



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

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2022
OF THE CONDITION AND AFFAIRS OF THE

The Order Of United Commercial Travelers Of America

NAIC Group Code _____ NAIC Company Code 56383 Employer's ID Number 31-4273120
(Current) (Prior)
Organized under the Laws of Ohio State of Domicile or Port of Entry OH
Country of Domicile United States of America
Licensed as business type: Life, Accident and Health [] Fraternal Benefit Societies [X]
Incorporated/Organized 10/04/1890 Commenced Business 01/16/1888
Statutory Home Office 1801 Watermark Drive Suite 100 Columbus, OH, US 43215
(Street and Number) (City or Town, State, Country and Zip Code)
Main Administrative Office 1801 Watermark Drive Suite 100
(Street and Number) 800-848-0123-1202
Columbus, OH, US 43215 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)
Mail Address 1801 Watermark Drive Suite 100 Columbus, OH, US 43215
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)
Primary Location of Books and Records 1801 Watermark Drive Suite 100
(Street and Number) 800-848-0123-1142
Columbus, OH, US 43215 (Area Code) (Telephone Number)
(City or Town, State, Country and Zip Code)
Internet Website Address www.uct.org
Statutory Statement Contact Kevin Clare Hecker 800-848-0123-1142
(Name) (Area Code) (Telephone Number)
khecker@uct.org 614-487-9675
(E-mail Address) (FAX Number)

OFFICERS

UCT President Kenneth Eugene Milliser Jr. # Chief Executive Officer Kevin Clare Hecker
UCT Secretary/Treasurer Richard Fort Redman

OTHER

Kevin Joe Roberts, Senior Vice-President of Operations Raymond Daniel Sherrick, Vice-President of Information Technology Ashlee Mouton Borcan FSA, MAAA #, Consulting Actuary

DIRECTORS OR TRUSTEES

<u>Stanna Kay Funk</u>	<u>Douglas George Honeyford #</u>	<u>Thomas Richard Liebaert</u>
<u>Kenneth Eugene Milliser Jr.</u>	<u>Arthur Scott Newcombe #</u>	<u>Richard Fort Redman</u>
<u>Bernrd Regenbogen</u>	<u>David Allan Van Order</u>	<u>Dianna Jean Wolfe</u>

State of Ohio SS
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.

<u>Kenneth E. Milliser Jr.</u>	<u>Richard Fort Redman</u>	<u>Kevin Clare Hecker</u>
Kenneth Eugene Milliser Jr. #	Richard Fort Redman	Kevin Clare Hecker
UCT President	UCT Secretary/Treasurer	Chief Executive Officer

Subscribed and sworn to before me this 27 day of February 2023
Denise Sharif

- 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.....



DENISE SHARIF
Notary Public, State of Ohio
My Commission Expires 08-25-2025



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	7,353				7,353
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,353	0	0	0	7,353
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,065				2,065
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	2,065	0	0	0	2,065
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	1	1,967							1	1,967
18.1 By payment in full	1	1,967							1	1,967
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	1,967	0	0	0	0	0	0	1	1,967
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	1,967	0	0	0	0	0	0	1	1,967
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	12	198,175	0	(a) 0	0	0	0	0	12	198,175
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(1,967)							(1)	(1,967)
23. In force December 31 of current year	11	196,208	0	(a) 0	0	0	0	0	11	196,208

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	352,979	357,500		262,907	262,176
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,321	2,486		40	36
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	355,299	359,987	0	262,947	262,212
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	355,299	359,987	0	262,947	262,212

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	133				133
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	133	0	0	0	133
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	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 \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
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	150	161			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	150	161	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	150	161	0	0	0

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,621				3,621
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,621	0	0	0	3,621
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	1	3,500							1	3,500
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 (16+17-18.6)	1	3,500	0	0	0	0	0	0	1	3,500
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5	47,000	0	(a) 0	0	0	0	0	5	47,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	5	47,000	0	(a) 0	0	0	0	0	5	47,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	869,540	880,678		481,707	480,369
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,808	1,937			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	871,348	882,615	0	481,707	480,369
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	871,348	882,615	0	481,707	480,369

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,484				4,484
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,484	0	0	0	4,484
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	6	76,387	0	(a) 0	0	0	0	0	6	76,387
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	6	76,387	0	(a) 0	0	0	0	0	6	76,387

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	803,526	813,818		571,051	569,464
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	7,182	7,695		587	534
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	810,708	821,514	0	571,638	569,998
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	810,708	821,514	0	571,638	569,998

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	27,113				27,113
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	27,113	0	0	0	27,113
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	127,404				127,404
10. Matured endowments	1,355				1,355
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..	14,878				14,878
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	143,637	0	0	0	143,637
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	10	152,300							10	152,300
18.1 By payment in full	8	126,995							8	126,995
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	126,995	0	0	0	0	0	0	8	126,995
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	126,995	0	0	0	0	0	0	8	126,995
19. Unpaid Dec. 31, current year (16+17-18.6)	2	25,305	0	0	0	0	0	0	2	25,305
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	106	1,175,183	0	(a) 0	0	0	0	0	106	1,175,183
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(174,230)							(11)	(174,230)
23. In force December 31 of current year	95	1,000,953	0	(a) 0	0	0	0	0	95	1,000,953

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	124,686	126,284		127,788	127,433
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	4,806	5,150			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	129,492	131,433	0	127,788	127,433
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	129,492	131,433	0	127,788	127,433

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,876				2,876
2. Annuity considerations	14,500				14,500
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	17,376	0	0	0	17,376
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	197				197
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	197	0	0	0	197
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	13	146,039	0	(a) 0	0	0	0	0	13	146,039
21. Issued during year									0	0
22. Other changes to in force (Net)		(750)							0	(750)
23. In force December 31 of current year	13	145,289	0	(a) 0	0	0	0	0	13	145,289

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,537,950	1,557,650		1,113,639	1,110,544
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,173	2,328		501	456
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,540,123	1,559,978	0	1,114,140	1,111,000
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,540,123	1,559,978	0	1,114,140	1,111,000

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,358				3,358
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,358	0	0	0	3,358
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	25,191				25,191
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..	9,875				9,875
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	35,066	0	0	0	35,066
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	1	25,000							1	25,000
18.1 By payment in full	1	25,000							1	25,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	25,000	0	0	0	0	0	0	1	25,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	25,000	0	0	0	0	0	0	1	25,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	5	77,630	0	(a) 0	0	0	0	0	5	77,630
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(49,267)							(1)	(49,267)
23. In force December 31 of current year	4	28,363	0	(a) 0	0	0	0	0	4	28,363

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,445	7,540		13,005	12,969
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	957	1,025		10,000	9,102
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,401	8,565	0	23,005	22,071
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,401	8,565	0	23,005	22,071

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

DIRECT BUSINESS IN THE STATE OF Delaware
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	20,000	0	(a) 0	0	0	0	0	1	20,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	20,000	0	(a) 0	0	0	0	0	1	20,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,126	11,268		2,266	2,259
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	54	58			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	11,180	11,326	0	2,266	2,259
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,180	11,326	0	2,266	2,259

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	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 \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
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	27			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	25	27	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25	27	0	0	0

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	40,162				40,162
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	40,162	0	0	0	40,162
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	57,834				57,834
10. Matured endowments	2,450				2,450
11. Annuity benefits	34,195				34,195
12. Surrender values and withdrawals for life contracts ..	5,810				5,810
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	100,290	0	0	0	100,290
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	12	109,200							12	109,200
18.1 By payment in full	11	59,200							11	59,200
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	59,200	0	0	0	0	0	0	11	59,200
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	59,200	0	0	0	0	0	0	11	59,200
19. Unpaid Dec. 31, current year (16+17-18.6)	1	50,000	0	0	0	0	0	0	1	50,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	166	2,342,762	0	(a) 0	0	0	0	0	166	2,342,762
21. Issued during year									0	0
22. Other changes to in force (Net)	(15)	(94,650)							(15)	(94,650)
23. In force December 31 of current year	151	2,248,112	0	(a) 0	0	0	0	0	151	2,248,112

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,535,192	1,554,856		1,511,393	1,507,193
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	8,910	9,547		15,550	14,154
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,544,102	1,564,403	0	1,526,943	1,521,347
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,544,102	1,564,403	0	1,526,943	1,521,347

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	13,731				13,731
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	13,731	0	0	0	13,731
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	30,089				30,089
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	30,089	0	0	0	30,089
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	27,075	0	0	0	0	0	0	2	27,075
17. Incurred during current year Settled during current year:	2	5,013							2	5,013
18.1 By payment in full	3	30,013							3	30,013
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	30,013	0	0	0	0	0	0	3	30,013
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	30,013	0	0	0	0	0	0	3	30,013
19. Unpaid Dec. 31, current year (16+17-18.6)	1	2,075	0	0	0	0	0	0	1	2,075
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	81	1,047,420	0	(a) 0	0	0	0	0	81	1,047,420
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(31,777)							(3)	(31,777)
23. In force December 31 of current year	78	1,015,643	0	(a) 0	0	0	0	0	78	1,015,643

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	341,641	346,017		272,031	271,275
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,481	1,587			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	343,122	347,604	0	272,031	271,275
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	343,122	347,604	0	272,031	271,275

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	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 \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	7,688	7,787		908	906
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	100	107			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	7,788	7,894	0	908	906
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,788	7,894	0	908	906

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	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 \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,483,029	1,502,025		1,120,743	1,117,628
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	989	1,060			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,484,018	1,503,085	0	1,120,743	1,117,628
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,484,018	1,503,085	0	1,120,743	1,117,628

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	25,374				25,374
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	25,374	0	0	0	25,374
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	50,875				50,875
10. Matured endowments	6,232				6,232
11. Annuity benefits	1,599				1,599
12. Surrender values and withdrawals for life contracts ..	5,127				5,127
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	63,833	0	0	0	63,833
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	7	50,428							7	50,428
18.1 By payment in full	7	50,428							7	50,428
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	50,428	0	0	0	0	0	0	7	50,428
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	50,428	0	0	0	0	0	0	7	50,428
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	165	2,477,391	0	(a) 0	0	0	0	0	165	2,477,391
21. Issued during year									0	0
22. Other changes to in force (Net)	(13)	(135,708)							(13)	(135,708)
23. In force December 31 of current year	152	2,341,683	0	(a) 0	0	0	0	0	152	2,341,683

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,331,301	1,348,354		1,025,456	1,022,606
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	18,130	19,426		20,200	18,386
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,349,431	1,367,780	0	1,045,656	1,040,992
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,349,431	1,367,780	0	1,045,656	1,040,992

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	23,289				23,289
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	23,289	0	0	0	23,289
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	22,471				22,471
10. Matured endowments	3,000				3,000
11. Annuity benefits	3,157				3,157
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	28,628	0	0	0	28,628
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	4	32,388							4	32,388
18.1 By payment in full	3	22,388							3	22,388
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	22,388	0	0	0	0	0	0	3	22,388
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	22,388	0	0	0	0	0	0	3	22,388
19. Unpaid Dec. 31, current year (16+17-18.6)	1	10,000	0	0	0	0	0	0	1	10,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	98	1,777,909	0	(a) 0	0	0	0	0	98	1,777,909
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(175,388)							(5)	(175,388)
23. In force December 31 of current year	93	1,602,521	0	(a) 0	0	0	0	0	93	1,602,521

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,187,021	2,215,034		1,723,864	1,719,073
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	9,654	10,344		20,564	18,717
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,196,675	2,225,378	0	1,744,428	1,737,791
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,196,675	2,225,378	0	1,744,428	1,737,791

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,111				4,111
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,111	0	0	0	4,111
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	20,859				20,859
10. Matured endowments					0
11. Annuity benefits	202				202
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	21,061	0	0	0	21,061
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	3	20,294							3	20,294
18.1 By payment in full	3	20,294							3	20,294
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	20,294	0	0	0	0	0	0	3	20,294
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	20,294	0	0	0	0	0	0	3	20,294
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	33	306,280	0	(a) 0	0	0	0	0	33	306,280
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(20,294)							(3)	(20,294)
23. In force December 31 of current year	30	285,986	0	(a) 0	0	0	0	0	30	285,986

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	897,221	908,713		488,469	487,112
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,644	6,047		1,080	983
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	902,864	914,760	0	489,549	488,094
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	902,864	914,760	0	489,549	488,094

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,494				3,494
2. Annuity considerations	10,300				10,300
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	13,794	0	0	0	13,794
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	35,308				35,308
10. Matured endowments					0
11. Annuity benefits	9,000				9,000
12. Surrender values and withdrawals for life contracts ..	6,953				6,953
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	51,262	0	0	0	51,262
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	4	35,000							4	35,000
18.1 By payment in full	4	35,000							4	35,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	35,000	0	0	0	0	0	0	4	35,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	35,000	0	0	0	0	0	0	4	35,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	28	212,236	0	(a) 0	0	0	0	0	28	212,236
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(50,750)							(5)	(50,750)
23. In force December 31 of current year	23	161,486	0	(a) 0	0	0	0	0	23	161,486

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	196,068	198,579		103,343	103,056
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	4,250	4,554			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	200,318	203,133	0	103,343	103,056
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	200,318	203,133	0	103,343	103,056

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	13,404				13,404
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	13,404	0	0	0	13,404
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	45,800				45,800
10. Matured endowments					0
11. Annuity benefits	831				831
12. Surrender values and withdrawals for life contracts ..	3,944				3,944
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	50,574	0	0	0	50,574
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	3	45,000							3	45,000
18.1 By payment in full	3	45,000							3	45,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	45,000	0	0	0	0	0	0	3	45,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	45,000	0	0	0	0	0	0	3	45,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	73	1,350,309	0	(a) 0	0	0	0	0	73	1,350,309
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(55,000)							(4)	(55,000)
23. In force December 31 of current year	69	1,295,309	0	(a) 0	0	0	0	0	69	1,295,309

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	77,413	78,404		38,000	37,894
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,915	3,123			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	80,328	81,528	0	38,000	37,894
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	80,328	81,528	0	38,000	37,894

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	16,229				16,229
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	16,229	0	0	0	16,229
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,030				7,030
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	7,030	0	0	0	7,030
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	2	27,000							2	27,000
18.1 By payment in full	1	7,000							1	7,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	7,000	0	0	0	0	0	0	1	7,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	7,000	0	0	0	0	0	0	1	7,000
19. Unpaid Dec. 31, current year (16+17-18.6)	1	20,000	0	0	0	0	0	0	1	20,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	45	884,883	0	(a) 0	0	0	0	0	45	884,883
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(7,000)							(1)	(7,000)
23. In force December 31 of current year	44	877,883	0	(a) 0	0	0	0	0	44	877,883

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	716,687	725,867		410,739	409,598
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,774	1,901			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	718,461	727,768	0	410,739	409,598
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	718,461	727,768	0	410,739	409,598

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	5,708				5,708
12. Surrender values and withdrawals for life contracts ..					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,708	0	0	0	5,708
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	35,000	0	(a) 0	0	0	0	0	2	35,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	35,000	0	(a) 0	0	0	0	0	2	35,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
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	1,405	1,506			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,405	1,506	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,405	1,506	0	0	0

