIA	ND La Quinta Partners, LLC	ownership	75.090	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		26-3260559	n/a			E-Risk Services, L.L.C	DE	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	22209	75-6013587	n/a			Freedom Specialty Insurance Company	OH	IA	Scottsdale Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866	n/a			Grandview Yard Hotel Holdings, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866	n/a			Grandview Yard Hotel, LLC	OH	NIA	Grandview Yard Hotel Holdings, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866	n/a			GVY Residential, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309	n/a			Harlem Road Developers, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		51-0241172	n/a			Harleysville Group Inc	DE	NIA	Allied Holdings (Delaware), Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	23582	41-0417250	n/a			Harleysville Insurance Company	OH	IA	Harleysville Group, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	42900	23-2253669	n/a			Harleysville Insurance Company of New Jersey	NJ	IA	Harleysville Group, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	10674	23-2864924	n/a			Harleysville Insurance Company of New York	OH	IA	Harleysville Group, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	

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0140	Nationwide	14516...	38-3198542..	n/a			Harleysville Lake States Insurance Company	MI	IA	Harleysville Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	64327...	23-1580983..	n/a			Harleysville Life Insurance Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	35696...	23-2384978..	n/a			Harleysville Preferred Insurance Company	OH	IA	Harleysville Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	26182...	04-1989660..	n/a			Harleysville Worcester Insurance Company	OH	IA	Harleysville Group, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		32-0051216..	n/a			Hideaway Properties Corporation	CA	NIA	Nationwide Realty Investors, Ltd.	ownership	50.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		20-3289512..	n/a			Jefferson National Financial Corp.	DE	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	YES	
0140	Nationwide	64017...	75-0300900..	n/a			Jefferson National Life Insurance Company	TX	IA	Jefferson National Financial Corporation	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	15727...	47-1180302..	n/a			Jefferson National Life Insurance Company of New York	NY	IA	Jefferson National Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		61-1340595..	n/a			Jefferson National Securities Corporation	DE	NIA	Jefferson National Financial Corporation	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			Jerome Village Company, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			JV Developers, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		74-1395229..	n/a			Lone Star General Agency, Inc.	TX	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	11991...	38-0865250..	n/a			National Casualty Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		AC000920....	n/a			National Casualty Company of America, Ltd.	GBR	IA	National Casualty Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		42-1154244..	n/a			Nationwide Advantage Mortgage Company	IA	NIA	AMCO Insurance Company	ownership	87.300	Nationwide Mutual Insurance Company	YES	1
0140	Nationwide		42-1154244..	n/a			Nationwide Advantage Mortgage Company	IA	NIA	ALLIED Property & Casualty Insurance Company	ownership	8.470	Nationwide Mutual Insurance Company	YES	1
0140	Nationwide		42-1154244..	n/a			Nationwide Advantage Mortgage Company	IA	NIA	Depositors Insurance Company	ownership	4.230	Nationwide Mutual Insurance Company	YES	1
0140	Nationwide	26093...	48-0470690..	n/a			Nationwide Affinity Insurance Company of America	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	28223...	42-1015537..	n/a			Nationwide Agribusiness Insurance Company	IA	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1578869..	n/a			Nationwide Arena, LLC	OH	NIA	NRI Arena, LLC	ownership	90.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		20-8670712..	n/a			Nationwide Asset Management, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	10723...	95-0639970..	n/a			Nationwide Assurance Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1036287..	n/a			Nationwide Cash Management Company	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-4416546..	n/a			Nationwide Corporation	OH	NIA	Nationwide Mutual Insurance Company	ownership	95.200	Nationwide Mutual Insurance Company	YES	1
0140	Nationwide		31-4416546..	n/a			Nationwide Corporation	OH	NIA	Nationwide Mutual Fire Insurance Company	ownership	4.800	Nationwide Mutual Insurance Company	YES	1
0140	Nationwide		31-1667326..	n/a			Nationwide Financial Assignment Company	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		23-2412039..	n/a			Nationwide Financial General Agency, Inc.	PA	NIA	NFS Distributors, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-6554353..	n/a			Nationwide Financial Services Capital Trust	DE	NIA	Nationwide Financial Services, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486870..	n/a			Nationwide Financial Services, Inc.	DE	UDP	Nationwide Corporation	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		52-6969857..	n/a			Nationwide Fund Advisors	DE	NIA	Nationwide Financial Services, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1748721..	n/a			Nationwide Fund Distributors LLC	DE	NIA	NFS Distributors, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-0900518..	n/a			Nationwide Fund Management LLC	DE	NIA	NFS Distributors, Inc.	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	23760...	31-4425763..	n/a			Nationwide General Insurance Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	10070...	31-1399201..	n/a			Nationwide Indemnity Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	

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0140	Nationwide	25453...	95-2130882..	n/a			Nationwide Insurance Company of America	OH	IA	ALLIED Group, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	10948...	31-1613686..	n/a			Nationwide Insurance Company of Florida	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		41-2206199..	n/a			Nationwide Investment Advisors, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		73-0988442..	n/a			Nationwide Investment Services Corporation	OK	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	YES	
0140	Nationwide	92657...	31-1000740..	n/a			Nationwide Life and Annuity Insurance Company	OH	IA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	66869...	31-4156830..	n/a			Nationwide Life Insurance Company	OH	RE	Nationwide Financial Services, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		13-4212969..	n/a			Nationwide Life Tax Credit Partners 2002-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		01-0749754..	n/a			Nationwide Life Tax Credit Partners 2002-B, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		54-2113175..	n/a			Nationwide Life Tax Credit Partners 2003-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		58-2672725..	n/a			Nationwide Life Tax Credit Partners 2003-B, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		20-0382144..	n/a			Nationwide Life Tax Credit Partners 2004-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		20-0745965..	n/a			Nationwide Life Tax Credit Partners 2004-C, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		20-1918935..	n/a			Nationwide Life Tax Credit Partners 2004-F, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		20-2303694..	n/a			Nationwide Life Tax Credit Partners 2005-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		20-2303602..	n/a			Nationwide Life Tax Credit Partners 2005-B, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		20-2450960..	n/a			Nationwide Life Tax Credit Partners 2005-C, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		20-2774223..	n/a			Nationwide Life Tax Credit Partners 2005-E, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		21-1288836..	n/a			Nationwide Life Tax Credit Partners 2007-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		26-3427479..	n/a			Nationwide Life Tax Credit Partners 2009-C, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		26-3427525..	n/a			Nationwide Life Tax Credit Partners 2009-D, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		27-1362364..	n/a			Nationwide Life Tax Credit Partners 2009-I, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1