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,105				1,105
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,105	0	0	0	1,105
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	7	31,355	0	(a) 0	0	0	0	0	7	31,355
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	7	31,355	0	(a) 0	0	0	0	0	7	31,355

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	37,232	37,709		33,482	33,389
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,572	1,685		20	18
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	38,804	39,394	0	33,502	33,408
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	38,804	39,394	0	33,502	33,408

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,299				2,299
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,299	0	0	0	2,299
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	14	76,386	0	(a) 0	0	0	0	0	14	76,386
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(1,500)							(1)	(1,500)
23. In force December 31 of current year	13	74,886	0	(a) 0	0	0	0	0	13	74,886

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	28,853	29,222		13,724	13,686
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	6,266	6,714		10,000	9,102
25.5 All other (b)	24	24			
25.6 Totals (sum of Lines 25.1 to 25.5)	35,143	35,961	0	23,724	22,788
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,143	35,961	0	23,724	22,788

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	52,756				52,756
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	52,756	0	0	0	52,756
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	128,090				128,090
10. Matured endowments	6,679				6,679
11. Annuity benefits	4,364				4,364
12. Surrender values and withdrawals for life contracts ..	7,198				7,198
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	146,331	0	0	0	146,331
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	20	132,368							20	132,368
18.1 By payment in full	18	127,225							18	127,225
18.2 By payment on compromised claims									0	0
18.3 Totals paid	18	127,225	0	0	0	0	0	0	18	127,225
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	18	127,225	0	0	0	0	0	0	18	127,225
19. Unpaid Dec. 31, current year (16+17-18.6)	2	5,143	0	0	0	0	0	0	2	5,143
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	285	5,094,987	0	(a) 0	0	0	0	0	285	5,094,987
21. Issued during year									0	0
22. Other changes to in force (Net)	(25)	(183,406)							(25)	(183,406)
23. In force December 31 of current year	260	4,911,581	0	(a) 0	0	0	0	0	260	4,911,581

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	928,605	940,499		584,035	582,412
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	20,214	21,659		80	73
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	948,819	962,159	0	584,115	582,485
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	948,819	962,159	0	584,115	582,485

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	280				280
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	280	0	0	0	280
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 plus 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 ..	3,803				3,803
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,803	0	0	0	3,803
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	10	128,479	0	(a) 0	0	0	0	0	10	128,479
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(4,270)							(2)	(4,270)
23. In force December 31 of current year	8	124,209	0	(a) 0	0	0	0	0	8	124,209

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	75,791	76,762		36,575	36,473
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,133	5,500		1,644	1,497
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	80,924	82,262	0	38,219	37,970
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	80,924	82,262	0	38,219	37,970

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	20,197				20,197
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	20,197	0	0	0	20,197
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	20,107				20,107
10. Matured endowments					0
11. Annuity benefits	430				430
12. Surrender values and withdrawals for life contracts ..	8,941				8,941
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	29,478	0	0	0	29,478
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	2	20,000							2	20,000
18.1 By payment in full	2	20,000							2	20,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	20,000	0	0	0	0	0	0	2	20,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	20,000	0	0	0	0	0	0	2	20,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	69	661,565	0	(a) 0	0	0	0	0	69	661,565
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(49,474)							(3)	(49,474)
23. In force December 31 of current year	66	612,091	0	(a) 0	0	0	0	0	66	612,091

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,887,946	1,912,128		1,191,806	1,188,494
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,370	1,468			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,889,315	1,913,596	0	1,191,806	1,188,494
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,889,315	1,913,596	0	1,191,806	1,188,494

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	15,761				15,761
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	15,761	0	0	0	15,761
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	44,389				44,389
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	44,389	0	0	0	44,389
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	6	44,128							6	44,128
18.1 By payment in full	6	44,128							6	44,128
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	44,128	0	0	0	0	0	0	6	44,128
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	44,128	0	0	0	0	0	0	6	44,128
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	54	430,573	0	(a) 0	0	0	0	0	54	430,573
21. Issued during year	3	75,000							3	75,000
22. Other changes to in force (Net)	(6)	(44,128)							(6)	(44,128)
23. In force December 31 of current year	51	461,445	0	(a) 0	0	0	0	0	51	461,445

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	414,813	420,126		256,075	255,363
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,496	5,889		130	118
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	420,309	426,015	0	256,205	255,481
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	420,309	426,015	0	256,205	255,481

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	434				434
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	434	0	0	0	434
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	11,896	0	(a) 0	0	0	0	0	2	11,896
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	11,896	0	(a) 0	0	0	0	0	2	11,896

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	697,229	706,160		481,289	479,952
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	3,648	3,908			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	700,877	710,068	0	481,289	479,952
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	700,877	710,068	0	481,289	479,952

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	11,179				11,179
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,179	0	0	0	11,179
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	32,855				32,855
10. Matured endowments					0
11. Annuity benefits	489				489
12. Surrender values and withdrawals for life contracts ..	1,788				1,788
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	35,132	0	0	0	35,132
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	27,122	0	0	0	0	0	0	1	27,122
17. Incurred during current year Settled during current year:	1	5,000							1	5,000
18.1 By payment in full	2	32,122							2	32,122
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	32,122	0	0	0	0	0	0	2	32,122
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	32,122	0	0	0	0	0	0	2	32,122
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	28	635,484	0	(a) 0	0	0	0	0	28	635,484
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(35,122)							(3)	(35,122)
23. In force December 31 of current year	25	600,362	0	(a) 0	0	0	0	0	25	600,362

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,827,570	2,863,788		1,835,918	1,830,816
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	7,790	8,347		750	683
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,835,360	2,872,135	0	1,836,668	1,831,498
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,835,360	2,872,135	0	1,836,668	1,831,498

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,943				1,943
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,943	0	0	0	1,943
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	222,488	225,338		139,802	139,413
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	849	909			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	223,336	226,247	0	139,802	139,413
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	223,336	226,247	0	139,802	139,413

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	999				999
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	999	0	0	0	999
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	4	13,688	0	(a) 0	0	0	0	0	4	13,688
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	4	13,688	0	(a) 0	0	0	0	0	4	13,688

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,525	6,608		14,595	14,554
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,650	1,768			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	8,175	8,376	0	14,595	14,554
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,175	8,376	0	14,595	14,554

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	7,629				7,629
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	7,629	0	0	0	7,629
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,148				15,148
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	15,148	0	0	0	15,148
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	3	30,070							3	30,070
18.1 By payment in full	1	15,000							1	15,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	15,000	0	0	0	0	0	0	1	15,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	15,000	0	0	0	0	0	0	1	15,000
19. Unpaid Dec. 31, current year (16+17-18.6)	2	15,070	0	0	0	0	0	0	2	15,070
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	56	363,406	0	(a) 0	0	0	0	0	56	363,406
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(25,022)							(1)	(25,022)
23. In force December 31 of current year	55	338,384	0	(a) 0	0	0	0	0	55	338,384

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	18,966	19,209		16,668	16,622
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	358	384			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	19,324	19,593	0	16,668	16,622
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,324	19,593	0	16,668	16,622

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



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

DIRECT BUSINESS IN THE STATE OF New Mexico
NAIC Group Code 0000

LIFE INSURANCE

DURING THE YEAR 2022
NAIC Company Code 56383

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	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 \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	17,776	18,004		5,520	5,504
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	44	47			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	17,820	18,051	0	5,520	5,504
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	17,820	18,051	0	5,520	5,504

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	860				860
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	860	0	0	0	860
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	10,518	0	(a) 0	0	0	0	0	3	10,518
21. Issued during year									0	0
22. Other changes to in force (Net)		(1,500)							0	(1,500)
23. In force December 31 of current year	3	9,018	0	(a) 0	0	0	0	0	3	9,018

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	34,786	35,231		23,768	23,702
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	9,314	9,980		601	547
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	44,100	45,211	0	24,369	24,249
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	44,100	45,211	0	24,369	24,249

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	9,610				9,610
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,610	0	0	0	9,610
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	25,415				25,415
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..	3,721				3,721
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	29,136	0	0	0	29,136
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	5	25,121							5	25,121
18.1 By payment in full	5	25,121							5	25,121
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	25,121	0	0	0	0	0	0	5	25,121
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	25,121	0	0	0	0	0	0	5	25,121
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	50	633,431	0	(a) 0	0	0	0	0	50	633,431
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(55,046)							(6)	(55,046)
23. In force December 31 of current year	44	578,385	0	(a) 0	0	0	0	0	44	578,385

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	755,003	764,674		402,966	401,846
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	4,337	4,647		301	274
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	759,341	769,322	0	403,266	402,119
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	759,341	769,322	0	403,266	402,119

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	4,530				4,530
2. Annuity considerations	2,000				2,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	6,530	0	0	0	6,530
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	25	305,158	0	(a) 0	0	0	0	0	25	305,158
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(25,000)							(1)	(25,000)
23. In force December 31 of current year	24	280,158	0	(a) 0	0	0	0	0	24	280,158

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	504,529	510,992		388,310	387,231
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,274	2,436		35	32
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	506,803	513,428	0	388,345	387,263
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	506,803	513,428	0	388,345	387,263

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	43,351				43,351
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	43,351	0	0	0	43,351
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	167,414				167,414
10. Matured endowments	6,861				6,861
11. Annuity benefits	63,766				63,766
12. Surrender values and withdrawals for life contracts ..	5,412				5,412
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	243,453	0	0	0	243,453
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	5	38,542	0	0	0	0	0	0	5	38,542
17. Incurred during current year	18	144,356							18	144,356
Settled during current year:										
18.1 By payment in full	19	165,930							19	165,930
18.2 By payment on compromised claims									0	0
18.3 Totals paid	19	165,930	0	0	0	0	0	0	19	165,930
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	19	165,930	0	0	0	0	0	0	19	165,930
19. Unpaid Dec. 31, current year (16+17-18.6)	4	16,968	0	0	0	0	0	0	4	16,968
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	253	4,132,796	0	(a) 0	0	0	0	0	253	4,132,796
21. Issued during year	1	25,000							1	25,000
22. Other changes to in force (Net)	(31)	(678,235)							(31)	(678,235)
23. In force December 31 of current year	223	3,479,561	0	(a) 0	0	0	0	0	223	3,479,561

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)	52	52			
25.2 Guaranteed renewable (b)	1,350,423	1,367,721		892,034	889,555
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	29,834	31,967		25,671	23,366
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,380,309	1,399,739	0	917,704	912,920
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,380,309	1,399,739	0	917,704	912,920

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	9,530				9,530
2. Annuity considerations	10,000				10,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	19,530	0	0	0	19,530
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	30,100				30,100
10. Matured endowments					0
11. Annuity benefits	1,450				1,450
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	31,550	0	0	0	31,550
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	2	30,000							2	30,000
18.1 By payment in full	2	30,000							2	30,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	30,000	0	0	0	0	0	0	2	30,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	30,000	0	0	0	0	0	0	2	30,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	34	470,507	0	(a) 0	0	0	0	0	34	470,507
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(38,974)							(2)	(38,974)
23. In force December 31 of current year	32	431,533	0	(a) 0	0	0	0	0	32	431,533

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	235,077	238,088		146,803	146,395
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	4,236	4,539			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	239,313	242,627	0	146,803	146,395
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	239,313	242,627	0	146,803	146,395

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	13,442				13,442
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	13,442	0	0	0	13,442
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 plus 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 ..	2,289				2,289
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,289	0	0	0	2,289
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	34	1,109,760	0	(a) 0	0	0	0	0	34	1,109,760
21. Issued during year	2	8,500							2	8,500
22. Other changes to in force (Net)	(4)	(104,159)							(4)	(104,159)
23. In force December 31 of current year	32	1,014,101	0	(a) 0	0	0	0	0	32	1,014,101

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,718,731	1,740,746		1,307,357	1,303,724
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,568	2,751			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,721,298	1,743,497	0	1,307,357	1,303,724
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,721,298	1,743,497	0	1,307,357	1,303,724

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	21,629				21,629
2. Annuity considerations	250				250
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	21,879	0	0	0	21,879
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	91,543				91,543
10. Matured endowments					0
11. Annuity benefits	134,635				134,635
12. Surrender values and withdrawals for life contracts ..	5,457				5,457
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	231,635	0	0	0	231,635
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	16,000	0	0	0	0	0	0	1	16,000
17. Incurred during current year Settled during current year:	12	80,044							12	80,044
18.1 By payment in full	12	91,044							12	91,044
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	91,044	0	0	0	0	0	0	12	91,044
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	91,044	0	0	0	0	0	0	12	91,044
19. Unpaid Dec. 31, current year (16+17-18.6)	1	5,000	0	0	0	0	0	0	1	5,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	144	1,597,916	0	(a) 0	0	0	0	0	144	1,597,916
21. Issued during year									0	0
22. Other changes to in force (Net)	(16)	(205,094)							(16)	(205,094)
23. In force December 31 of current year	128	1,392,822	0	(a) 0	0	0	0	0	128	1,392,822

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	593,232	600,831		401,586	400,470
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	12,276	13,154		125	114
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	605,508	613,984	0	401,711	400,584
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	605,508	613,984	0	401,711	400,584

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	543				543
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	543	0	0	0	543
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	37,216				37,216
10. Matured endowments	782				782
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	37,998	0	0	0	37,998
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	3	37,000							3	37,000
18.1 By payment in full	3	37,000							3	37,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	37,000	0	0	0	0	0	0	3	37,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	37,000	0	0	0	0	0	0	3	37,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	9	68,554	0	(a) 0	0	0	0	0	9	68,554
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(37,782)							(4)	(37,782)
23. In force December 31 of current year	5	30,772	0	(a) 0	0	0	0	0	5	30,772

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	467	473		720	718
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	4,016	4,304		50	46
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	4,483	4,776	0	770	764
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,483	4,776	0	770	764

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	3,281				3,281
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,281	0	0	0	3,281
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	20	240,426	0	(a) 0	0	0	0	0	20	240,426
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	20	240,426	0	(a) 0	0	0	0	0	20	240,426

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	371,344	376,100		278,372	277,598
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,291	1,383			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	372,634	377,483	0	278,372	277,598
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	372,634	377,483	0	278,372	277,598

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	2,706				2,706
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,706	0	0	0	2,706
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	24,123				24,123
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	24,123	0	0	0	24,123
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	3	24,000							3	24,000
18.1 By payment in full	3	24,000							3	24,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	24,000	0	0	0	0	0	0	3	24,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	24,000	0	0	0	0	0	0	3	24,000
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	24	171,885	0	(a) 0	0	0	0	0	24	171,885
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(24,000)							(3)	(24,000)
23. In force December 31 of current year	21	147,885	0	(a) 0	0	0	0	0	21	147,885

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	249,399	252,593		139,856	139,467
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,072	2,220			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	251,471	254,813	0	139,856	139,467
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	251,471	254,813	0	139,856	139,467