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0140	Nationwide		45-0469525..	n/a			Nationwide Life Tax Credit Partners No. 1, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide	42110...	75-1780981..	n/a			Nationwide Lloyds	TX	IA	n/a	contract		Nationwide Mutual Insurance Company	NO	2
0140	Nationwide		42-1373380..	n/a			Nationwide Sales Solutions, Inc. (fka Nationwide Member Solutions Agency Inc.)	IA	NIA	ALLIED Group, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		75-3191025..	n/a			Nationwide Mutual Capital, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	23779...	31-4177110..	n/a			Nationwide Mutual Fire Insurance Company	OH	IA	Other non-Nationwide	n/a		Other non-Nationwide	NO	2
0140	Nationwide	23787...	31-4177100..	n/a			Nationwide Mutual Insurance Company	OH	UIP	Other non-Nationwide	n/a		Other non-Nationwide	NO	2
0140	Nationwide		34-2012765..	n/a			Nationwide Private Equity Fund, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	37877...	31-0970750..	n/a			Nationwide Property and Casualty Insurance Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			Nationwide Realty Investors, Ltd	OH	NIA	Nationwide Mutual Insurance Company	ownership	97.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		31-1486309..	n/a			Nationwide Realty Investors, Ltd	OH	NIA	Nationwide Indemnity Company	ownership	3.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		31-1486309..	n/a			Nationwide Realty Management, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		n/a	n/a			Nationwide Realty Services, Ltd	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		73-0948330..	n/a			Nationwide Retirement Solutions, Inc	DE	NIA	NFS Distributors, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		83-2250056..	n/a			Nationwide SBL, LLC	OH	NIA	Nationwide Life and Annuity Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		36-2434406..	n/a			Nationwide Securities, LLC	OH	NIA	NFS Distributors, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-4177100..	n/a			Nationwide Services Company, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		46-1952215..	n/a			Nationwide Tax Credit Partners 2013-A, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		46-1971926..	n/a			Nationwide Tax Credit Partners 2013-B, LLC	OH	NIA	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		31-1592130..	2729677			Nationwide Trust Company, FSB	USA	OTH	Nationwide Financial Services, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	2
0140	Nationwide		20-5976272..	n/a			Nationwide Ventures, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-0871532..	n/a			NBS Insurance Agency, Inc	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		85-4193218..	n/a			NCS Arizona, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		11-3651828..	n/a			ND La Quinta Partners, LLC	DE	NIA	Nationwide Realty Investors, Ltd	ownership	95.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		31-1630871..	n/a			NFS Distributors, Inc	DE	NIA	Nationwide Financial Services, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		82-5195340..	n/a			NLIC REO Holdings, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		82-5194959..	n/a			NMIC REO Holdings, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		46-3762545..	n/a			NNOV8, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			North of Third, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			NRI Arena, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			NRI Brooksedge, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			NRI Builders, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			NRI Cavasson, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	

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0140	Nationwide		31-1486309..	n/a			NRI Communities/Harris Blvd., LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			NRI Corporate Housing, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			NRI Cramer Creek, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866..	n/a			NRI Equity Land Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	80.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		26-0212217..	n/a			NRI Equity Tampa, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			NRI Office Ventures, Ltd	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NRI Telecom, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			NRI-Rivulon, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		90-0729552..	n/a			NTCIF-2011, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	50.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		90-0729552..	n/a			NTCIF-2011, LLC	OH	NIA	Nationwide Mutual Fire Insurance Company	ownership	50.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		27-4700627..	n/a			NTCP 2011-A, LLC	OH	OTH	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	2
0140	Nationwide		46-0741029..	n/a			NTCP 2012-A, LLC	OH	OTH	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	2
0140	Nationwide		46-3309896..	n/a			NTCP 2013-C, LLC	OH	OTH	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	2
0140	Nationwide		46-4111078..	n/a			NTCP 2014-A, LLC	OH	OTH	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	2
0140	Nationwide		47-1404116..	n/a			NTCP 2014-B, LLC	OH	OTH	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	2
0140	Nationwide		47-1413242..	n/a			NTCP 2014-C, LLC	OH	OTH	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	2
0140	Nationwide		47-3909345..	n/a			NTCP 2015-A, LLC	OH	OTH	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	2
0140	Nationwide		47-4148470..	n/a			NTCP 2015-B, LLC	OH	OTH	Nationwide Life Insurance Company	other	0.010	Nationwide Mutual Insurance Company	NO	2
0140	Nationwide		81-3836925..	n/a			NTCP 2016-A, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		82--2015065.	n/a			NTCP 2017-A, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		84-1969518..	n/a			NW Fyrebyrd, LLC	OH	NIA	NNOV8, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		85-3363961..	n/a			NW Next, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		81-0936428..	n/a			NW Private Debt, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		26-1903919..	n/a			NW REI, LLC	DE	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		87-1087011..	n/a			NW-Asheville, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		84-3942108..	n/a			NW-Beloit, LLC	OH	NIA	Nationwide Mutual Fire Insurance Company	ownership	100.000	Nationwide Mutual Fire Insurance Company	NO	
0140	Nationwide		87-0847675..	n/a			NW-Broadway at Surf, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		83-4513883..	n/a			NW-Carothers, LLC	OH	NIA	Nationwide Mutual FIre Insurance Company	ownership	100.000	Nationwide Mutual Fire Insurance Company	NO	
0140	Nationwide		87-3648595..	n/a			NW-Corazon, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		84-2920247..	n/a			NW-Cranberry, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		86-3529884..	n/a			NW-Englewood, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		84-4388876..	n/a			NW-Escalante, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		86-1538532..	n/a			NW-Escalante II, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 205 Vine, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 225 Nationwide, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 230 West, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	

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0140	Nationwide		31-1580283..	n/a			NWD 240 Nationwide, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 250 Brodbelt, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 250 West, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 265 Neil, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 275 Marconi, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 300 Neil, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 300 Spring, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 355 McConnell, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 425 Nationwide, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD 500 Nationwide, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD Arena Crossing, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD Arena District I, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD Arena District II, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD Arena District MM, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD Arena District PW, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD Arena District V, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD Athletic Club, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1580283..	n/a			NWD Brodbelt, LLC	OH	NIA	NWD Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		30-0876022..	n/a			NWD Franklinton, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	80.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		31-4118665..	n/a			NWD HP, LLC	OH	NIA	NWD Investments, LLC	ownership	75.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		31-1580283..	n/a			NWD Investments, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	80.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		35-2642005..	n/a			NWGH, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	75.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		87-3124154..	n/a			NW-Gallatin, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		85-1262262..	n/a			NW-Gator Walk, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		85-0524968..				NW-Groves, LLC	OH	NIA	Nationwide Mutual Fire Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		86-2431839..	n/a			NW-Hub13, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		47-2482818..	n/a			NW-Jasper WAG, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		87-3767006..	n/a			NW-Kingsbury, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		81-5146596..	n/a			NW-Logan, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		87-1565013..	n/a			NW-Midtown, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		84-2937171..	n/a			NW-Naples, LLC	OH	NIA	Nationwide Mutual Fire Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		85-1246853..	n/a			NW-Oakbrook, LLC	OH	NIA	Nationwide Life and Annuity Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		83-2260477..	n/a			NW-ORBPD, LLC	OH	NIA	NW REI (NMFIC), LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		83-0849392..	n/a			NW-Park Place, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		47-1740812..	n/a			NW-Peachtree, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		46-2469044..	n/a			NW-Portales, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (YES/NO)	16 *
0140	Nationwide		47-2449044	n/a			NW-Promenade at Madison, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		83-2173918	n/a			NW-Radius, LLC	OH	NIA	NW REI (NLIC), LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		87-1367836	n/a			NW-Rancho, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		86-3702669	n/a			NW-RPG Cranberry, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		87-0890277	n/a			NW-Ruby, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		87-3273918	n/a			NW-San Marco, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		87-3289289	n/a			NW-San Pablo, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		84-4326171	n/a			NW-Southbank, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		81-3212025	n/a			NW-Springfield, LLC	OH	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		85-0536537	n/a			NW-Sweetwater, LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		46-5764783	n/a			NW-Tysons, LLC	OH	NIA	NW REI, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		81-1603024	n/a			NW REI (NLAIC), LLC	OH	NIA	Nationwide Life and Annuity Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		81-1619428	n/a			NW REI (NLIC), LLC	OH	NIA	Nationwide Life Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		81-1861190	n/a			NW REI (NMFIC), LLC	OH	NIA	Nationwide Mutual Fire Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-0947092	n/a			OCH Company, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
			26-0263012	n/a			Old Track Street Owners Association, Inc	OH	OTH	Other non-Nationwide	n/a		Other non-Nationwide	NO	2
0140	Nationwide	13999	27-1712056	n/a			Olentangy Reinsurance, LLC	VT	IA	Nationwide Life and Annuity Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		47-1923444	n/a			Nationwide Agent Risk Purchasing Group, Inc. (fka On Your Side Nationwide Insurance Agency, Inc.)	OH	NIA	THI Holdings (Delaware), Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309	n/a			Perimeter A, Ltd	OH	NIA	Nationwide Realty Investors, Ltd	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		20-4939866	n/a			Rail Street Parking, LLC	OH	NIA	NRI Equity Land Investments, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		75-2938844	n/a			Registered Investment Advisors Services, Inc	TX	NIA	Nationwide Financial Services, Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		82-0549218	n/a			Retention Alternatives Ltd	BMU	IA	Nationwide Mutual Fire Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309	n/a			Rivulon Hotel I, LLC	OH	NIA	NRI-Rivulon, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309	n/a			Rivulon Hotel II, LLC	OH	NIA	NRI-Rivulon, LLC	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	15580	31-1117969	n/a			Scottsdale Indemnity Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	41297	31-1024978	n/a			Scottsdale Insurance Company	OH	IA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	10672	86-0835870	n/a			Scottsdale Surplus Lines Insurance Company	AZ	IA	Scottsdale Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
			20-3541511	n/a			The Madison Club	CA	OTH	Other non-Nationwide	n/a		Other non-Nationwide	NO	2
0140	Nationwide		31-1610040	n/a			The Waterfront Partners, LLC	OH	NIA	Nationwide Realty Investors, Ltd	ownership	50.000	Nationwide Mutual Insurance Company	NO	1
0140	Nationwide		52-2031677	n/a			THI Holdings (Delaware), Inc	DE	NIA	Nationwide Mutual Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	YES	
0140	Nationwide	36269	86-0619597	n/a			Titan Insurance Company	MI	IA	THI Holdings (Delaware), Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		75-1284530	n/a			Titan Insurance Services, Inc	TX	IA	THI Holdings (Delaware), Inc	ownership	100.000	Nationwide Mutual Insurance Company	NO	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 Federal RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity/Person)	12 Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies)/Person(s)	15 Is an SCA Filing Required? (YES/NO)	16 *
0140	Nationwide		33-0160222..	n/a			V.P.I. Services, Inc.	CA	IA	Veterinary Pet Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	42285	95-3750113..	n/a			Veterinary Pet Insurance Company	OH	IA	Scottsdale Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	42889	34-1394913..	n/a			Victoria Fire & Casualty Company	OH	IA	THI Holdings (Delaware), Inc.	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide	10105	34-1777972..	n/a			Victoria Select Insurance Company	OH	IA	Victoria Fire & Casualty Insurance Company	ownership	100.000	Nationwide Mutual Insurance Company	NO	
0140	Nationwide		31-1486309..	n/a			Wellington Park, LLC	OH	NIA	Nationwide Realty Investors, Ltd.	ownership	100.000	Nationwide Mutual Insurance Company	NO	

Asteri	Explanation
1	For the purposes of this schedule, Nationwide presumed control of these entities because they are owned by at least 10% and are not wholly-owned by a Nationwide entity.
2	Other ownership indicates a non-ownership circumstance by a Nationwide entity.

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
Affiliated Transactions												
	46-4628790	Allied Holding (Delaware), Inc.		164,150							164,150	
10127	27-0114983	Allied Insurance Company of America							*		0	367,545,017
42579	42-1201931	Allied Property & Casualty Insurance Company							*		0	811,815,553
19100	42-6054959	AMCO Insurance Company							*		0	1,184,783,480
29262	74-1061659	Colonial County Mutual Insurance Company									0	251,492,778
18961	68-0066866	Crestbrook Insurance Company		18,000,000					*		18,000,000	640,494,346
42587	42-1207150	Depositors Insurance Company							*		0	714,223,326
15821	47-4523959	Eagle Captive Reinsurance, LLC	(424,000,000)								(424,000,000)	(1,250,559,312)
22209	75-6013587	Freedom Specialty Insurance Company									0	829,539,744
23582	41-0417250	Harleysville Insurance Company							*		0	576,912,478
42900	16-1075588	Harleysville Insurance Company of New Jersey							*		0	217,511,356
10674	23-2864924	Harleysville Insurance Company of New York		25,000,000					*		25,000,000	219,061,545
14516	38-3198542	Harleysville Lake States Insurance Company							*		0	29,280,729
35696	23-2384978	Harleysville Preferred Insurance Company	(5,000,000)						*		(5,000,000)	277,934,685
26182	04-1989660	Harleysville Worcester Insurance Company	(5,500,000)						*		(5,500,000)	555,316,129
	20-3289512	Jefferson National Financial Corp		250,000							250,000	
11991	38-0865250	National Casualty Company		70,000,000							70,000,000	2,115,131,582
26093	48-0470690	Nationwide Affinity Insurance Company of America							*		0	464,611,301
28223	42-1015537	Nationwide Agribusiness Insurance Company							*		0	1,270,941,676
10723	95-0639970	Nationwide Assurance Company							*		0	107,032,598
	31-1486870	Nationwide Financial Services, Inc.	550,000,000								550,000,000	
23760	31-4425763	Nationwide General Insurance Company		12,000,000					*		12,000,000	1,342,894,349
10070	31-1399201	Nationwide Indemnity Company	(900,000,000)						*		(900,000,000)	1,206,159,255
25453	95-2130882	Nationwide Insurance Company of America		68,000,000					*		68,000,000	1,208,176,824
10948	31-1613686	Nationwide Insurance Company of Florida							*		0	32,678,551
92657	31-1000740	Nationwide Life and Annuity Insurance Company		395,000,000							395,000,000	2,181,093,465
66869	31-4156830	Nationwide Life Insurance Company	(126,000,000)	(400,250,000)							(526,250,000)	897,011,439
42110	75-1780981	Nationwide Lloyds							*		0	4,510,238
23779	82-0549218	Nationwide Mutual Fire Insurance Company							*		0	(4,900,745,484)
23787	31-4177100	Nationwide Mutual Insurance Company	938,553,140	(250,911,986)					*		687,641,154	(16,579,796,951)
37877	31-0970750	Nationwide Property & Casualty Insurance Company							*		0	1,424,727,855
	83-2250056	Nationwide SBL, LLC		5,000,000							5,000,000	
	31-4177100	Nationwide Services Co, LLC	(53,140)	4,947,836							4,894,696	
	20-5976272	Nationwide Ventures, LLC		3,750,000							3,750,000	
	31-0871532	NBS Insurance Agency, Inc.	(10,000,000)								(10,000,000)	
	85-4193218	NCS Arizona, LLC		800,000							800,000	
	46-3762545	NNOV8, LLC		48,250,000							48,250,000	
13999	27-1712056	Olentangy Reinsurance, LLC									0	(1,827,545,592)
15580	31-1117969	Scottsdale Indemnity Company	(3,500,000)								(3,500,000)	722,306,525
41297	31-1024978	Scottsdale Insurance Company							*		0	4,726,663,239
10672	86-0835870	Scottsdale Surplus Lines Insurance Company									0	52,944,065