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	15,666				15,666
2. Annuity considerations	200				200
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	15,866	0	0	0	15,866
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	49,748				49,748
10. Matured endowments	1,624				1,624
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	51,372	0	0	0	51,372
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	1	5,000	0	0	0	0	0	0	1	5,000
17. Incurred during current year Settled during current year:	6	57,000							6	57,000
18.1 By payment in full	5	49,500							5	49,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	49,500	0	0	0	0	0	0	5	49,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	49,500	0	0	0	0	0	0	5	49,500
19. Unpaid Dec. 31, current year (16+17-18.6)	2	12,500	0	0	0	0	0	0	2	12,500
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	91	600,940	0	(a) 0	0	0	0	0	91	600,940
21. Issued during year									0	0
22. Other changes to in force (Net)	(9)	(56,197)							(9)	(56,197)
23. In force December 31 of current year	82	544,743	0	(a) 0	0	0	0	0	82	544,743

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	194,159	196,646		160,869	160,422
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,598	2,784		483	439
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	196,757	199,429	0	161,351	160,861
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	196,757	199,429	0	161,351	160,861

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	46,374				46,374
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	46,374	0	0	0	46,374
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	46,031				46,031
10. Matured endowments	7,364				7,364
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	53,395	0	0	0	53,395
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	2	35,000	0	0	0	0	0	0	2	35,000
17. Incurred during current year Settled during current year:	2	10,045							2	10,045
18.1 By payment in full	4	45,045							4	45,045
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	45,045	0	0	0	0	0	0	4	45,045
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	45,045	0	0	0	0	0	0	4	45,045
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	167	3,013,663	0	(a) 0	0	0	0	0	167	3,013,663
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(53,203)							(6)	(53,203)
23. In force December 31 of current year	161	2,960,460	0	(a) 0	0	0	0	0	161	2,960,460

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	872,203	883,375		458,902	457,627
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,462	5,853		475	432
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	877,665	889,228	0	459,377	458,059
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	877,665	889,228	0	459,377	458,059

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	1,159				1,159
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,159	0	0	0	1,159
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2	263,000	0	(a) 0	0	0	0	0	2	263,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	2	263,000	0	(a) 0	0	0	0	0	2	263,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	566,456	573,712		459,672	458,394
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,409	1,510			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	567,865	575,222	0	459,672	458,394
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	567,865	575,222	0	459,672	458,394

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	0	0	0	(a) 0	0	0	0	0	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 \$, current year \$
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$, current year \$
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,623	2,656		94	93
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	356	381			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	2,979	3,038	0	94	93
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,979	3,038	0	94	93

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	12,240				12,240
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	12,240	0	0	0	12,240
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	35,968				35,968
10. Matured endowments	413				413
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts ..	3,567				3,567
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	39,947	0	0	0	39,947
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	6	84,783							6	84,783
18.1 By payment in full	4	34,783							4	34,783
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	34,783	0	0	0	0	0	0	4	34,783
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	34,783	0	0	0	0	0	0	4	34,783
19. Unpaid Dec. 31, current year (16+17-18.6)	2	50,000	0	0	0	0	0	0	2	50,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	86	971,489	0	(a) 0	0	0	0	0	86	971,489
21. Issued during year									0	0
22. Other changes to in force (Net)	(7)	(65,196)							(7)	(65,196)
23. In force December 31 of current year	79	906,293	0	(a) 0	0	0	0	0	79	906,293

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,450,750	1,469,333		801,698	799,470
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	8,242	8,831			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,458,992	1,478,164	0	801,698	799,470
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,458,992	1,478,164	0	801,698	799,470

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	148				148
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	148	0	0	0	148
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	7,500	0	(a) 0	0	0	0	0	1	7,500
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	7,500	0	(a) 0	0	0	0	0	1	7,500

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	81,770	82,818		48,260	48,126
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,708	1,830			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	83,478	84,648	0	48,260	48,126
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	83,478	84,648	0	48,260	48,126

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	9,231				9,231
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,231	0	0	0	9,231
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	4,831				4,831
12. Surrender values and withdrawals for life contracts ..					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,831	0	0	0	4,831
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	18	830,487	0	(a) 0	0	0	0	0	18	830,487
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	18	830,487	0	(a) 0	0	0	0	0	18	830,487

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	702,965	711,970		463,173	461,886
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	4,427	4,743			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	707,392	716,713	0	463,173	461,886
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	707,392	716,713	0	463,173	461,886

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	10,439				10,439
2. Annuity considerations	10,000				10,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	20,439	0	0	0	20,439
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	628				628
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	628	0	0	0	628
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year Settled during current year:	2	36,000							2	36,000
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 (16+17-18.6)	2	36,000	0	0	0	0	0	0	2	36,000
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	32	417,924	0	(a) 0	0	0	0	0	32	417,924
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(3,000)							(1)	(3,000)
23. In force December 31 of current year	31	414,924	0	(a) 0	0	0	0	0	31	414,924

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,025,851	1,038,991		685,326	683,422
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	14,262	15,282		891	811
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	1,040,113	1,054,273	0	686,218	684,233
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,040,113	1,054,273	0	686,218	684,233

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	589				589
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	589	0	0	0	589
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	1	15,000	0	(a) 0	0	0	0	0	1	15,000
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	1	15,000	0	(a) 0	0	0	0	0	1	15,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	787,224	797,307		654,262	652,443
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	465	498			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	787,689	797,805	0	654,262	652,443
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	787,689	797,805	0	654,262	652,443

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
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 plus 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.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year 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 (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	3	292	0	(a) 0	0	0	0	0	3	292
21. Issued during year									0	0
22. Other changes to in force (Net)		(20)							0	(20)
23. In force December 31 of current year	3	272	0	(a) 0	0	0	0	0	3	272

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies/certificates (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	166	168			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	175	188			
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	341	356	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	341	356	0	0	0

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



DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	508,640	0	0	0	508,640
2. Annuity considerations	47,250	0	0	0	47,250
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	555,890	0	0	0	555,890
DIRECT DIVIDENDS TO POLICYHOLDERS/REFUNDS TO MEMBERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	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	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,173,073	0	0	0	1,173,073
10. Matured endowments	36,760	0	0	0	36,760
11. Annuity benefits	265,482	0	0	0	265,482
12. Surrender values and withdrawals for life contracts ..	88,763	0	0	0	88,763
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	1,564,078	0	0	0	1,564,078
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No. of Pols. & Certifs.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No. of Pols. & Certifs.	Amount	No. of Pols. & Certifs.	Amount
16. Unpaid December 31, prior year	12	148,739	0	0	0	0	0	0	12	148,739
17. Incurred during current year Settled during current year:	141	1,267,005	0	0	0	0	0	0	141	1,267,005
18.1 By payment in full	131	1,164,183	0	0	0	0	0	0	131	1,164,183
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	131	1,164,183	0	0	0	0	0	0	131	1,164,183
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	131	1,164,183	0	0	0	0	0	0	131	1,164,183
19. Unpaid Dec. 31, current year (16+17-18.6)	22	251,561	0	0	0	0	0	0	22	251,561
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	2,368	34,528,669	0	(a) 0	0	0	0	0	2,368	34,528,669
21. Issued during year	6	108,500	0	0	0	0	0	0	6	108,500
22. Other changes to in force (Net)	(193)	(2,487,109)	0	0	0	0	0	0	(193)	(2,487,109)
23. In force December 31 of current year	2,181	32,150,060	0	(a) 0	0	0	0	0	2,181	32,150,060

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Policyholder Dividends Paid, Refunds to Members or Credited on Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	0	0	0	0	0
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies/certificates (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	52	52	0	0	0
25.2 Guaranteed renewable (b)	31,141,461	31,540,352	0	21,590,825	21,530,823
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	240,437	257,629	0	109,778	99,920
25.5 All other (b)	24	24	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	31,381,974	31,798,057	0	21,700,603	21,630,743
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,381,974	31,798,057	0	21,700,603	21,630,743

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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE		1 Amount
1. Reserve as of December 31, Prior Year		52,226
2. Current year's realized pre-tax capital gains/(losses) of \$ transferred into the reserve net of taxes of \$		0
3. Adjustment for current year's liability gains/(losses) released from the reserve		0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)		52,226
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)		4,634
6. Reserve as of December 31, current year (Line 4 minus Line 5)		47,592

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 Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2022	4,634	0	0	4,634
2. 2023	5,233	0	0	5,233
3. 2024	5,896	0	0	5,896
4. 2025	6,147	0	0	6,147
5. 2026	6,033	0	0	6,033
6. 2027	5,312	0	0	5,312
7. 2028	4,990	0	0	4,990
8. 2029	4,485	0	0	4,485
9. 2030	3,204	0	0	3,204
10. 2031	2,102	0	0	2,102
11. 2032	1,536	0	0	1,536
12. 2033	1,243	0	0	1,243
13. 2034	947	0	0	947
14. 2035	567	0	0	567
15. 2036	160	0	0	160
16. 2037	(42)	0	0	(42)
17. 2038	(36)	0	0	(36)
18. 2039	(33)	0	0	(33)
19. 2040	(33)	0	0	(33)
20. 2041	(31)	0	0	(31)
21. 2042	(29)	0	0	(29)
22. 2043	(23)	0	0	(23)
23. 2044	(17)	0	0	(17)
24. 2045	(11)	0	0	(11)
25. 2046	(6)	0	0	(6)
26. 2047	(2)	0	0	(2)
27. 2048	0	0	0	0
28. 2049	0	0	0	0
29. 2050	0	0	0	0
30. 2051	0	0	0	0
31. 2052 and Later		0	0	0
32. Total (Lines 1 to 31)	52,226	0	0	52,226

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	49,377	0	49,377	4,490	0	4,490	53,867
2. Realized capital gains/(losses) net of taxes - General Account			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	8,134	0	8,134	0	0	0	8,134
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	57,511	0	57,511	4,490	0	4,490	62,001
9. Maximum reserve	45,902	0	45,902	46,599	0	46,599	92,501
10. Reserve objective	24,770	0	24,770	46,599	0	46,599	71,369
11. 20% of (Line 10 - Line 8)	(6,548)	0	(6,548)	8,422	0	8,422	1,874
12. Balance before transfers (Lines 8 + 11)	50,963	0	50,963	12,912	0	12,912	63,874
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(5,060)		(5,060)			0	(5,060)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	45,903	0	45,903	12,912	0	12,912	58,814

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	2,316,046	XXX	XXX	2,316,046	0.0000	0	0.0000	0	0.0000	0
2.1	1	NAIC Designation Category 1.A	1,496,502	XXX	XXX	1,496,502	0.0002	299	0.0007	1,048	0.0013	1,945
2.2	1	NAIC Designation Category 1.B	100,000	XXX	XXX	100,000	0.0004	40	0.0011	110	0.0023	230
2.3	1	NAIC Designation Category 1.C	400,000	XXX	XXX	400,000	0.0006	240	0.0018	720	0.0035	1,400
2.4	1	NAIC Designation Category 1.D	651,780	XXX	XXX	651,780	0.0007	456	0.0022	1,434	0.0044	2,868
2.5	1	NAIC Designation Category 1.E	799,633	XXX	XXX	799,633	0.0009	720	0.0027	2,159	0.0055	4,398
2.6	1	NAIC Designation Category 1.F	1,046,221	XXX	XXX	1,046,221	0.0011	1,151	0.0034	3,557	0.0068	7,114
2.7	1	NAIC Designation Category 1.G	1,126,669	XXX	XXX	1,126,669	0.0014	1,577	0.0042	4,732	0.0085	9,577
2.8		Subtotal NAIC 1 (2.1+2.2+2.3+2.4+2.5+2.6+2.7)	5,620,805	XXX	XXX	5,620,805	XXX	4,483	XXX	13,760	XXX	27,532
3.1	2	NAIC Designation Category 2.A	854,987	XXX	XXX	854,987	0.0021	1,795	0.0063	5,386	0.0105	8,977
3.2	2	NAIC Designation Category 2.B	597,995	XXX	XXX	597,995	0.0025	1,495	0.0076	4,545	0.0127	7,595
3.3	2	NAIC Designation Category 2.C	99,904	XXX	XXX	99,904	0.0036	360	0.0108	1,079	0.0180	1,798
3.4		Subtotal NAIC 2 (3.1+3.2+3.3)	1,552,886	XXX	XXX	1,552,886	XXX	3,650	XXX	11,010	XXX	18,370
4.1	3	NAIC Designation Category 3.A		XXX	XXX	0	0.0069	0	0.0183	0	0.0262	0
4.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
4.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
4.4		Subtotal NAIC 3 (4.1+4.2+4.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
5.1	4	NAIC Designation Category 4.A		XXX	XXX	0	0.0184	0	0.0430	0	0.0615	0
5.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
5.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
5.4		Subtotal NAIC 4 (5.1+5.2+5.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
6.1	5	NAIC Designation Category 5.A		XXX	XXX	0	0.0472	0	0.0846	0	0.1410	0
6.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
6.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
6.4		Subtotal NAIC 5 (6.1+6.2+6.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
7.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (1+2.8+3.4+4.4+5.4+6.4+7+8)	9,489,737	XXX	XXX	9,489,737	XXX	8,134	XXX	24,770	XXX	45,902
PREFERRED STOCKS												
10.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
11.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
12.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
13.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
14.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
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	0.0002	0	0.0007	0	0.0013	0
19.2	1	NAIC Designation Category 1.B		XXX	XXX	0	0.0004	0	0.0011	0	0.0023	0
19.3	1	NAIC Designation Category 1.C		XXX	XXX	0	0.0006	0	0.0018	0	0.0035	0
19.4	1	NAIC Designation Category 1.D		XXX	XXX	0	0.0007	0	0.0022	0	0.0044	0
19.5	1	NAIC Designation Category 1.E		XXX	XXX	0	0.0009	0	0.0027	0	0.0055	0
19.6	1	NAIC Designation Category 1.F		XXX	XXX	0	0.0011	0	0.0034	0	0.0068	0
19.7	1	NAIC Designation Category 1.G		XXX	XXX	0	0.0014	0	0.0042	0	0.0085	0
19.8		Subtotal NAIC 1 (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	0.0063	0	0.0105	0
20.2	2	NAIC Designation Category 2.B		XXX	XXX	0	0.0025	0	0.0076	0	0.0127	0
20.3	2	NAIC Designation Category 2.C		XXX	XXX	0	0.0036	0	0.0108	0	0.0180	0
20.4		Subtotal NAIC 2 (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	0.0069	0	0.0183	0	0.0262	0
21.2	3	NAIC Designation Category 3.B		XXX	XXX	0	0.0099	0	0.0264	0	0.0377	0
21.3	3	NAIC Designation Category 3.C		XXX	XXX	0	0.0131	0	0.0350	0	0.0500	0
21.4		Subtotal NAIC 3 (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	0.0184	0	0.0430	0	0.0615	0
22.2	4	NAIC Designation Category 4.B		XXX	XXX	0	0.0238	0	0.0555	0	0.0793	0
22.3	4	NAIC Designation Category 4.C		XXX	XXX	0	0.0310	0	0.0724	0	0.1034	0
22.4		Subtotal NAIC 4 (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	0.0472	0	0.0846	0	0.1410	0
23.2	5	NAIC Designation Category 5.B		XXX	XXX	0	0.0663	0	0.1188	0	0.1980	0
23.3	5	NAIC Designation Category 5.C		XXX	XXX	0	0.0836	0	0.1498	0	0.2496	0
23.4		Subtotal NAIC 5 (23.1+23.2+23.3)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
24.	6	NAIC 6		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
25.		Total Short-Term Bonds (18+19.8+20.4+21.4+22.4+23.4+24)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
27.	1	Highest Quality		XXX	XXX	0	0.0005	0	0.0016	0	0.0033	0
28.	2	High Quality		XXX	XXX	0	0.0021	0	0.0064	0	0.0106	0
29.	3	Medium Quality		XXX	XXX	0	0.0099	0	0.0263	0	0.0376	0
30.	4	Low Quality		XXX	XXX	0	0.0245	0	0.0572	0	0.0817	0
31.	5	Lower Quality		XXX	XXX	0	0.0630	0	0.1128	0	0.1880	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2370	0	0.2370	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	9,489,737	XXX	XXX	9,489,737	XXX	8,134	XXX	24,770	XXX	45,902

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
DEFAULT COMPONENT

Line Num- ber	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		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
		MORTGAGE LOANS										
		In Good Standing:										
35.		Farm Mortgages - CM1 - Highest Quality			XXX.....	0.....	0.0011	0.....	0.0057	0.....	0.0074	0.....
36.		Farm Mortgages - CM2 - High Quality			XXX.....	0.....	0.0040	0.....	0.0114	0.....	0.0149	0.....
37.		Farm Mortgages - CM3 - Medium Quality			XXX.....	0.....	0.0069	0.....	0.0200	0.....	0.0257	0.....
38.		Farm Mortgages - CM4 - Low Medium Quality			XXX.....	0.....	0.0120	0.....	0.0343	0.....	0.0428	0.....
39.		Farm Mortgages - CM5 - Low Quality			XXX.....	0.....	0.0183	0.....	0.0486	0.....	0.0628	0.....
40.		Residential Mortgages - Insured or Guaranteed			XXX.....	0.....	0.0003	0.....	0.0007	0.....	0.0011	0.....
41.		Residential Mortgages - All Other			XXX.....	0.....	0.0015	0.....	0.0034	0.....	0.0046	0.....
42.		Commercial Mortgages - Insured or Guaranteed			XXX.....	0.....	0.0003	0.....	0.0007	0.....	0.0011	0.....
43.		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX.....	0.....	0.0011	0.....	0.0057	0.....	0.0074	0.....
44.		Commercial Mortgages - All Other - CM2 - High Quality			XXX.....	0.....	0.0040	0.....	0.0114	0.....	0.0149	0.....
45.		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX.....	0.....	0.0069	0.....	0.0200	0.....	0.0257	0.....
46.		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX.....	0.....	0.0120	0.....	0.0343	0.....	0.0428	0.....
47.		Commercial Mortgages - All Other - CM5 - Low Quality			XXX.....	0.....	0.0183	0.....	0.0486	0.....	0.0628	0.....
		Overdue, Not in Process:										
48.		Farm Mortgages			XXX.....	0.....	0.0480	0.....	0.0868	0.....	0.1371	0.....
49.		Residential Mortgages - Insured or Guaranteed			XXX.....	0.....	0.0006	0.....	0.0014	0.....	0.0023	0.....
50.		Residential Mortgages - All Other			XXX.....	0.....	0.0029	0.....	0.0066	0.....	0.0103	0.....
51.		Commercial Mortgages - Insured or Guaranteed			XXX.....	0.....	0.0006	0.....	0.0014	0.....	0.0023	0.....
52.		Commercial Mortgages - All Other			XXX.....	0.....	0.0480	0.....	0.0868	0.....	0.1371	0.....
		In Process of Foreclosure:										
53.		Farm Mortgages			XXX.....	0.....	0.0000	0.....	0.1942	0.....	0.1942	0.....
54.		Residential Mortgages - Insured or Guaranteed			XXX.....	0.....	0.0000	0.....	0.0046	0.....	0.0046	0.....
55.		Residential Mortgages - All Other			XXX.....	0.....	0.0000	0.....	0.0149	0.....	0.0149	0.....
56.		Commercial Mortgages - Insured or Guaranteed			XXX.....	0.....	0.0000	0.....	0.0046	0.....	0.0046	0.....
57.		Commercial Mortgages - All Other			XXX.....	0.....	0.0000	0.....	0.1942	0.....	0.1942	0.....
58.		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59.		Schedule DA Mortgages			XXX	0	0.0034	0	0.0114	0	0.0149	0
60.		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

ASSET VALUATION RESERVE
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public	294,929	XXX	XXX	294,929	0.0000	0	0.1580 (a)	46,599	0.1580 (a)	46,599
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0061	0	0.0097	0
4.		Affiliated - Life with AVR		XXX	XXX	0	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/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
13.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1945	0	0.1945	0
14.		Real Estate				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
16.		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
17.		Total Common Stock (Sum of Lines 1 through 16)	294,929	0	0	294,929	XXX	0	XXX	46,599	XXX	46,599
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 Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		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

ASSET VALUATION RESERVE (Continued)
BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS
EQUITY AND OTHER INVESTED ASSET COMPONENT

Line Num- ber	NAIC Desig- nation	Description	1	2	3	4	Basic Contribution		Reserve Objective		Maximum Reserve	
			Book/Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	5	6	7	8	9	10
							Factor	Amount (Cols.4 x 5)	Factor	Amount (Cols. 4 x 7)	Factor	Amount (Cols. 4 x 9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
65.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1580 (a)	0	0.1580 (a)	0
66.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1945	0	0.1945	0
67.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & 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)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
		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				0	0.0000	0	0.0912	0	0.0912	0
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)	0	0	0	0	XXX	0	XXX	0	XXX	0
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
75.		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
76.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
		RESIDUAL TRANCHES OR INTERESTS										
81.		Fixed Income Instruments - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
82.		Fixed Income Instruments - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
83.		Common Stock - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
84.		Common Stock - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
85.		Preferred Stock - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
86.		Preferred Stock - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
87.		Real Estate - Unaffiliated				0	0.0000	0	0.1580	0	0.1580	0
88.		Real Estate - Affiliated				0	0.0000	0	0.1580	0	0.1580	0
89.		Mortgage Loans - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
90.		Mortgage Loans - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
91.		Other - Unaffiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
92.		Other - Affiliated		XXX	XXX	0	0.0000	0	0.1580	0	0.1580	0
93.		Total Residual Tranches or Interests (Sum of Lines 81 through 92)	0	0	0	0	XXX	0	XXX	0	XXX	0
		ALL OTHER INVESTMENTS										
94.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0042	0	0.0042	0
95.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0137	0	0.0137	0
96.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1580	0	0.1580	0
97.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1580	0	0.1580	0
98.		Total All Other (Sum of Lines 94, 95, 96 and 97)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
99.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80, 93 and 98)	0	0	0	0	XXX	0	XXX	0	XXX	0

(a) Times the company's weighted average portfolio beta (Minimum .1215, Maximum .2431).

(b) Determined using the 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
N O N E

Schedule F - Claims
N O N E

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

	Total		Comprehensive (Hospital and Medical) Individual		Comprehensive (Hospital and Medical) Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefits Plan	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %
1. Premiums written	11,254,189	XXX		XXX		XXX	2,031,431	XXX		XXX		XXX		XXX
2. Premiums earned	11,313,345	XXX		XXX		XXX	2,055,336	XXX		XXX		XXX		XXX
3. Incurred claims	7,861,731	69.5	0	0.0	0	0.0	1,352,433	65.8	0	0.0	0	0.0	0	0.0
4. Cost containment expenses	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	7,861,731	69.5	0	0.0	0	0.0	1,352,433	65.8	0	0.0	0	0.0	0	0.0
6. Increase in contract reserves	3,610,317	31.9	0	0.0	0	0.0	307,009	14.9	0	0.0	0	0.0	0	0.0
7. Commissions (a)	(29,321)	(0.3)		0.0		0.0	(1,517,711)	(73.8)		0.0		0.0		0.0
8. Other general insurance expenses	4,824,096	42.6		0.0		0.0	872,157	42.4		0.0		0.0		0.0
9. Taxes, licenses and fees	205,689	1.8		0.0		0.0	37,187	1.8		0.0		0.0		0.0
10. Total other expenses incurred	5,000,464	44.2	0	0.0	0	0.0	(608,367)	(29.6)	0	0.0	0	0.0	0	0.0
11. Aggregate write-ins for deductions	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
12. Gain from underwriting before dividends or refunds .	(5,159,167)	(45.6)	0	0.0	0	0.0	1,004,261	48.9	0	0.0	0	0.0	0	0.0
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	(5,159,167)	(45.6)	0	0.0	0	0.0	1,004,261	48.9	0	0.0	0	0.0	0	0.0
DETAILS OF WRITE-INS														
1101.														
1102.														
1103.														
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
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

	Medicare Title XVIII		Medicaid Title XIX		Credit A&H		Disability Income		Long-Term Care		Other Health	
	15 Amount	16 %	17 Amount	18 %	19 Amount	20 %	21 Amount	22 %	23 Amount	24 %	25 Amount	26 %
1. Premiums written		XXX		XXX		XXX		XXX	498	XXX	9,222,260	XXX
2. Premiums earned		XXX		XXX		XXX		XXX	498	XXX	9,257,511	XXX
3. Incurred claims	0	0.0	0	0.0	0	0.0	0	0.0	(42,554)	(8,545.0)	6,551,852	70.8
4. Cost containment expenses		0.0		0.0		0.0		0.0		0.0		0.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	0	0.0	0	0.0	0	0.0	0	0.0	(42,554)	(8,545.0)	6,551,852	70.8
6. Increase in contract reserves	0	0.0	0	0.0	0	0.0	0	0.0	50,609	10,162.4	3,252,699	35.1
7. Commissions (a)		0.0		0.0		0.0		0.0	0	0.0	1,488,390	16.1
8. Other general insurance expenses		0.0		0.0		0.0		0.0	199	40.0	3,951,740	42.7
9. Taxes, licenses and fees		0.0		0.0		0.0		0.0	8	1.6	168,494	1.8
10. Total other expenses incurred	0	0.0	0	0.0	0	0.0	0	0.0	207	41.6	5,608,624	60.6
11. Aggregate write-ins for deductions	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 .	0	0.0	0	0.0	0	0.0	0	0.0	(7,764)	(1,559.0)	(6,155,664)	(66.5)
13. Dividends or refunds		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	0	0.0	0	0.0	0	0.0	0	0.0	(7,764)	(1,559.0)	(6,155,664)	(66.5)
DETAILS OF WRITE-INS												
1101.												
1102.												
1103.												
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
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	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)

PART 2. - RESERVES AND LIABILITIES

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Premium Reserves:													
1. Unearned premiums	411,701			85,240								0	326,461
2. Advance premiums	80,184			21,018								0	59,166
3. Reserve for rate credits	0												
4. Total premium reserves, current year	491,885	0	0	106,258	0	0	0	0	0	0	0	0	385,627
5. Total premium reserves, prior year	551,042			130,164								0	420,878
6. Increase in total premium reserves	(59,157)	0	0	(23,906)	0	0	0	0	0	0	0	0	(35,251)
B. Contract Reserves:													
1. Additional reserves (a)	4,542,770			385,016								50,609	4,107,145
2. Reserve for future contingent benefits	0												
3. Total contract reserves, current year	4,542,770	0	0	385,016	0	0	0	0	0	0	0	50,609	4,107,145
4. Total contract reserves, prior year	932,453			78,007									854,446
5. Increase in contract reserves	3,610,317	0	0	307,009	0	0	0	0	0	0	0	50,609	3,252,699
C. Claim Reserves and Liabilities:													
1. Total current year	998,491	0	0	157,416	0	0	0	0	0	0	0	0	841,075
2. Total prior year	924,982			169,928								42,554	712,500
3. Increase	73,509	0	0	(12,512)	0	0	0	0	0	0	0	(42,554)	128,575

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

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
1. Claims paid during the year:													
1.1 On claims incurred prior to current year	782,967			156,162								0	626,805
1.2 On claims incurred during current year	7,005,255			1,208,783								0	5,796,472
2. Claim reserves and liabilities, December 31, current year:													
2.1 On claims incurred prior to current year	11,982			1,889								0	10,093
2.2 On claims incurred during current year	986,509			155,527								0	830,982
3. Test:													
3.1 Lines 1.1 and 2.1	794,949	0	0	158,051	0	0	0	0	0	0	0	0	636,898
3.2 Claim reserves and liabilities, December 31, prior year	924,982			169,928								42,554	712,500
3.3 Line 3.1 minus Line 3.2	(130,033)	0	0	(11,877)	0	0	0	0	0	0	0	(42,554)	(75,602)

PART 4. - REINSURANCE

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital and Medical) Individual	Comprehensive (Hospital and Medical) Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Medicare Title XVIII	Medicaid Title XIX	Credit A&H	Disability Income	Long-Term Care	Other Health
A. Reinsurance Assumed:													
1. Premiums written	0												
2. Premiums earned	0												
3. Incurred claims	0												
4. Commissions	0												
B. Reinsurance Ceded:													
1. Premiums written	20,232,356			19,608,980								0	623,376
2. Premiums earned	20,484,712			19,855,595								0	629,117
3. Incurred claims	13,765,011			13,476,791								0	288,220
4. Commissions	2,237,523			2,116,573								0	120,950

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Comprehensive (Hospital and Medical) Individual	2 Comprehensive (Hospital and Medical) Group	3 Medicare Supplement	4 Vision Only	5 Dental Only	6 Federal Employees Health Benefits Plan	7 Medicare Title XVIII	8 Medicaid Title XIX	9 Credit A&H	10 Disability Income	11 Long-Term Care	12 Other Health	13 Total
A. Direct:													
1. Incurred claims			14,829,224								(42,554)	6,840,072	21,626,742
2. Beginning claim reserves and liabilities			1,857,000								42,554	799,000	2,698,554
3. Ending claim reserves and liabilities			1,728,119								0	896,575	2,624,694
4. Claims paid	0	0	14,958,105	0	0	0	0	0	0	0	0	6,742,497	21,700,602
B. Assumed Reinsurance:													
1. Incurred claims													0
2. Beginning claim reserves and liabilities													0
3. Ending claim reserves and liabilities													0
4. Claims paid	0	0	0	0	0	0	0	0	0	0	0	0	0
C. Ceded Reinsurance:													
1. Incurred claims			13,476,791								0	288,220	13,765,011
2. Beginning claim reserves and liabilities			1,687,072								0	86,500	1,773,572
3. Ending claim reserves and liabilities			1,570,703								0	55,500	1,626,203
4. Claims paid	0	0	13,593,160	0	0	0	0	0	0	0	0	319,220	13,912,380
D. Net:													
1. Incurred claims	0	0	1,352,433	0	0	0	0	0	0	0	(42,554)	6,551,852	7,861,731
2. Beginning claim reserves and liabilities	0	0	169,928	0	0	0	0	0	0	0	42,554	712,500	924,982
3. Ending claim reserves and liabilities	0	0	157,416	0	0	0	0	0	0	0	0	841,075	998,491
4. Claims paid	0	0	1,364,945	0	0	0	0	0	0	0	0	6,423,277	7,788,222
E. Net Incurred Claims and Cost Containment Expenses:													
1. Incurred claims and cost containment expenses	0	0	1,352,433	0	0	0	0	0	0	0	(42,554)	6,551,852	7,861,731
2. Beginning reserves and liabilities			169,928								42,554	712,500	924,982
3. Ending reserves and liabilities			157,416								0	841,075	998,491
4. Paid claims and cost containment expenses	0	0	1,364,945	0	0	0	0	0	0	0	0	6,423,277	7,788,222