SCHEDULE Y

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

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred under Reinsurance Agreements	10 *	11 Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
36269	86-0619597	Titan Insurance Company	(14,500,000)								(14,500,000)	(254,928)
42285	95-3750113	Veterinary Pet Insurance Company							*		0	122,410,791
42889	34-1394913	Victoria Fire & Casualty Company							*		0	3,333,608
10105	34-1777972	Victoria Select Insurance Company									0	363,739
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

Pooling Information

NAIC Code	Name of Insurer	Pooling %	NAIC Code	Name of Insurer	Pooling %
10127	ALLIED Insurance Company of America		11991	National Casualty Company	1.00%
42579	ALLIED Property and Casualty Insurance Company		10723	Nationwide Assurance Company	
19100	AMCO Insurance Company		23760	Nationwide General Insurance Company	1.00%
18961	Crestbrook Insurance Company		10070	Nationwide Indemnity Company	
42587	Depositors Insurance Company		25453	Nationwide Insurance Company of America	1.00%
23582	Harleysville Insurance Company		10948	Nationwide Insurance Company of Florida	
42900	Harleysville Insurance Company of New Jersey		42110	Nationwide Lloyds	
10674	Harleysville Insurance Company of New York		23779	Nationwide Mutual Fire Insurance Company	23.00%
14516	Harleysville Lake States Insurance Company		23787	Nationwide Mutual Insurance Company	71.00%
35696	Harleysville Preferred Insurance Company		37877	Nationwide Property and Casualty Insurance Company	
26182	Harleysville Worcester Insurance Company		41297	Scottsdale Insurance Company	
26093	Nationwide Affinity Insurance Company of America		42285	Veterinary Pet Insurance Company	
28223	Nationwide Agribusiness Insurance Company	3.00%	42889	Victoria Fire & Casualty Insurance Company	

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownerships	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\ Affiliation of Column 2 over Column 1 (YES/NO)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\ Affiliation of Column 5 over Column 6 (YES/NO)
Allied Insurance Company of America	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Allied Property & Casualty Insurance Company	ALLIED Group, Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
AMCO Insurance Company	ALLIED Group, Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Colonial County Mutual Insurance Company	Lone Star General Agency, Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Crestbrook Insurance Company	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Depositors Insurance Company	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Eagle Captive Reinsurance, LLC	Nationwide Life Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Freedom Specialty Insurance Company	Scottsdale Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Harleysville Insurance Company	Harleysville Group, Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Harleysville Insurance Company of New Jersey	Harleysville Group, Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Harleysville Insurance Company of New York	Harleysville Group, Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Harleysville Lake States Insurance Company	Harleysville Group, Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Harleysville Life Insurance Company	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Harleysville Preferred Insurance Company	Harleysville Group, Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Harleysville Worcester Insurance Company	Harleysville Group, Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Jefferson National Life Insurance Company	Jefferson National Financial Corporation	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Jefferson National Life Insurance Company of New York	Jefferson National Life Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
National Casualty Company	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Nationwide Affinity Insurance Company of America	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Nationwide Agribusiness Insurance Company	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Nationwide Assurance Company	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Nationwide General Insurance Company	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Nationwide Indemnity Company	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Nationwide Insurance Company of America	ALLIED Group, Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Nationwide Insurance Company of Florida	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Nationwide Life and Annuity Insurance Company	Nationwide Life Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Nationwide Life Insurance Company	Nationwide Financial Services, Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Nationwide Lloyds	n/a	n/a	n/a	Nationwide Mutual Insurance Company	Nationwide	n/a	No
Nationwide Mutual Fire Insurance Company	n/a	n/a	n/a	Nationwide Mutual Insurance Company	Nationwide	n/a	No
Nationwide Mutual Insurance Company	n/a	n/a	n/a	Nationwide Mutual Insurance Company	Nationwide	n/a	No
Nationwide Property & Casualty Insurance Company	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Olentangy Reinsurance, LLC	Nationwide Life and Annuity Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Scottsdale Indemnity Company	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Scottsdale Insurance Company	Nationwide Mutual Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater than 10% Ownerships	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\ Affiliation of Column 2 over Column 1 (YES/NO)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\ Affiliation of Column 5 over Column 6 (YES/NO)
Scottsdale Surplus Lines Insurance Company	Scottsdale Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Titan Insurance Company	THI Holdings (Delaware), Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Veterinary Pet Insurance Company	Scottsdale Insurance Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Victoria Fire & Casualty Company	THI Holdings (Delaware), Inc.	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No
Victoria Select Insurance Company	Victoria Fire & Casualty Company	100.000	No	Nationwide Mutual Insurance Company	Nationwide	100.000	No

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will the confidential Risk-Based Capital Report be filed with the NAIC by March 1?	YES
3.	Will the confidential Risk-Based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4.	Will an actuarial opinion be filed by March 1?	YES
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit-Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1? (Not applicable to fraternal benefit societies)	YES
7.	Will the Supplemental Investment Risk Interrogatories be filed by April 1?	YES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

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

	MARCH FILING	
10.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? (Not applicable to fraternal benefit societies)	NO
11.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
12.	Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?	NO
13.	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
14.	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
15.	Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?	YES
16.	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?	YES
17.	Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?	YES
18.	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
19.	Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?	YES
20.	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
21.	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
22.	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?	YES
23.	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?	YES
24.	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?	YES
25.	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
26.	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?	YES
27.	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
28.	Will the Workers' Compensation Carve-Out Supplement be filed by March 1? (Not applicable to fraternal benefit societies)	NO
29.	Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?	YES
30.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
31.	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
32.	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
33.	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
34.	Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1?	YES
35.	Will the Health Care Receivables Supplement be filed with state of domicile and the NAIC by March 1?	NO
	APRIL FILING	
36.	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
37.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
38.	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
39.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
40.	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
41.	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
42.	Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30?	NO
43.	Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
44.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	YES
45.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	YES
46.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	YES
47.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	YES
	AUGUST FILING	
48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES

EXPLANATIONS:

1.

2.

3.

BAR CODE:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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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.

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Overflow Page for Write-Ins

Additional Write-ins for Assets:

	Current Statement Date			4
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31, Prior Year Net Admitted Assets
2504. Prepaid pension costs	77,265,773	71,463,500	5,802,273	4,788,986
2505.			0	
2597. Summary of remaining write-ins for Line 25	77,265,773	71,463,500	5,802,273	4,788,986

Additional Write-ins for Liabilities:

	1 Current Statement Date	2 December 31 Prior Year
2504. Reserve for litigation and contingencies	11,224,413	7,840,013
2505. Reserve for rate stabilizations	16,197,913	15,289,414
2506. Tax credit commitment liabilities	45,426,307	38,664,413
2507. Contingency reserve	190,413,225	147,221,321
2597. Summary of remaining write-ins for Line 25	263,261,858	209,015,161

Additional Write-ins for Summary of Operations:

	1 Current Year	2 Prior Year
2704. Change in rate stabilization reserves	908,499	1,522,280
2705. Change in loss recognition reserves	500,000	600,000
2797. Summary of remaining write-ins for Line 27	1,408,499	2,122,280

Additional Write-ins for Nonadmitted Assets:

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
2504. Disallowed interest maintenance reserve		6,180,966	6,180,966
2597. Summary of remaining write-ins for Line 25	0	6,180,966	6,180,966

Overflow Page for Write-Ins

Additional Write-ins for Analysis of Operations - Summary:

	1 Total	2 Individual Life	3 Group Life	4 Individual Annuities	5 Group Annuities	6 Accident and Health	7 Fraternal	8 Other Lines of Business	9 YRT Mortality Risk Only
2704. Change in rate stabilization reserves	908,499		871,780			36,719			
2705. Change in loss recognition reserves	500,000					500,000			
2797. Summary of remaining write-ins for Line 27	1,408,499	0	871,780	0	0	536,719	0	0	0

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Alabama

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522AL.....	P.....	.....NO...	....123467.....	.08/12/1982	.....	.05/11/2001	.03/01/1995	MEDICARE SUPPLEMENT.....	7,106	337	.....4.7	1	.....	.....	.....0.0	.....
.....YES.....	2121AL.....	A.....	.....NO...	....123467.....	.06/08/1992	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement.....	-	-	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	2122AL.....	B.....	.....NO...	....123467.....	.06/08/1992	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement.....	1,734	.....(300)	.....(17.3)	.....	.....	.....	.....0.0	.....
.....YES.....	2123AL.....	F.....	.....NO...	....123467.....	.06/08/1992	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement.....	9,345	1,713	.....18.3	2	.....	.....	.....0.0	.....
.....YES.....	2129-1.....	C.....	.....NO...	....123467.....	.08/03/1999	.11/06/2002	.05/11/2001	.12/01/2002	Medicare Supplement.....	5,738	6,975	.....121.6	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									23,922	8,724	.....36.5	4	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Arkansas

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	P.....	.....NO...	....123467.....	.08/31/1982	.....	.04/30/2001	.12/01/1989	Medicare Supplement.....	3,422	.....(370)	.....(10.8)	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,422	.....(370)	.....(10.8)	0	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Connecticut

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	2121CT94.....	A.....	.....NO...	....123467.....	.07/28/1992	.11/01/2002	.08/01/2001	.12/01/2001	Medicare Supplement.....	25,441	15,459	.....60.8	10	.....	.....	.....0.0	.....
.....YES.....	2122CT94.....	B.....	.....NO...	....123467.....	.07/28/1992	.11/01/2002	.08/01/2001	.12/01/2001	Medicare Supplement.....	35,730	11,560	.....32.4	8	.....	.....	.....0.0	.....
.....YES.....	2123CT94.....	F.....	.....NO...	....123467.....	.07/28/1992	.11/01/2002	.08/01/2001	.12/01/2001	Medicare Supplement.....	98,371	44,407	.....45.1	14	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									159,542	71,426	.....44.8	32	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Delaware

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	P.....	.....NO...	....123467.....	.09/13/1982	.....	.05/16/2001	.01/01/1991	Medicare Supplement.....	-	-	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Florida

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1524.....	P.....	.....NO...	....123467.....	.12/16/1982	.....	.05/10/2001	.12/01/1991	Medicare Supplement.....	22,443	23,916	.....106.6	10	.....	.....	.....0.0	.....
.....YES.....	2121FL.....	A.....	.....NO...	....123467.....	.03/12/1992	.12/03/2002	.05/10/2001	.12/01/2002	Medicare Supplement.....	3,808	1,548	.....40.6	2	.....	.....	.....0.0	.....
.....YES.....	2122FL.....	B.....	.....NO...	....123467.....	.03/12/1992	.12/03/2002	.05/10/2001	.12/01/2002	Medicare Supplement.....	45,531	33,873	.....74.4	21	.....	.....	.....0.0	.....
.....YES.....	2123FL.....	F.....	.....NO...	....123467.....	.03/12/1992	.12/03/2002	.05/10/2001	.12/01/2002	Medicare Supplement.....	389,901	307,833	.....79.0	128	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									461,683	367,170	.....79.5	161	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Georgia

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869
Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	1522	P	NO	123467	.11/17/1982		.05/31/2001	.07/01/1989	Medicare Supplement	-	-	0.0				0.0	
YES	1924	P	NO	123467	.09/19/1989		.05/31/2001	.07/01/1992	Medicare Supplement	10,612	10,379	97.8	3			0.0	
YES	2121GA	A	NO	123467	.08/28/1992	.11/01/2002	.05/31/2001	.12/01/2002	Medicare Supplement	353	2,702	766.4				0.0	
YES	2122GA	B	NO	123467	.08/28/1992	.11/01/2002	.05/31/2001	.12/01/2002	Medicare Supplement	3,766	159	4.2	1			0.0	
YES	2123GA	F	NO	123467	.08/28/1992	.11/01/2002	.05/31/2001	.12/01/2002	Medicare Supplement	111,147	63,257	56.9	17			0.0	
0199999.	Total Policy Experience on Individual Policies									125,878	76,498	60.8	21	0	0	0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	P.....	.....NO...	....123467.....	.11/20/1982	.....	.06/26/2001	.12/01/1989	Medicare Supplement.....	-	-	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	2122.....	B.....	.....NO...	....123467.....	.05/31/1994	.12/19/2002	.06/26/2001	.12/01/2002	Medicare Supplement.....	-	-	.....0.0	.....	.....	.....	.....0.0	.....
.....YES.....	2123.....	F.....	.....NO...	....123467.....	.05/31/1994	.12/19/2002	.06/26/2001	.12/01/2002	Medicare Supplement.....	-	-	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	P.....	.....NO...	....123467.....	.09/21/1982	.....	.05/21/2001	.12/01/1991	Medicare Supplement.....	7,789	3,041	.....39.1	2	.....	.....	.....0.0	.....
.....YES.....	2121IN.....	A.....	.....NO...	....123467.....	.01/09/1995	.11/04/2002	.05/21/2001	.12/01/2002	Medicare Supplement.....	1,566	1,384	.....88.4	1	.....	.....	.....0.0	.....
.....YES.....	2122IN.....	B.....	.....NO...	....123467.....	.01/09/1995	.11/04/2002	.05/21/2001	.12/01/2002	Medicare Supplement.....	6,354	2,066	.....32.5	2	.....	.....	.....0.0	.....
.....YES.....	2123IN.....	F.....	.....NO...	....123467.....	.01/09/1995	.11/04/2002	.05/21/2001	.12/01/2002	Medicare Supplement.....	4,777	3,533	.....73.9	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									20,486	10,025	.....48.9	6	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Kentucky