Schedule S - Part 1 - Section 1
N O N E

Schedule S - Part 1 - Section 2
N O N E

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE S - PART 2

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9	10		12	13		
								Current Year	Prior Year		Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0	0
88099	75-1608507	01/01/1994	Optimum Re Insurance Company	TX	YRT/I	OL	1,952,194	33,571	33,273	0				
88099	75-1608507	06/29/1997	Optimum Re Insurance Company	TX	CO/I	OL	1,805,197	693,615	713,353	30,944				
88340	59-2859797	12/31/1997	Hannover Life Reinsurance Company of America	FL	CO/I	OL	20,332,941	6,466,885	6,998,698	328,071				
88340	59-2859797	12/31/1997	Hannover Life Reinsurance Company of America	FL	CO/I	FA		1,788,322	1,933,370	21,613				
0899999. General Account - Authorized U.S. Non-Affiliates							24,090,332	8,982,393	9,678,694	380,628	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							24,090,332	8,982,393	9,678,694	380,628	0	0	0	0
1199999. Total General Account Authorized							24,090,332	8,982,393	9,678,694	380,628	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							24,090,332	8,982,393	9,678,694	380,628	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							24,090,332	8,982,393	9,678,694	380,628	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0	0
9999999 - Totals							24,090,332	8,982,393	9,678,694	380,628	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11	12		
										Current Year	Prior Year		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
38776	13-2997499	02/01/2005	SiriusPoint America Insurance Company	NY	SSL/I	A	17,750	0	0				
86258	13-2572994	12/31/1998	Gen Re Life Company	CT	QA/I	MS	604,657	37,732	2,204,529				
70688	36-6071399	12/31/2001	Transamerica Financial Life Company	NY	QA/I	MS	19,637,062	948,215	6,929,022				
66346	58-0828824	07/07/2009	Munich America Reinsurance Company	GA	QA/I	STM	19,637	2,575	11,871				
0899999. General Account - Authorized U.S. Non-Affiliates							20,279,106	988,522	9,145,422	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							20,279,106	988,522	9,145,422	0	0	0	0
1199999. Total General Account Authorized							20,279,106	988,522	9,145,422	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3699999. Total General Account - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
3999999. Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total General Account - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
4399999. Total General Account - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
4499999. Total General Account Reciprocal Jurisdiction							0	0	0	0	0	0	0
4599999. Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							20,279,106	988,522	9,145,422	0	0	0	0
4899999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
7099999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
7399999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
7499999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
7799999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
7899999. Total Separate Accounts Certified							0	0	0	0	0	0	0
8199999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates							0	0	0	0	0	0	0
8499999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates							0	0	0	0	0	0	0
8599999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates							0	0	0	0	0	0	0
8899999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates							0	0	0	0	0	0	0
8999999. Total Separate Accounts Reciprocal Jurisdiction							0	0	0	0	0	0	0
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified							0	0	0	0	0	0	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)							20,279,106	988,522	9,145,422	0	0	0	0
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)							0	0	0	0	0	0	0
9999999 - Totals							20,279,106	988,522	9,145,422	0	0	0	0

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE S - PART 4

Reinsurance Ceded to Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NAIC Company Code	ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Cols.5+6+7)	Letters of Credit	Issuing or Confirming Bank Reference Number (a)	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Cols. 9+11+12+13 +14 but not in Excess of Col. 8
0399999. Total General Account - Life and Annuity U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0699999. Total General Account - Life and Annuity Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
0799999. Total General Account - Life and Annuity Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1099999. Total General Account - Life and Annuity Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1199999. Total General Account Life and Annuity				0	0	0	0	0	XXX	0	0	0	0	0
1499999. Total General Account - Accident and Health U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1799999. Total General Account - Accident and Health Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
1899999. Total General Account - Accident and Health Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2199999. Total General Account - Accident and Health Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2299999. Total General Account Accident and Health				0	0	0	0	0	XXX	0	0	0	0	0
2399999. Total General Account				0	0	0	0	0	XXX	0	0	0	0	0
2699999. Total Separate Accounts - U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
2999999. Total Separate Accounts - Non-U.S. Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3099999. Total Separate Accounts - Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3399999. Total Separate Accounts - Non-Affiliates				0	0	0	0	0	XXX	0	0	0	0	0
3499999. Total Separate Accounts				0	0	0	0	0	XXX	0	0	0	0	0
3599999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)				0	0	0	0	0	XXX	0	0	0	0	0
3699999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)				0	0	0	0	0	XXX	0	0	0	0	0
.....														
.....														
.....														
9999999 - Totals				0	0	0	0	0	XXX	0	0	0	0	0

(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

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

SCHEDULE S - PART 6

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

	1 2022	2 2021	3 2020	4 2019	5 2018
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	20,660	24,398	28,444	32,374	36,558
2. Commissions and reinsurance expense allowances	2,309	2,710	3,126	3,543	3,966
3. Contract claims	15,283	17,058	18,431	23,221	26,755
4. Surrender benefits and withdrawals for life contracts	70	138	115	133	191
5. Dividends to policyholders and refunds to members					
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts	2,696	(1,438)	(2,087)	(1,847)	(1,216)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	268	217	225	242	254
9. Aggregate reserves for life and accident and health contracts	19,116	16,421	17,858	19,946	21,793
10. Liability for deposit-type contracts	4	10	13	18	22
11. Contract claims unpaid	1,837	1,900	2,205	2,701	3,107
12. Amounts recoverable on reinsurance	400	398	168	189	402
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends and refunds to members (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers			0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust			0	0	0
23. Funds deposited by and withheld from (F)			0	0	0
24. Letters of credit (L)			0	0	0
25. Trust agreements (T)			0	0	0
26. Other (O)			0	0	0

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)	10,452,070		10,452,070
2. Reinsurance (Line 16)	463,720	(463,720)	0
3. Premiums and considerations (Line 15)	125,154	268,314	393,468
4. Net credit for ceded reinsurance	XXX	21,149,164	21,149,164
5. All other admitted assets (balance)	133,019		133,019
6. Total assets excluding Separate Accounts (Line 26)	11,173,963	20,953,758	32,127,721
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	11,173,963	20,953,758	32,127,721
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	7,290,700	19,116,336	26,407,036
10. Liability for deposit-type contracts (Line 3)	4,493		4,493
11. Claim reserves (Line 4)	1,019,313	1,837,422	2,856,735
12. Policyholder dividends/member refunds/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	80,462		80,462
14. Other contract liabilities (Line 9)	47,592		47,592
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)			0
19. All other liabilities (balance)	1,267,961		1,267,961
20. Total liabilities excluding Separate Accounts (Line 26)	9,710,521	20,953,758	30,664,279
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	9,710,521	20,953,758	30,664,279
23. Capital & surplus (Line 38)	1,463,442	XXX	1,463,442
24. Total liabilities, capital & surplus (Line 39)	11,173,963	20,953,758	32,127,721
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	19,116,336		
26. Claim reserves	1,837,422		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	463,720		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	21,417,478		
34. Premiums and considerations	268,314		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	268,314		
41. Total net credit for ceded reinsurance	21,149,164		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

			Direct Business Only					
			1	2	3	4	5	6
States, Etc.			Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1.	Alabama	AL	7,353	0			0	7,353
2.	Alaska	AK	133	0			0	133
3.	Arizona	AZ	3,621	0			0	3,621
4.	Arkansas	AR	4,484	0			0	4,484
5.	California	CA	27,113	0			0	27,113
6.	Colorado	CO	2,876	14,500			0	17,376
7.	Connecticut	CT	3,358	0			0	3,358
8.	Delaware	DE	0	0			0	0
9.	District of Columbia	DC	0	0			0	0
10.	Florida	FL	40,162	0			0	40,162
11.	Georgia	GA	13,731	0			0	13,731
12.	Hawaii	HI	0	0			0	0
13.	Idaho	ID	0	0			0	0
14.	Illinois	IL	25,374	0		498	0	25,871
15.	Indiana	IN	23,289	0			0	23,289
16.	Iowa	IA	4,111	0			0	4,111
17.	Kansas	KS	3,494	10,300			0	13,794
18.	Kentucky	KY	13,404	0			0	13,404
19.	Louisiana	LA	16,229	0			0	16,229
20.	Maine	ME	0	0			0	0
21.	Maryland	MD	1,105	0			0	1,105
22.	Massachusetts	MA	2,299	0			0	2,299
23.	Michigan	MI	52,756	0			0	52,756
24.	Minnesota	MN	280	0			0	280
25.	Mississippi	MS	20,197	0			0	20,197
26.	Missouri	MO	15,761	0			0	15,761
27.	Montana	MT	434	0			0	434
28.	Nebraska	NE	11,179	0			0	11,179
29.	Nevada	NV	1,943	0			0	1,943
30.	New Hampshire	NH	999	0			0	999
31.	New Jersey	NJ	7,629	0			0	7,629
32.	New Mexico	NM	0	0			0	0
33.	New York	NY	860	0			0	860
34.	North Carolina	NC	9,610	0			0	9,610
35.	North Dakota	ND	4,530	2,000			0	6,530
36.	Ohio	OH	43,351	0			0	43,351
37.	Oklahoma	OK	9,530	10,000			0	19,530
38.	Oregon	OR	13,442	0			0	13,442
39.	Pennsylvania	PA	21,629	250			0	21,879
40.	Rhode Island	RI	543	0			0	543
41.	South Carolina	SC	3,281	0			0	3,281
42.	South Dakota	SD	2,706	0			0	2,706
43.	Tennessee	TN	15,666	200			0	15,866
44.	Texas	TX	46,374	0			0	46,374
45.	Utah	UT	1,159	0			0	1,159
46.	Vermont	VT	0	0			0	0
47.	Virginia	VA	12,240	0			0	12,240
48.	Washington	WA	148	0			0	148
49.	West Virginia	WV	9,231	0			0	9,231
50.	Wisconsin	WI	10,439	10,000			0	20,439
51.	Wyoming	WY	589	0			0	589
52.	American Samoa	AS	0	0			0	0
53.	Guam	GU	0	0			0	0
54.	Puerto Rico	PR	0	0			0	0
55.	U.S. Virgin Islands	VI	0	0			0	0
56.	Northern Mariana Islands	MP	0	0			0	0
57.	Canada	CAN	0	0			0	0
58.	Aggregate Other Alien	OT	0	0			0	0
59.	Total		508,640	47,250	0	498	0	556,388

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Asterisk	Explanation
1	The entity is a 501(c)(3) charitable organization that provides scholarships. The Board of Directors of UCT Charities is appointed by the Board of The Order of United Commercial Travelers of America.

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE Y

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

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

REQUIRED FILINGS

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)	SEE EXPLANATION
7. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
8. Will an audited financial report be filed by June 1?	YES
9. Will Accountant’s Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

SUPPLEMENTAL FILINGS

The following supplemental reports are required to be filed as part of your annual 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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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?	NO
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

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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?	NO
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 Worker's 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?	NO
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 the 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?	YES
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?	NO
44.	Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1?	NO
45.	Will the confidential Executive Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
46.	Will the confidential Life Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO
47.	Will the confidential Variable Annuities Summary of the PBR Actuarial Report be filed with the state of domicile by April 1?	NO

AUGUST FILING

48.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	NO
-----	--	----

Explanations:
N/A - Fraternal

6.
10.
12.
13.
15.
16.
17.
18.
19.
20.
21.
22.
23.
24.
25.
26.
27.
28.
29.
30.
31.
32.
33.
35.
38.
40.
41.
42.
43.
44.
45.
46.
47.
48.

Bar Codes:
10. SIS Stockholder Information Supplement [Document Identifier 420]



12. Trusted Surplus Statement [Document Identifier 490]



13. Participating Opinion for Exhibit 5 [Document Identifier 371]



15. Actuarial Opinion on X-Factors [Document Identifier 442]



16. Actuarial Opinion on Separate Accounts Funding Guaranteed Minimum Benefit [Document Identifier 443]



17. Actuarial Opinion on Synthetic Guaranteed Investment Contracts [Document Identifier 444]



18. Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 445]



19. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV [Document Identifier 446]



ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20.	Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]	563832022447000000
21.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	563832022448000000
22.	Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	563832022449000000
23.	C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	563832022450000000
24.	C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	563832022451000000
25.	Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	563832022452000000
26.	Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	563832022453000000
27.	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 [Document Identifier 454]	563832022454000000
28.	Workers' Compensation Carve-Out Supplement [Document Identifier 495]	563832022495000000
29.	Supplemental Schedule O [Document Identifier 465]	563832022465000000
30.	Medicare Part D Coverage Supplement [Document Identifier 365]	563832022465000000
31.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	563832022465000000
32.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	563832022465000000
33.	Relief from the Requirements for Audit Committees [Document Identifier 226]	563832022465000000
35.	Health Care Receivables Supplement [Document Identifier 470]	563832022470000000
38.	Credit Insurance Experience Exhibit [Document Identifier 230]	563832022470000000
40.	Supplemental Health Care Exhibit (Parts 1, 2 and 3) [Document Identifier 216]	563832022470000000
41.	Supplemental Health Care Exhibit's Expense Allocation Report [Document Identifier 217]	563832022470000000
42.	Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]	563832022435000000
43.	Supplemental Term and Universal Life Insurance Reinsurance Exhibit [Document Identifier 345]	563832022435000000
44.	Variable Annuities Supplement [Document Identifier 286]	563832022486000000
45.	Executive Summary of the PBR Actuarial Report [Document Identifier 457]	563832022457000000
46.	Life Summary of the PBR Actuarial Report [Document Identifier 458]	563832022458000000
47.	Variable Annuities Summary of the PBR Actuarial Report [Document Identifier 459]	563832022459000000
48.	Management's Report of Internal Control Over Financial Reporting [Document Identifier 223]	563832022423000000

ANNUAL STATEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Summary of Operations Line 8.3

	1 Current Year	2 Prior Year
08.304. PPP loan forgiven		582,347
08.397. Summary of remaining write-ins for Line 8.3 from overflow page	0	582,347

Additional Write-ins for Exhibit 2 Line 9.3

	Insurance				5	6	7
	1	Accident and Health		4			
		2	3				
	Life	Cost Containment	All Other	All Other Lines of Business	Investment	Fraternal	Total
09.304. Temporary Worker Services	2,174		26,246				28,420
09.305. Claims Outsourcing			317,722				317,722
09.306. Records Storage	2,257		27,251				29,508
09.307. WO&FBF						24,090	24,090
09.308. Ann Marshall Scholarships						18,200	18,200
09.309. UCT Foundation						415	415
09.310. Charitable Contributions	125		1,505				1,630
09.311. UCT Events	54		646				700
09.312. Canada Discontinuation	85		1,024				1,109
09.313. Lodge Supplies						5,709	5,709
09.314. Other-Agent Services	4,266		51,500				55,766
09.315. Product Development			6,000				6,000
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	8,961	0	431,894	0	0	48,414	489,269



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Alabama.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MS(B)-91.....	B.....	NO.....	0034060.....	02/07/1995.....			07/01/1997.....	PLAN B ISSUE AGE.....	4,131.....	14,189.....	343.5.....	1.....			0.0.....	
YES.....	MS(C)91.....	C.....	NO.....	0034060.....	02/07/1995.....			07/01/1997.....	PLAN C ISSUE AGE.....	22,564.....	5,964.....	26.4.....	4.....			0.0.....	
YES.....	MS(F)-91.....	F.....	NO.....	0034060.....	02/07/1995.....			07/01/1997.....	PLAN F ISSUE AGE.....	3,160.....	1,376.....	43.5.....	1.....			0.0.....	
YES.....	MS AC 06.....	C.....	NO.....	0034000.....	08/20/2005.....			05/31/2010.....	PLAN C ATTAINED AGE.....	8,857.....	2,213.....	25.0.....	1.....			0.0.....	
YES.....	MS AF 06.....	F.....	NO.....	0034000.....	08/20/2005.....			05/31/2010.....	PLAN F ATTAINED AGE.....	247,001.....	162,042.....	65.6.....	47.....			0.0.....	
YES.....	MS AG 06.....	G.....	NO.....	0034000.....	08/20/2005.....			05/31/2010.....	PLAN G ATTAINED AGE.....	21,126.....	18,248.....	86.4.....	5.....			0.0.....	
YES.....	MSAAG2010.....	G.....	NO.....	0034000.....	04/19/2010.....				PLAN G ATTAINED AGE (2010).....	3,519.....	(565).....	(16.1).....	1.....			0.0.....	
YES.....	MSAAN2010.....	N.....	NO.....	0034000.....	04/19/2010.....				PLAN N ATTAINED AGE (2010).....	3,292.....	4,674.....	142.0.....	1.....			0.0.....	
0199999. Total Experience on Individual Policies										313,650	208,141	66.4	61	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215.....
2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123.....
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215.....
3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123.....
4. Explain any policies identified above as policy type "O"......



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Arizona.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS(F) 00 AZ	F	NO	0034000	08/31/2000			02/03/2006	PLAN F ATTAINED AGE	522	(106)	(20.3)	0			0.0	
YES	MS IF 06 AZ	F	NO	0034000	02/03/2006			05/31/2010	PLAN F ISSUE AGE	798,330	464,284	58.2	156			0.0	
YES	MS IG 06 AZ	G	NO	0034000	02/03/2006			05/31/2010	PLAN G ISSUE AGE	30,457	71,809	235.8	7			0.0	
YES	MSIAF2010 AZ	F	NO	0034000	06/25/2010				PLAN F ISSUE AGE (2010)	(45)	(213)	473.3	0			0.0	
YES	MSIAG2010 AZ	G	NO	0034000	06/25/2010				PLAN G ISSUE AGE (2010)			0.0				0.0	
YES	MSIAN2010 AZ	N	NO	0034000	06/25/2010				PLAN N ISSUE AGE (2010)			0.0		(293)	(148)	50.5	0
0199999. Total Experience on Individual Policies										829,264	535,774	64.6	163	(293)	(148)	50.5	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Arkansas.....
NAIC Group Code 0000 NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
.....YES.....	MS IF 06 AR	F.....	NO.....	0034060	06/06/2006 .....	.....	.....	.....05/31/2010	PLAN F ISSUE AGE	752,690	513,664	68.2	164 .....	.....	.....	.....0.0 .....	.....
.....YES.....	MS IG 06 AR	G.....	NO.....	0034060	06/06/2006 .....	.....	.....	.....05/31/2010	PLAN G ISSUE AGE	73,325	16,239	22.1	18 .....	.....	.....	.....0.0 .....	.....
.....YES.....	MSIAG2010 AR	G.....	NO.....	0034000	05/19/2010 .....	.....	.....	.....	PLAN G ISSUE AGE (2010)	1,250	2,563	205.0	0 .....	.....	.....	.....0.0 .....	.....
0199999. Total Experience on Individual Policies										827,265	532,466	64.4	182	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF California.....
NAIC Group Code 0000 NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
.....YES.....	MS(F)-91	F.....	NO.....	0034060	02/24/1992 .....	.....	.....	.....02/02/2006	PLAN F ISSUE AGE	0.....	(75).....	0.0.....	0.....	0.....	0.....	0.0.....	.....
0199999. Total Experience on Individual Policies										0	(75)	0.0	0	0	0	0.0	0
.....																	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Colorado.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
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	11	Incurred Claims		14	15	Incurred Claims		18
										Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
YES.....	MS (F)-02 CO	F.....	NO.....	0034060	04/29/2002			03/15/2006	PLAN F ATTAINED AGE	50,021	37,960	75.9	11			0.0	
YES.....	MS (G)-03 CO	G.....	NO.....	0034060	10/10/2003			03/15/2006	PLAN G ATTAINED AGE	14,833	2,668	18.0	4			0.0	
YES.....	MS AB 06 CO	B.....	NO.....	0034060	03/15/2006			05/31/2010	PLAN B ATTAINED AGE	3,418	3,575	104.6	1			0.0	
YES.....	MS AF 06 CO	F.....	NO.....	0034060	03/15/2006			05/31/2010	PLAN F ATTAINED AGE	527,800	255,521	48.4	119			0.0	
YES.....	MS AG 06 CO	G.....	NO.....	0034060	03/15/2006			05/31/2010	PLAN G ATTAINED AGE	174,355	122,172	70.1	44			0.0	
YES.....	MS AAF2010 CO	F.....	NO.....	0034060	07/06/2010				PLAN F ATTAINED AGE (2010)	121,141	78,364	64.7	31			0.0	
YES.....	MS AAN2010 CO	N.....	NO.....	0034060	07/06/2010				PLAN N ATTAINED AGE (2010)	3,534	2,566	72.6	1	0	(169)	0.0	0
0199999. Total Experience on Individual Policies										895,102	502,826	56.2	211	0	(169)	0.0	

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Florida.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
YES.....	MS(A)-91	A.....	NO.....	0034060	04/17/1992			07/01/2004	PLAN A ISSUE AGE	42,241	10,237	24.2	16			0.0	
YES.....	MS(B)-91	B.....	NO.....	0034060	04/08/1992			07/01/2004	PLAN B ISSUE AGE	57,843	56,031	96.9	20			0.0	
YES.....	MS(C)-91	C.....	NO.....	0034060	01/27/1994			07/01/2004	PLAN C ISSUE AGE	699,894	672,366	96.1	225			0.0	
YES.....	MS(F)-91	F.....	NO.....	0034060	04/23/1992			07/01/2004	PLAN F ISSUE AGE	793,947	797,542	100.5	227			0.0	
0199999. Total Experience on Individual Policies										1,593,925	1,536,176	96.4	488	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Georgia.....
NAIC Group Code 0000 NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	13		14	15	17		18
											12	Percent of Premiums Earned			Number of Covered Lives	Premiums Earned		Amount	Percent of Premiums Earned	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MS(A)-91	A.....	NO.....	0034060	02/15/1994			01/13/2006	PLAN A ISSUE AGE	3,193	299	9.4	1			0.0	
YES.....	MS(B)-91	B.....	NO.....	0034060	02/15/1994			01/13/2006	PLAN B ISSUE AGE	7,769	692	8.9	2			0.0	
YES.....	MS(C)-91	C.....	NO.....	0034060	02/15/1994			01/13/2006	PLAN C ISSUE AGE	26,428	18,452	69.8	5			0.0	
YES.....	MS(F)-91	F.....	NO.....	0034060	02/15/1994			01/13/2006	PLAN F ISSUE AGE	15,353	10,933	71.2	3			0.0	
YES.....	MS1AF2010 GA	F.....	NO.....	0034060	10/23/2013				PLAN F ISSUE AGE (2010)	7,680	4,595	59.8	4	0	(63)	0.0	0
YES.....	MS1AG2010 GA	G.....	NO.....	0034060	10/23/2013				PLAN G ISSUE AGE (2010)	69,852	36,450	52.2	13	78,557	37,881	48.2	91
YES.....	MS1AN2010 GA	N.....	NO.....	0034060	10/23/2013				PLAN N ISSUE AGE (2010)			0.0		1,383	(50)	(3.6)	1
0199999. Total Experience on Individual Policies										130,275	71,421	54.8	28	79,940	37,768	47.2	92

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: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Idaho.....
NAIC Group Code 0000..... NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MS IF 06 ID	F.....	NO.....	0034060	06/06/2006			05/31/2010	PLAN F ISSUE AGE	1,080,396	715,644	66.2	206			0.0	
YES.....	MS IG 06 ID	G.....	NO.....	0034060	06/06/2006			05/31/2010	PLAN G ISSUE AGE	260,402	273,954	105.2	66			0.0	
YES.....	MSIAF2010	F.....	NO.....	0034060	07/29/2010			03/01/2022	PLAN F ISSUE AGE (2010)	8,577	1,191	13.9	2			0.0	
YES.....	MSIAG2010	G.....	NO.....	0034060	07/29/2010			03/01/2022	PLAN G ISSUE AGE (2010)			0.0				0.0	
0199999. Total Experience on Individual Policies										1,349,375	990,789	73.4	274	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Illinois.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MS(C)-91	C.....	NO.....	0034060	10/07/1993			02/05/2001	PLAN C ISSUE AGE	20,978	25,452	121.3	3			0.0	
YES.....	MS(F)-91	F.....	NO.....	0034060	01/15/1992			02/05/2001	PLAN F ISSUE AGE	76,222	45,745	60.0	12			0.0	
YES.....	MS(F)-00	F.....	NO.....	0034000	02/05/2001			12/31/2005	PLAN F ATTAINED AGE	0	(71)	0.0	0			0.0	
YES.....	MS AD 06 IL	D.....	NO.....	0034060	09/12/2005			05/31/2010	PLAN D ATTAINED AGE	0	0	0.0	0			0.0	
YES.....	MS AF 06 IL	F.....	NO.....	0034060	09/12/2005			05/31/2010	PLAN F ATTAINED AGE	359,446	213,955	59.5	62			0.0	
YES.....	MS AG 06 IL	G.....	NO.....	0034060	09/12/2005			05/31/2010	PLAN G ATTAINED AGE	102,013	78,285	76.7	21			0.0	
YES.....	MS AAF 2010 IL	F.....	NO.....	0034060	05/22/2010				PLAN F ATTAINED AGE (2010)	12,712	4,205	33.1	2			0.0	
YES.....	MS AAG 2010IL	G.....	NO.....	0034060	05/22/2010				PLAN G ATTAINED AGE (2010)	9,061	17,951	198.1	2			0.0	
YES.....	MS AAN 2010IL	N.....	NO.....	0034060	05/22/2010				PLAN N ATTAINED AGE (2010)	2,992	14,372	480.3	0	9,980	32,333	324.0	4
0199999. Total Experience on Individual Policies										583,424	399,894	68.5	102	9,980	32,333	324.0	4

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: 1801 Watermark Drive Suite 100 Columbus , OH 43215
2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Indiana.....
NAIC Group Code 0000..... NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
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	11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
										Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MS(A)-91	A.....	NO.....	0034060	03/28/1994			10/16/2000 ..	PLAN A ISSUE AGE	0	(12)	0.0	0			0.0	
YES.....	MS(C)-91	C.....	NO.....	0034060	03/28/1994			10/16/2000 ..	PLAN C ISSUE AGE	28,128	23,106	82.1	5			0.0	
YES.....	MS(F)-91	F.....	NO.....	0034060	03/28/1994			10/16/2000 ..	PLAN F ISSUE AGE	60,815	24,896	40.9	12			0.0	
YES.....	MS(C)-00	C.....	NO.....	0034000	10/16/2000			12/31/2005 ..	PLAN C ATTAINED AGE	10,427	1,230	11.8	2			0.0	
YES.....	MS(F)-00	F.....	NO.....	0034000	10/16/2000			12/31/2005 ..	PLAN F ATTAINED AGE	83,991	48,618	57.9	15			0.0	
YES.....	MS(G)-03	G.....	NO.....	0034000	10/10/2003			12/31/2005 ..	PLAN G ATTAINED AGE	40,868	34,400	84.2	8			0.0	
YES.....	MS AC 06	C.....	NO.....	0034000	12/27/2005			05/31/2010 ..	PLAN C ATTAINED AGE	11,825	4,186	35.4	2			0.0	
YES.....	MS AD 06	D.....	NO.....	0034000	12/27/2005			05/31/2010 ..	PLAN D ATTAINED AGE	4,788	1,648	34.4	1			0.0	
YES.....	MS AF 06	F.....	NO.....	0034000	12/27/2005			05/31/2010 ..	PLAN F ATTAINED AGE	552,525	501,699	90.8	103			0.0	
YES.....	MS AG 06	G.....	NO.....	0034000	12/27/2006			05/31/2010 ..	PLAN G ATTAINED AGE	894,519	776,677	86.8	196			0.0	
									PLAN F ATTAINED AGE (2010)								
YES.....	MS AAF 2010	F.....	NO.....	0034000	05/28/2010			07/01/2020 ..	(2010)	20,783	2,318	11.2	4			0.0	
									PLAN G ATTAINED AGE (2010)								
YES.....	MS AAG 2010	G.....	NO.....	0034000	05/28/2010			07/01/2020 ..	(2010)	6,659	112	1.7	2			0.0	
0199999. Total Experience on Individual Policies										1,715,328	1,418,878	82.7	350	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
.....
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".
.....