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	P.....	.....NO...	....123467.....	.09/27/1982	.....	.05/14/2001	.12/01/1991	Medicare Supplement.....	616	.....(264)	.....(42.8)	.....	.....	.....	.....0.0	.....
.....YES.....	2121KY.....	A.....	.....NO...	....123467.....	.06/28/1994	.11/04/2002	.05/14/2001	.12/01/2002	Medicare Supplement.....	2,337	68	.....2.9	1	.....	.....	.....0.0	.....
.....YES.....	2122KY.....	B.....	.....NO...	....123467.....	.06/28/1994	.11/04/2002	.05/14/2001	.12/01/2002	Medicare Supplement.....	3,216	1,376	.....42.8	1	.....	.....	.....0.0	.....
.....YES.....	2123KY.....	F.....	.....NO...	....123467.....	.06/28/1994	.11/04/2002	.05/14/2001	.12/01/2002	Medicare Supplement.....	19,218	6,886	.....35.8	4	.....	.....	.....0.0	.....
.....YES.....	2129-1.....	C.....	.....NO...	....123467.....	.09/27/1999	.11/04/2002	.05/14/2001	.12/01/2002	Medicare Supplement.....	-	-	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									25,386	8,066	.....31.8	6	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Maryland

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	2121MD.....	A.....	.....NO...	....123467.....	.08/27/1992	.12/09/2002	.01/25/2002	.12/01/2002	Medicare Supplement.....	3,053	1,714	.....56.1	1	.....	.....	.....0.0	.....
.....YES.....	2122MD.....	B.....	.....NO...	....123467.....	.08/27/1992	.12/09/2002	.01/25/2002	.12/01/2002	Medicare Supplement.....	33,159	49,548	.....149.4	12	.....	.....	.....0.0	.....
.....YES.....	2123MD.....	F.....	.....NO...	....123467.....	.08/27/1992	.12/09/2002	.01/25/2002	.12/01/2002	Medicare Supplement.....	291,538	167,864	.....57.6	53	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									327,750	219,126	.....66.9	66	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Maine

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	P.....	.....NO...	....123467.....	.10/06/1982	.....	.06/14/2001	.12/01/1989	Medicare Supplement.....	-	-	.....0.0	.....	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									0	0	.....0.0	0	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Minnesota

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	MS-10990.....	O.....	.....NO...	....123467.....	.....	.....	.....	.12/31/1993	Medicare Supplement.....	3,288	2,152	.....65.4	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									3,288	2,152	.....65.4	1	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Mississippi

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	1522	P	NO	123467	08/24/1982		04/27/2001	06/01/1992	Medicare Supplement	5,347	2,301	43.0	1			0.0	
YES	2121	A	NO	123467	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	-	-	0.0				0.0	
YES	2122	B	NO	123467	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	-	-	0.0				0.0	
YES	2123	F	NO	123467	06/22/1992	11/18/2002	04/27/2001	12/01/2002	Medicare Supplement	33,527	18,768	56.0	6			0.0	
0199999.	Total Policy Experience on Individual Policies									38,874	21,069	54.2	7	0	0	0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....North Carolina

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	P.....	.....NO...	....123467.....	.09/13/1982	.....	.04/24/2001	.12/01/1991	Medicare Supplement.....	37,253	6,702	.....18.0	8	.....	.....	.....0.0	.....
.....YES.....	2121NC.....	A.....	.....NO...	....123467.....	.06/16/1992	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	2,991	456	.....15.2	1	.....	.....	.....0.0	.....
.....YES.....	2122NC.....	B.....	.....NO...	....123467.....	.06/16/1992	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	9,311	26,613	.....285.8	2	.....	.....	.....0.0	.....
.....YES.....	2123NC.....	F.....	.....NO...	....123467.....	.06/16/1992	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	243,886	168,929	.....69.3	60	.....	.....	.....0.0	.....
.....YES.....	2124NC.....	I.....	.....NO...	....123467.....	.06/16/1992	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	11,449	2,943	.....25.7	2	.....	.....	.....0.0	.....
.....YES.....	2129NC.....	C.....	.....NO...	....123467.....	.07/05/2000	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	4,060	1,506	.....37.1	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									308,949	207,149	.....67.0	74	0	0	.....0.0	0

SUP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	P.....	.....NO...	....123467.....	.07/15/1982	.....	.05/15/2001	.04/01/1992	Medicare Supplement.....	38,680	13,699	.....35.4	8	.....	.....	.....0.0	.....
.....YES.....	2121.....	A.....	.....NO...	....123467.....	.03/20/1992	.11/01/2001	.05/15/2001	.12/01/2002	Medicare Supplement.....	.....(1,140)	2,188	.....(191.9)	2	.....	.....	.....0.0	.....
.....YES.....	2122.....	B.....	.....NO...	....123467.....	.03/20/1992	.11/01/2001	.05/15/2001	.12/01/2002	Medicare Supplement.....	68,054	70,533	.....103.6	27	.....	.....	.....0.0	.....
.....YES.....	2123.....	F.....	.....NO...	....123467.....	.03/20/1992	.11/01/2001	.05/15/2001	.12/01/2002	Medicare Supplement.....	562,754	474,534	.....84.3	152	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									668,348	560,953	.....83.9	189	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Pennsylvania

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869
Title.....Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	P.....	.....NO...	....123467.....	.11/30/1982	.....	.05/07/2001	.08/01/1989	Medicare Supplement.....	451	66	.....14.7	.....	.....	.....	.....0.0	.....
.....YES.....	1926.....	P.....	.....NO...	....123467.....	.08/03/1989	.....	.05/07/2001	.07/01/1990	Medicare Supplement.....	11,294	3,808	.....33.7	2	.....	.....	.....0.0	.....
.....YES.....	2121PA.....	A.....	.....NO...	....123467.....	.09/04/1992	.11/20/2002	.05/07/2001	.12/01/2002	Medicare Supplement.....	16,735	16,249	.....97.1	8	.....	.....	.....0.0	.....
.....YES.....	2122PA.....	B.....	.....NO...	....123467.....	.09/04/1992	.11/20/2002	.05/07/2001	.12/01/2002	Medicare Supplement.....	24,499	17,231	.....70.3	9	.....	.....	.....0.0	.....
.....YES.....	2129.....	C.....	.....NO...	....123467.....	.09/04/1992	.11/20/2002	.05/07/2001	.12/01/2002	Medicare Supplement.....	329,650	237,978	.....72.2	105	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									382,627	275,333	.....72.0	124	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....South Carolina

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	A.....	.....NO...	....123467.....	.10/06/1982	.....	.04/24/2001	.04/01/1992	Medicare Supplement.....	16,095	30,098	.....187.0	4	.....	.....	.....0.0	.....
.....YES.....	2122SC.....	F.....	.....NO...	....123467.....	.02/05/1993	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	9,462	8,831	.....93.3	4	.....	.....	.....0.0	.....
.....YES.....	2123SC.....	C.....	.....NO...	....123467.....	.02/05/1993	.11/05/2002	.04/24/2001	.12/01/2002	Medicare Supplement.....	76,672	34,309	.....44.7	20	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									102,228	73,238	.....71.6	28	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Tennessee