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Iowa.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MS (F)-91.....	F.....	NO.....	0034060	03/15/1995 .....	.....	.....	08/03/2000 ..	PLAN F ISSUE AGE	16,161	1,878	11.6	2 .....	.....	.....	0.0 .....	.....
YES.....	MS AF 06	F.....	NO.....	0034000	09/09/2005 .....	.....	.....	05/31/2010 ..	PLAN F ATTAINED AGE	135,289	109,316	80.8	23 .....	.....	.....	0.0 .....	.....
YES.....	MS AG 08	G.....	NO.....	0034000	07/30/2008 .....	.....	.....	05/31/2010 ..	PLAN G ATTAINED AGE	0	975	0.0	0 .....	.....	.....	0.0 .....	.....
YES.....	MSAAF2010	F.....	NO.....	0034000	05/25/2010 .....	.....	.....	.....	PLAN F ATTAINED AGE (2010)	3,118	10,838	347.6	1	4,388	4,822	109.9	2
YES.....	MSAAG2010	G.....	NO.....	0034000	05/25/2010 .....	.....	.....	.....	PLAN G ATTAINED AGE (2010)	0	0	0.0	0	1,548	5,056	326.6	1
0199999. Total Experience on Individual Policies										154,568	123,007	79.6	26	5,936	9,878	166.4	3

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: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Kansas.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	MS(C)-91	C.....	NO.....	0034060	01/03/1995 .....	.....	.....	.....11/05/2007	PLAN C ISSUE AGE	44,858	19,928	44.4	8 .....	.....	.....	.....0.0 .....	.....
.....YES.....	MS(F)-91	F.....	NO.....	0034060	05/06/1992 .....	.....	.....	.....11/05/2007	PLAN F ISSUE AGE	6,679	7,913	118.5	1 .....	.....	.....	.....0.0 .....	.....
.....YES.....	MSAAF2010 KS	F.....	NO.....	0034060	08/17/2010 .....	.....	.....	.....	PLAN F ATTAINED AGE (2010)	5,488	843	15.4	1 .....	.....	.....	.....0.0 .....	.....
0199999. Total Experience on Individual Policies										57,025	28,684	50.3	10	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
NAIC Group Code 0000..... NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										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
N/A.....	MS-88	P.....	NO.....	0204060	01/26/1988		02/01/1991	01/01/1992	PRE-STANDARD	1,809	285	15.8	1			0.0	
YES.....	MS(A)-91	A.....	NO.....	0034060	03/11/1992			01/03/2001	PLAN A ISSUE AGE	0	0	0.0	0			0.0	
YES.....	MS(C)-91	C.....	NO.....	0034060	12/02/1993			01/03/2001	PLAN C ISSUE AGE	14,746	4,129	28.0	3			0.0	
YES.....	MS(F)-91	F.....	NO.....	0034060	05/06/1992			01/03/2001	PLAN F ISSUE AGE	23,297	14,836	63.7	4			0.0	
YES.....	MSAAC2010 KY	C.....	NO.....	0034060	07/20/2010			11/21/2020	PLAN C ATTAINED (2010)	10,444	3,586	34.3	2	0	(219)	0.0	1
YES.....	MSAAF2010 KY	F.....	NO.....	0034000	07/20/2010				PLAN F ATTAINED AGE (2010)	2,339	62	2.7	1			0.0	
YES.....	MSAAG2010 KY	G.....	NO.....	0034060	07/20/2010				PLAN G ATTAINED AGE (2010)	2,981	(108)	(3.6)	2			0.0	
0199999. Total Experience on Individual Policies										55,616	22,790	41.0	13	0	(219)	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Louisiana.....
NAIC Group Code 0000..... NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MS(C)-91	C.....	NO.....	0034060	11/15/1993 .....	.....	.....	05/24/2001	PLAN C ISSUE AGE	5,115	1,093	21.4	1 .....	.....	.....	0.0 .....	.....
YES.....	MS(F)-91	F.....	NO.....	0034060	08/14/1992 .....	.....	.....	05/24/2001	PLAN F ISSUE AGE	12,713	(51) (0.4) .....	.....	2 .....	.....	.....	0.0 .....	.....
YES.....	MS(G)-04 LA	G.....	NO.....	0034060	02/20/2004 .....	.....	.....	02/16/2006	PLAN G ATTAINED AGE	5,850	3,240	55.4	1 .....	.....	.....	0.0 .....	.....
YES.....	MS AC 06 LA	C.....	NO.....	0034060	02/16/2006 .....	.....	.....	05/31/2010	PLAN C ATTAINED AGE	0	0	0.0	0 .....	.....	.....	0.0 .....	.....
YES.....	MS AF 06 LA	F.....	NO.....	0034060	02/16/2006 .....	.....	.....	05/31/2010	PLAN F ATTAINED AGE	575,276	336,383	58.5	82 .....	.....	.....	0.0 .....	.....
YES.....	MS AG 06 LA	G.....	NO.....	0034060	02/16/2006 .....	.....	.....	05/31/2010	PLAN G ATTAINED AGE	127,118	63,657	50.1	21 .....	.....	.....	0.0 .....	.....
0199999. Total Experience on Individual Policies										726,072	404,322	55.7	107	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Michigan.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	13		14	15	17		18
											12	Percent of Premiums Earned			Number of Covered Lives	Premiums Earned		Amount	Percent of Premiums Earned	Number of Covered Lives
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MS(C)-91	C.....	NO.....	0034060	08/19/1993 .....	.....	.....	08/01/2000	PLAN C ISSUE AGE	22,115	10,963	49.6	4	.....	.....	0.0	.....
YES.....	MS(F)-91	F.....	NO.....	0034060	05/04/1992 .....	.....	.....	08/01/2000	PLAN F ISSUE AGE	12,432	7,242	58.3	2	.....	.....	0.0	.....
YES.....	MS(C)-00	C.....	NO.....	0034060	08/01/2000 .....	.....	.....	12/31/2005	PLAN C ATTAINED AGE	(118)	(368)	311.9	0	.....	.....	0.0	.....
YES.....	MS(D)-00	D.....	NO.....	0034000	08/01/2000 .....	.....	.....	12/31/2005	PLAN D ATTAINED AGE	12,051	5,730	47.5	2	.....	.....	0.0	.....
YES.....	MS AC 06	C.....	NO.....	0034060	12/09/2005 .....	.....	.....	05/31/2010	PLAN C ATTAINED AGE	6,311	2,474	39.2	1	.....	.....	0.0	.....
YES.....	MS AF 06	F.....	NO.....	0034000	12/09/2005 .....	.....	.....	05/31/2010	PLAN F ATTAINED AGE	190,709	96,541	50.6	30	.....	.....	0.0	.....
YES.....	MS AG 06	G.....	NO.....	0034000	12/09/2005 .....	.....	.....	05/31/2010	PLAN G ATTAINED AGE	95,137	47,372	49.8	16	.....	.....	0.0	.....
0199999. Total Experience on Individual Policies										338,637	169,954	50.2	55	0	0	0.0	

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".

360.MS



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Mississippi.....
NAIC Group Code 0000..... NAIC Company Code 56383

ADDRESS (City, State and Zip Code) Columbus , OH 43215

Person Completing This Exhibit

Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										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
NO.....	MS-88	P.....	NO.....	0034060	01/22/1988		12/26/1990	07/01/1992	PRE-STANDARD	4,601	3,127	68.0	1			0.0	
YES.....	MS(C)-91MS	C.....	NO.....	0034060	08/16/1996			08/18/2000	PLAN C ISSUE AGE	0	0	0.0	0			0.0	
YES.....	MS(F)-91 MS	F.....	NO.....	0034060	08/16/1996			08/18/2000	PLAN F ISSUE AGE	19,054	5,252	27.6	3			0.0	
YES.....	MS(C)-00 MS	C.....	NO.....	0034060	08/18/2000		12/04/2002	12/31/2005	PLAN C ATTAINED AGE	5,392	2,111	39.2	1			0.0	
YES.....	MS(F)-00 MS	F.....	NO.....	0034060	08/18/2000		12/04/2002	12/31/2005	PLAN F ATTAINED AGE	6,409	3,911	61.0	1			0.0	
YES.....	MS AC 06 MS	C.....	NO.....	0034060	09/12/2005			05/31/2010	PLAN C ATTAINED AGE	35,366	45,707	129.2	5			0.0	
YES.....	MS AD 06 MS	D.....	NO.....	0034060	09/12/2005			05/31/2010	PLAN D ATTAINED AGE	13,675	1,726	12.6	2			0.0	
YES.....	MS AF 06 MS	F.....	NO.....	0034060	09/12/2005			05/31/2010	PLAN F ATTAINED AGE	1,669,974	1,043,342	62.5	247			0.0	
YES.....	MS G 06 MS	G.....	NO.....	0034000	12/14/2006			05/31/2010	PLAN G ATTAINED AGE	37,321	12,109	32.4	5			0.0	
YES.....	MSAAC2010 MS	C.....	NO.....	0034060	07/21/2010				PLAN C ATTAINED AGE (2010)	26,788	25,889	96.6	4			0.0	
YES.....	MSAAF2010 MS	F.....	NO.....	0034060	07/21/2010				PLAN F ATTAINED AGE (2010)	0	0	0.0	0	315	287	91.1	1
YES.....	MSAAN2010 MS	N.....	NO.....	0034000	07/21/2010				PLAN N ATTAINED AGE (2010)	3,674	2,397	65.2	1			0.0	
0199999. Total Experience on Individual Policies										1,822,254	1,145,571	62.9	270	315	287	91.1	

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Missouri.....
NAIC Group Code 0000..... NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										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
N/A.....	MS-88	P.....	NO.....	0034060	02/16/1998		01/23/1991	07/30/1992	PRE-STANDARD	2,025	(298)	(14.7)	0			0.0	
YES.....	MS(B)-91	B.....	NO.....	0034060	01/14/1992			12/31/2005	PLAN B ISSUE AGE	292	2,397	820.9	0			0.0	
YES.....	MS(C)-91	C.....	NO.....	0034060	11/10/1993			12/31/2005	PLAN C ISSUE AGE	17,687	20,852	117.9	3			0.0	
YES.....	MS(F)-91	F.....	NO.....	0034060	06/01/1992			12/31/2005	PLAN F ISSUE AGE	11,503	10,330	89.8	1			0.0	
YES.....	MS1AB2010	B.....	NO.....	0034060	08/10/2010				PLAN B ISSUE AGE (2010)	2,725	6,386	234.3	1			0.0	
YES.....	MS1AC2010	C.....	NO.....	0034060	08/10/2010				PLAN C ISSUE AGE (2010)	3,291	82	2.5	1			0.0	
YES.....	MS1AD2010	D.....	NO.....	0034060	08/10/2010				PLAN D ISSUE AGE (2010)	15,675	16,045	102.4	5	3,660	3,948	107.9	1
YES.....	MS1AF2010	F.....	NO.....	0034060	08/10/2010				PLAN F ISSUE AGE (2010)	51,454	56,328	109.5	16			0.0	
YES.....	MS1AG2010	G.....	NO.....	0034060	08/10/2010				PLAN G ISSUE AGE (2010)	27,963	11,062	39.6	11			0.0	
YES.....	MS1AN2010	N.....	NO.....	0034060	08/10/2010				PLAN N ISSUE AGE (2010)	37,959	35,093	92.4	16			0.0	
0199999. Total Experience on Individual Policies										170,574	158,277	92.8	54	3,660	3,948	107.9	

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: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Montana.....
NAIC Group Code 0000..... NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MS AC 06 MT	C.....	NO.....	0034060	01/17/2006 .....	.....	.....	05/31/2010	PLAN C ATTAINED AGE	7,894	3,772	47.8	2	.....	.....	0.0	.....
YES.....	MS AD 06 MT	D.....	NO.....	0034060	01/17/2006 .....	.....	.....	05/31/2010	PLAN D ATTAINED AGE	7,936	3,679	46.4	2	.....	.....	0.0	.....
YES.....	MS AF 06 MT	F.....	NO.....	0034060	01/17/2006 .....	.....	.....	05/31/2010	PLAN F ATTAINED AGE	586,543	478,965	81.7	136	.....	.....	0.0	.....
YES.....	MS AG 06 MT	G.....	NO.....	0034060	01/17/2006 .....	.....	.....	05/31/2010	PLAN G ATTAINED AGE	51,920	49,208	94.8	14	.....	.....	0.0	.....
YES.....	MS AAC 2010 MT	C.....	NO.....	0034060	07/12/2010 .....	.....	.....	.....	PLAN C ATTAINED AGE (2010)	4,105	3,108	75.7	1	.....	.....	0.0	.....
YES.....	MS AAF 2010 MT	F.....	NO.....	0034060	07/12/2010 .....	.....	.....	.....	PLAN F ATTAINED AGE (2010)	9,203	483	5.2	2	.....	.....	0.0	.....
0199999. Total Experience on Individual Policies										667,601	539,215	80.8	157	0	0	0.0	

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Nebraska.....
NAIC Group Code 0000..... NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										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
N/A.....	MS-88	P.....	NO.....	0204060	05/01/1989		02/28/1991	05/01/1992	PRE-STANDARD	2,400	4,659	194.1	1			0.0	
YES.....	MS(B)-91	B.....	NO.....	0034060	05/22/1995			10/04/2000	PLAN B ISSUE AGE			0.0				0.0	
YES.....	MS(F)-91	F.....	NO.....	0034060	05/22/1995			10/04/2000	PLAN F ISSUE AGE	6,118	5,898	96.4	1			0.0	
YES.....	MS(F)-00	F.....	NO.....	0034000	10/04/2000			01/05/2006	PLAN F ATTAINED AGE	5,970	890	14.9	1			0.0	
YES.....	MS AC 06	C.....	NO.....	0034000	01/05/2006			05/31/2010	PLAN C ATTAINED AGE			0.0				0.0	
YES.....	MS AF 06	F.....	NO.....	0034000	01/05/2006			05/31/2010	PLAN F ATTAINED AGE	1,899,376	1,342,361	70.7	285			0.0	
YES.....	MS AG 06	G.....	NO.....	0034000	01/05/2006			05/31/2010	PLAN G ATTAINED AGE	32,517	8,368	25.7	6			0.0	
YES.....		F.....	NO.....	0034000	06/03/2010				PLAN F ATTAINED AGE (2010)	0	0	0.0	0	1,985	13,776	694.0	0
0199999. Total Experience on Individual Policies										1,946,381	1,362,176	70.0	294	1,985	13,776	694.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Nevada.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MSF 06 NV	F.....	NO.....	0034060	02/16/2007			05/31/2010	PLAN F ATTAINED AGE	124,279	71,206	57.3	19			0.0	
YES.....	MSG 06 NV	G.....	NO.....	0034060	02/16/2007			05/31/2010	PLAN G ATTAINED AGE	74,737	52,759	70.6	13			0.0	
									PLAN F ATTAINED AGE (2010)	13,257	7,304	55.1	2			0.0	
YES.....	MSAAF2010 NV	F.....	NO.....	0034000	06/21/2010				PLAN G ATTAINED AGE (2010)	6,771	368	5.4	2			0.0	
YES.....	MS AAG 2010 NV	G.....	NO.....	0034000	06/21/2010				PLAN N ATTAINED AGE (2010)	3,520	350	9.9	1			0.0	
0199999. Total Experience on Individual Policies										222,564	131,987	59.3	37	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF North Carolina.....
NAIC Group Code 0000..... NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
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	11	Incurred Claims		14	15	Incurred Claims		18
										Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
YES.....	MS(C)-91	C.....	NO.....	0034060	07/22/1994			02/16/2001	PLAN C ISSUE AGE	7,418	10,618	143.1	1			0.0	
YES.....	MS AC 06 NC	C.....	NO.....	0034060	01/23/2006			05/31/2010	PLAN C ATTAINED AGE	52,504	24,221	46.1	8			0.0	
YES.....	MS AD 06 NC	D.....	NO.....	0034000	01/23/2006			05/31/2010	PLAN D ATTAINED AGE	6,070	128	2.1	1			0.0	
YES.....	MS AF 06 NC	F.....	NO.....	0034000	01/23/2006			05/31/2010	PLAN F ATTAINED AGE	345,717	153,379	44.4	52			0.0	
YES.....	MS AG 08 NC	G.....	NO.....	0034000	08/22/2008			05/31/2010	PLAN G ATTAINED AGE	106,240	59,966	56.4	22			0.0	
YES.....	MS AAC 2010 NC	C.....	NO.....	0034060	06/01/2010				PLAN C ATTAINED AGE (2010)	7,640	10,331	135.2	1			0.0	
YES.....	MS AAG 2010 NC	G.....	NO.....	0034000	06/01/2010				PLAN G ATTAINED AGE (2010)			0.0				0.0	
0199999. Total Experience on Individual Policies										525,589	258,643	49.2	85	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF North Dakota.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	13		14	15	17		18
											12	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
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
N/A.....	MS-88	P.....	NO.....	0204060	12/30/1989 ..		01/15/1991 ..	01/01/1992 ..	PRE-STANDARD	(208).....	(3,452).....	1,659.6	0.....			0.0	
YES.....	MS(C)-91	C.....	NO.....	0034060	08/09/1993 ..			08/08/2000 ..	PLAN C ISSUE AGE	17,289	28,862	166.9	4.....			0.0	
YES.....	MS(F)-91	F.....	NO.....	0034060	11/18/1992 ..			08/08/2000 ..	PLAN F ISSUE AGE	19,165	20,299	105.9	3.....			0.0	
YES.....	MS(F)-00	F.....	NO.....	0034060	08/08/2000 ..			12/31/2005 ..	PLAN F ATTAINED AGE	0.....	7.....	0.0	0.....			0.0	
YES.....	MS AC 06 ND	C.....	NO.....	0034000	10/31/2005 ..			05/31/2010 ..	PLAN C ATTAINED AGE	9,989	4,118	41.2	2.....			0.0	
YES.....	MS AF 06 ND	F.....	NO.....	0034000	10/31/2005 ..			05/31/2010 ..	PLAN F ATTAINED AGE	418,177	291,810	69.8	83.....			0.0	
YES.....	MSG 06 ND	G.....	NO.....	0034000	01/05/2007 ..			05/31/2010 ..	PLAN G ATTAINED AGE	0.....	(8).....	0.0	0.....			0.0	
0199999. Total Experience on Individual Policies										464,412	341,636	73.6	92	0	0	0.0	