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1522.....	P.....	.....NO...	....123467.....	.09/01/1982	.....	.05/31/2001	.06/01/1992	Medicare Supplement.....	6,303	1,667	.....26.4	.....	.....	.....	.....0.0	.....
.....YES.....	2122TN.....	B.....	.....NO...	....123467.....	.06/30/1992	.11/19/2002	.05/31/2001	.12/01/2002	Medicare Supplement.....	3,515	106	.....3.0	1	.....	.....	.....0.0	.....
.....YES.....	2123TN.....	F.....	.....NO...	....123467.....	.06/30/1992	.11/19/2002	.05/31/2001	.12/01/2002	Medicare Supplement.....	53,528	23,009	.....43.0	8	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									63,346	24,781	.....39.1	9	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	2121TX.....	A.....	.....NO...	....123467.....	.06/02/1994	.11/13/2002	.06/15/2001	.12/01/2002	Medicare Supplement.....	8,299	4,387	.....52.9	2	.....	.....	.....0.0	.....
.....YES.....	2123TX.....	F.....	.....NO...	....123467.....	.06/02/1994	.11/13/2002	.06/15/2001	.12/01/2002	Medicare Supplement.....	8,012	3,141	.....39.2	1	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									16,311	7,528	.....46.2	3	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....Virginia

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
YES	1522	P	NO	123467	09/27/1982		05/11/2001	02/01/1989	Medicare Supplement	4,585	339	7.4	1			0.0	
YES	1925	P	NO	123467	02/02/1989		05/11/2001	07/01/1992	Medicare Supplement	21,808	29,309	134.4	4			0.0	
YES	2121VA	A	NO	123467	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	350	(23)	(6.7)				0.0	
YES	2122VA	B	NO	123467	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	32,961	13,653	41.4	11			0.0	
YES	2123VA	F	NO	123467	07/30/1992	11/21/2002	05/11/2001	12/01/2002	Medicare Supplement	228,408	100,156	43.8	44			0.0	
0199999.	Total Policy Experience on Individual Policies									288,113	143,434	49.8	60	0	0	0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2021
(To Be Filed by March 1)
FOR THE STATE OF.....West Virginia

NAIC Group Code.....0140
Address (City, State and Zip Code).....
Person Completing This Exhibit.....

NAIC Company Code.....66869

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

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018				Policies Issued in 2019, 2020 & 2021			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Individual Policies																	
.....YES.....	1523.....	P.....	.....NO...	....123467.....	.09/22/1982	.....	.05/30/2001	.12/01/1991	Medicare Supplement.....	24,715	11,949	.....48.3	5	.....	.....	.....0.0	.....
.....YES.....	2121WV.....	A.....	.....NO...	....123467.....	.02/27/1992	.11/07/2002	.05/30/2001	.12/01/2002	Medicare Supplement.....	2,075	9	.....0.4	1	.....	.....	.....0.0	.....
.....YES.....	2122WV.....	B.....	.....NO...	....123467.....	.02/27/1992	.11/07/2002	.05/30/2001	.12/01/2002	Medicare Supplement.....	10,760	5,619	.....52.2	3	.....	.....	.....0.0	.....
.....YES.....	2123WV.....	F.....	.....NO...	....123467.....	.02/27/1992	.11/07/2002	.05/30/2001	.12/01/2002	Medicare Supplement.....	144,580	71,856	.....49.7	31	.....	.....	.....0.0	.....
0199999.	Total Policy Experience on Individual Policies.....									182,131	89,434	.....49.1	40	0	0	.....0.0	0

SUPP360

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address.....
   2.2 Contact person and phone number.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address.....
   3.2 Contact person and phone number.....
4. Explain any policies identified as policy type "O".

NONE

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

VM-20 RESERVES SUPPLEMENT - PART 1A

Life Insurance Reserves Valued According to VM-20 by Product Type

For the Year Ended December, 31, 2021

(To Be Filed by March 1)

NAIC Group Code: 0140

NAIC Company Code: 66869

SUPP456.1

		Current Year		
		1 Reported Reserve	2 Reported Reserve	3 Due and Deferred Premium Asset
1.	Post-Reinsurance-Ceded Reserve			
	1.1 Term Life Insurance	1,345,988	2,543,579	197,554
	1.2 Universal Life with Secondary Guarantee	38,577,269	116,967,807	
	1.3 Non-participating Whole Life	1,406	61,436	24,470
	1.4 Participating Whole Life			
	1.5 Universal Life without Secondary Guarantee	177,645	450,580	
	1.6 Variable Universal Life without Secondary Guarantee			
	1.7 Variable Life without Secondary Guarantee			
	1.8 Indexed Life without Secondary Guarantee			
	1.9 Aggregate write-ins for other products	0	0	0
2.	Total Post-Reinsurance Cedede Reserves (Sum of Lines 1.1 through 1.9)	40,102,308	120,023,402	XXX
3.	Pre-Reinsurance-Ceded Reserves			
	3.1 Term Life Insurance	1,366,545	2,595,931	197,554
	3.2 Universal Life with Secondary Guarantee	38,579,399	116,974,904	
	3.3 Non-participating Whole Life	1,406	61,436	24,470
	3.4 Participating Whole Life			
	3.5 Universal Life without Secondary Guarantee	177,645	450,580	
	3.6 Variable Universal Life without Secondary Guarantee			
	3.7 Variable Life without Secondary Guarantee			
	3.8 Indexed Life without Secondary Guarantee			
	3.9 Aggregate write-ins for other products	0	0	0
4.	Total Pre-Reinsurance Ceded Reserve (Sum of Lines 3.1 through 3.9)	40,124,995	120,082,851	XXX
5.	Total Reserves Ceded (Line 4 minus Line 2)	22,687	59,449	XXX
	DETAILS OF WRITE-INS			
1.901				
1.902				
1.903				
1.998	Summ. of remaining write-ins for Line 1.9 from overflow	0	0	0
1.999	Totals (Lines 1.901 thru 1.903 + 1.998) (Line 1.9 above)	0	0	0
3.901				
3.902				
3.903				
3.998	Summ. of remaining write-ins for Line 3.9 from overflow	0	0	0
3.999	Totals (Lines 3.901 thru 3.903 + 3.998) (Line 3.9 above)	0	0	0

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

VM-20 RESERVES SUPPLEMENT - PART 1B

Life Insurance Reserves Valued According to VM-20 by Product Type

For the Year Ended December, 31, 2021

(To Be Filed by March 1)

NAIC Group Code: 0140 ($000 Omitted for Face Amount) NAIC Company Code: 66869

SUPP456.2

		Current Year											
		Section A					Section B				Section C		
		1 Net Premium Reserve	2 Deterministic Reserve	3 Stochastic Reserve	4 Number of Policies	5 Face Amount	6 Net Premium Reserve	7 Deterministic Reserve	8 Number of Policies	9 Face Amount	10 Net Premium Reserve	11 Number of Policies	12 Face Amount
1.	Post-Reinsurance-Ceded Reserve												
	1.1 Term Life Insurance				XXX	XXX	553,265	2,346,024	XXX	XXX	XXX	XXX	XXX
	1.2 Universal Life with Secondary Guarantee	69,311,454	116,967,807	116,781,039	XXX	XXX			XXX	XXX		XXX	XXX
	1.3 Non-participating Whole Life				XXX	XXX			XXX	XXX	61,436	XXX	XXX
	1.4 Participating Whole Life				XXX	XXX			XXX	XXX		XXX	XXX
	1.5 Universal Life without Secondary Guarantee				XXX	XXX			XXX	XXX	450,580	XXX	XXX
	1.6 Variable Universal Life without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
	1.7 Variable Life without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
	1.8 Indexed Life without Secondary Guarantee				XXX	XXX			XXX	XXX		XXX	XXX
	1.9 Aggregate write-ins for other products	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
2.	Total Post-Reinsurance Ceded Reserve (Sum of Lines 1.1 through 1.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
3.	Pre-Reinsurance-Ceded Reserves												
	3.1 Term Life Insurance						602,912	2,398,377	1,291	1,036,172,305	XXX		
	3.2 Universal Life with Secondary Guarantee	69,318,551	116,974,904	116,788,137	3,808	1,730,970,008							
	3.3 Non-participating Whole Life										61,436	143	8,569,612
	3.4 Participating Whole Life												
	3.5 Universal Life without Secondary Guarantee										450,580	42	11,490,470
	3.6 Variable Universal Life without Secondary Guarantee												
	3.7 Variable Life without Secondary Guarantee												
	3.8 Indexed Life without Secondary Guarantee												
	3.9 Aggregate write-ins for other products	0	0	0	0	0	0	0	0	0	0	0	0
4.	Total Pre-Reinsurance Ceded Reserve (Sum of Lines 3.1 through 3.9)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
5.	Total Reserves Ceded (Line 4 minus Line 2)	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	DETAILS OF WRITE-INS												
1.901					XXX	XXX			XXX	XXX		XXX	XXX
1.902					XXX	XXX			XXX	XXX		XXX	XXX
1.903					XXX	XXX			XXX	XXX		XXX	XXX
1.998	Summ. of remaining write-ins for Line 1.9 from overflow	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
1.999	Totals (Lines 1.901 thru 1.903 + 1.998) (Line 1.9 above)	0	0	0	XXX	XXX	0	0	XXX	XXX	0	XXX	XXX
3.901													
3.902													
3.903													
3.998	Summ. of remaining write-ins for Line 3.9 from overflow	0	0	0	0	0	0	0	0	0	0	0	0
3.999	Totals (Lines 3.901 thru 3.903 + 3.998) (Line 3.9 above)	0	0	0	0	0	0	0	0	0	0	0	0

Supplement for the year 2021 of the **NATIONWIDE LIFE INSURANCE COMPANY**

VM-20 RESERVES SUPPLEMENT - PART 2

Life PBR Exemption

For the Year Ended December 31, 2021

(To be Filed by March 1)

Life PBR Exemption as Defined in the NAIC Adopted Valuation Manual (VM)

1. Has the company filed and been granted a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [ ] No [X]

2 If the response to Question 1 is "Yes", then check the source of the granted "Life PBR Exemption" definition. (Check either 2.1, 2.2 or 2.3)

2.1 NAIC Adopted VM [ ]

2.2 State Statute SVL [ ] Complete items "a" and "b", as appropriate.

a. Is the criteria in the State Statute (SVL) different from the NAIC adopted VM? Yes [ ] No [ ]

b. If the answer to "a" above is yes, provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

2.3 State Regulation [ ] Complete items "a" and "b", as appropriate.

a. Is the criteria in the State Regulation different from the NAIC adopted VM? Yes [ ] No [ ]

b. If the answer to "a" above is yes, provide the criteria the state has used to grant the Life PBR Exemption (e.g., Group/Legal Entity criteria) and the minimum reserve requirements that are required by the state of domicile (if the minimum reserve requirements are the same as the Adopted VM, write SAME AS NAIC VM):

SUPP456.2.1

VM-20 RESERVES SUPPLEMENT - PART 3

Other Exclusions from Life PBR

For the Year Ended December 31, 2021

(To be Filed by March 1)

1. Has the company filed and been granted a Single State Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile? Yes [ ] No [X]
If the answer to question 1 is "Yes" please discuss any business not covered under the Single Exemption.

2. If the answer to question 1 is "Yes", does the company have risks for policies issued outside its state of domicile? Yes [ ] No [ ]
If the answer to question 2 is "Yes" please discuss the risks for policies issued outside the state of domicile, how those risks came to be a responsibility of the company, and why the company would still be considered a Single State Company with such risks.

3. Is all of the company's individual life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual? Yes [ ] No [X]

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

SCHEDULE O SUPPLEMENT

NONE

For the Year Ended December 31, 2021
(To Be Filed March 1)

Of The.....NATIONWIDE LIFE INSURANCE COMPANY
Address (City, State, Zip Code).....COLUMBUS, OH 43215-2220
NAIC Group Code.....0140 NAIC Company Code.....66869 Employer's ID Number.....31-4156830

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2017	2 2018	3 2019	4 2020	5 2021 (a)
1. Prior	538	345	105	122	127
2. 2017	142	113	45	34	
3. 2018	XXX	309	103	46	
4. 2019	XXX	XXX	165	210	35
5. 2020	XXX	XXX	XXX	107	101
6. 2021	XXX	XXX	XXX	XXX	85

Section B - Other Accident and Health

1. Prior	184	115	108	91	88
2. 2017	57	58	12	12	19
3. 2018	XXX	66	59	12	13
4. 2019	XXX	XXX	65	57	13
5. 2020	XXX	XXX	XXX	67	161
6. 2021	XXX	XXX	XXX	XXX	189

Section C - Credit Accident and Health

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

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

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section B - Other Accident and Health

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

Section C - Credit Accident and Health

1. Prior					
2. 2017					
3. 2018	XXX				
4. 2019	XXX	XXX			
5. 2020	XXX	XXX	XXX		
6. 2021	XXX	XXX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
	2017	2018	2019	2020	2021
1. 2017	1,142	549	269	XXX	XXX
2. 2018	XXX	1,135	501	234	XXX
3. 2019	XXX	XXX	942	423	40
4. 2020	XXX	XXX	XXX	972	400
5. 2021	XXX	XXX	XXX	XXX	862

Section B - Other Accident and Health

1. 2017	248	200	107	XXX	XXX
2. 2018	XXX	254	199	106	XXX
3. 2019	XXX	XXX	250	197	107
4. 2020	XXX	XXX	XXX	252	300
5. 2021	XXX	XXX	XXX	XXX	372

Section C - Credit Accident and Health

1. 2017				XXX	XXX
2. 2018	XXX				XXX
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

NONE

SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2017	2 2018	3 2019	4 2020	5 2021
1. 2017	1,142	549	269	258	224
2. 2018	XXX	1,135	501	234	188
3. 2019	XXX	XXX	942	423	40
4. 2020	XXX	XXX	XXX	972	400
5. 2021	XXX	XXX	XXX	XXX	862

Section B - Other Accident and Health

1. 2017	248	200	107	111	113
2. 2018	XXX	254	199	106	111
3. 2019	XXX	XXX	250	197	107
4. 2020	XXX	XXX	XXX	252	300
5. 2021	XXX	XXX	XXX	XXX	372

Section C - Credit Accident and Health

1. 2017					
2. 2018	XXX				
3. 2019	XXX	XXX			
4. 2020	XXX	XXX	XXX		
5. 2021	XXX	XXX	XXX	XXX	

NONE

SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life		
2. Ordinary life	Other	201,488
3. Individual annuity		
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		
11. Total		201,488

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