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Ohio.....
NAIC Group Code 0000..... NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										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
N/A.....	MS-88	P.....	NO.....	0204060	01/27/1988		01/09/1991	01/01/1992	PRE-STANDARD	4,545	6,317	139.0	1			0.0	
YES.....	MS(B)-91	B.....	NO.....	0034060	01/30/1992			07/14/2000	PLAN B ISSUE AGE	676	1,532	226.6	0			0.0	
YES.....	MS(C)-91	C.....	NO.....	0034060	06/24/1993			07/14/2000	PLAN C ISSUE AGE	57,974	53,533	92.3	10			0.0	
YES.....	MS(F)-91	F.....	NO.....	0034060	01/30/1992			07/14/2000	PLAN F ISSUE AGE	6,330	11,730	185.3	1			0.0	
YES.....	MS AF 06 OH	F.....	NO.....	0034000	09/15/2005			05/31/2010	PLAN F ATTAINED AGE	5,665	7,153	126.3	1			0.0	
YES.....	MSAAC2010 OH	C.....	NO.....	0034000	06/29/2010				PLAN C ATTAINED AGE (2010)	51,618	47,208	91.5	14	3,115	(2,516)	(80.8)	7
YES.....	MSAAD2010 OH	D.....	NO.....	0034000	06/29/2010				PLAN D ATTAINED AGE (2010)	16,923	8,692	51.4	7			0.0	
YES.....	MSAAF2010 OH	F.....	NO.....	0034000	06/29/2010				PLAN F ATTAINED AGE (2010)	89,220	45,817	51.4	26	0	(3,054)	0.0	10
YES.....	MSAAG2010 OH	G.....	NO.....	0034000	06/29/2010				PLAN G ATTAINED AGE (2010)	427,437	268,683	62.9	72	194,179	131,901	67.9	255
YES.....	MSAAN2010 OH	N.....	NO.....	0034000	06/29/2010				PLAN N ATTAINED AGE (2010)	24,954	13,182	52.8	11	22,038	10,444	47.4	22
0199999. Total Experience on Individual Policies										685,342	463,847	67.7	143	219,332	136,775	62.4	294

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: 1801 Watermark Drive Suite 100 Columbus , OH 43215
2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".

360.OK



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Oklahoma.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	MS(A)-91.....	A.....	NO.....	0034060.....	01/01/1992.....			08/18/2000.....	PLAN A ISSUE AGE.....	3,826.....	12.....	0.3.....	1.....			0.0.....	
YES.....	MS(B)-91.....	B.....	NO.....	0034060.....	09/23/1993.....			08/18/2000.....	PLAN B ISSUE AGE.....	0.....	0.....	0.0.....	0.....			0.0.....	
YES.....	MS(C)-91.....	C.....	NO.....	0034060.....	09/23/1993.....			08/18/2000.....	PLAN C ISSUE AGE.....	24,870.....	19,992.....	80.4.....	5.....			0.0.....	
YES.....	MS(F)-91.....	F.....	NO.....	0034060.....	04/03/1992.....			08/18/2000.....	PLAN F ISSUE AGE.....	44,319.....	33,141.....	74.8.....	8.....			0.0.....	
YES.....	MS(A)-00.....	A.....	NO.....	0034060.....	08/18/2000.....			12/31/2005.....	PLAN A ATTAINED AGE.....	2,866.....	5,207.....	181.7.....	1.....			0.0.....	
YES.....	MS(C)-00.....	C.....	NO.....	0034000.....	08/18/2000.....			12/31/2005.....	PLAN C ATTAINED AGE.....	19,164.....	2,642.....	13.8.....	3.....			0.0.....	
YES.....	MS(F)-00.....	F.....	NO.....	0034000.....	08/18/2000.....			12/31/2005.....	PLAN F ATTAINED AGE.....	56,594.....	12,745.....	22.5.....	8.....			0.0.....	
YES.....	MS(G)-03.....	G.....	NO.....	0034000.....	11/04/2003.....			12/31/2005.....	PLAN G ATTAINED AGE.....	0.....	(84).....	0.0.....	0.....			0.0.....	
YES.....	MS AF 06 OK.....	F.....	NO.....	0034000.....	09/23/2005.....			05/31/2010.....	PLAN F ATTAINED AGE.....	25,620.....	20,487.....	80.0.....	4.....			0.0.....	
0199999. Total Experience on Individual Policies										177,259	94,142	53.1	30	0	0	0.0	

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Oregon.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
N/A.....	MS-89	P.....	NO.....	0204060	03/20/1989 .....	.....	01/24/1991	01/01/1992	PRE-STANDARD	0.....	0.....	0.0.....	0.....	.....	.....	0.0.....	.....
YES.....	MSF 06	F.....	NO.....	0034060	01/25/2007 .....	.....	.....	05/31/2010	PLAN F ATTAINED AGE	400,693.....	139,236.....	34.7.....	73.....	.....	.....	0.0.....	.....
YES.....	MSG 06	G.....	NO.....	0034060	01/25/2007 .....	.....	.....	05/31/2010	PLAN G ATTAINED AGE	0.....	49.....	0.0.....	0.....	.....	.....	0.0.....	.....
YES.....	MS AAF 2010	F.....	NO.....	0034060	04/28/2010 .....	.....	.....	.....	PLAN F ATTAINED AGE (2010)	4,615.....	184.....	4.0.....	1.....	.....	.....	0.0.....	.....
0199999. Total Experience on Individual Policies										405,308	139,469	34.4	74	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....
NAIC Group Code 0000 NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

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	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	MS(A)-91	A.....	NO.....	0034060	12/06/1993			10/11/2001	PLAN A ISSUE AGE	2,560	66	2.6	1			0.0	
YES.....	MS(B)-91	B.....	NO.....	0034060	12/06/1993			10/11/2001	PLAN B ISSUE AGE	12,458	1,401	11.2	4			0.0	
YES.....	MS(C)-91	C.....	NO.....	0034060	12/06/1993			10/11/2001	PLAN C ISSUE AGE	177,667	143,290	80.7	40			0.0	
									PLAN C ATTAINED AGE (2010)								
YES.....	MS AAC 2010 PA	C.....	NO.....	0034060	06/01/2010				PLAN D ATTAINED AGE (2010)	10,348	3,138	30.3	4	5,557	3,250	58.5	2
YES.....	MS AAD 2010 PA	D.....	NO.....	0034060	06/01/2010				PLAN F ATTAINED AGE (2010)			0.0				0.0	2
YES.....	MS AAF 2010 PA	F.....	NO.....	0034060	06/01/2010				PLAN G ATTAINED AGE (2010)	26,559	25,299	95.3	5	6,558	(432)	(6.6)	8
YES.....	MS AAG 2010 PA	G.....	NO.....	0034060	06/01/2010				PLAN N ATTAINED AGE (2010)	34,732	19,307	55.6	8	65,845	23,847	36.2	54
YES.....	MS AAN 2010 PA	N.....	NO.....	0034060	06/01/2010					8,378	3,965	47.3	5	21,482	14,260	66.4	18
0199999. Total Experience on Individual Policies										272,702	196,466	72.0	67	99,442	40,925	41.2	84

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: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF South Carolina.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES	MS(F)-91	F	NO	0034060	03/14/1995			09/14/2000	PLAN F ISSUE AGE	20,414	34,744	170.2	4			0.0	
YES	MS(F)-00	F	NO	0034060	09/14/2000			12/31/2005	PLAN F ATTAINED AGE	21,189	5,172	24.4	4			0.0	
YES	MS AB 06 SC	B	NO	0034000	12/06/2005			05/31/2010	PLAN B ATTAINED AGE	315	2,198	697.8	0			0.0	
YES	MS AC 06 SC	C	NO	0034000	12/06/2005			05/31/2010	PLAN C ATTAINED AGE	5,332	612	11.5	1			0.0	
YES	MS AF 06 SC	F	NO	0034000	12/06/2005			05/31/2010	PLAN F ATTAINED AGE	29,814	29,665	99.5	5			0.0	
YES	MS AG 06 SC	G	NO	0034000	12/06/2005			05/31/2010	PLAN G ATTAINED AGE	8,249	1,268	15.4	2			0.0	
0199999. Total Experience on Individual Policies										85,313	73,659	86.3	16	0	0	0.0	

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF South Dakota.....
NAIC Group Code 0000 NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MS(F)-91	F.....	NO.....	0034060	09/20/1993			06/27/2000	PLAN F ISSUE AGE	1,869	439	23.5	0			0.0	
YES.....	MS(F)-00	F.....	NO.....	0034060	06/27/2000			12/31/2005	PLAN F ATTAINED AGE	17,637	14,331	81.3	3			0.0	
YES.....	MS AF 06 SD	F.....	NO.....	0034060	09/01/2005			05/31/2010	PLAN F ATTAINED AGE	133,330	44,774	33.6	22			0.0	
YES.....	MS AG 06 SD	G.....	NO.....	0034060	09/01/2005			05/31/2010	PLAN G ATTAINED AGE	7,122	504	7.1	1			0.0	
0199999. Total Experience on Individual Policies										159,958	60,048	37.5	26	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Tennessee.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13			16	17	
										Amount	Percent of Premiums Earned	Amount	Percent of Premiums Earned				
YES.....	MS(C)-91	C.....	NO.....	0034000	08/02/1994			08/11/2000	PLAN C ISSUE AGE	0	(1)	0.0	0			0.0	
YES.....	MS(F)-91	F.....	NO.....	0034000	08/02/1994			08/11/2000	PLAN F ISSUE AGE	12,067	38,914	322.5	2			0.0	
YES.....	MS(F)-00 TN	F.....	NO.....	0034000	08/11/2000			12/31/2005	PLAN F ATTAINED AGE	0	0	0.0	0			0.0	
YES.....	MSAAF2010	F.....	NO.....	0034060	07/23/2010				PLAN F ATTAINED AGE (2010)	2,317	3,192	137.8	1			0.0	
0199999. Total Experience on Individual Policies										14,384	42,105	292.7	3	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Texas.....
NAIC Group Code 0000..... NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										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
N/A.....	MS-89-TX	P.....	NO.....	0204060	02/16/1990		01/14/1991	03/01/1992	PRE-STANDARD	11,869	2,819	23.8	2			0.0	
YES.....	MS(A)-91	A.....	NO.....	0034060	08/20/1992			11/14/2000	PLAN A ISSUE AGE	4,062	9,828	241.9	1			0.0	
YES.....	MS(C)-91	C.....	NO.....	0034060	10/19/1993			11/14/2000	PLAN C ISSUE AGE	49,910	31,401	62.9	8			0.0	
YES.....	MS(F)-91	F.....	NO.....	0034060	08/20/1992			11/14/2000	PLAN F ISSUE AGE	128,805	48,847	37.9	17			0.0	
YES.....	MS(F)-00	F.....	NO.....	0034000	11/14/2000			03/03/2006	PLAN F ATTAINED AGE	8,198	529	6.5	1			0.0	
YES.....	MS AA 06 TX	A.....	NO.....	0034060	03/03/2006			05/31/2010	PLAN A ATTAINED AGE	18,533	23,849	128.7	2			0.0	
YES.....	MSAAA2010 TX	A.....	NO.....	0034060	09/09/2010				PLAN A ATTAINED AGE (2010)	0	0	0.0	0			0.0	
0199999. Total Experience on Individual Policies										221,377	117,273	53.0	31	0	0	0.0	

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Utah.....
NAIC Group Code 0000..... NAIC Company Code 56383
ADDRESS (City, State and Zip Code) Columbus , OH 43215
Person Completing This Exhibit
Title Telephone Number

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MSF 06 UT	F.....	NO.....	0034000	11/15/2006 ..			05/31/2010 ..	PLAN F ATTAINED AGE	104,226	47,533	45.6	22			0.0	
YES.....	MSG 06 UT	G.....	NO.....	0034000	11/15/2006 ..			05/31/2010 ..	PLAN G ATTAINED AGE	3,894	2,713	69.7	1			0.0	
									PLAN F ATTAINED AGE (2010)	11,843	5,865	49.5	3			0.0	
YES.....	MSAAF2010 UT	F.....	NO.....	0034000	07/22/2010 ..				PLAN G ATTAINED AGE (2010)	10,393	4,440	42.7	3			0.0	
YES.....	MSAAG2010 UT	G.....	NO.....	0034000	07/22/2010 ..				PLAN N ATTAINED AGE (2010)	3,105	6,897	222.1	1			0.0	
YES.....	MSAAN2010 UT	N.....	NO.....	0034000	07/22/2010 ..												
0199999. Total Experience on Individual Policies										133,461	67,448	50.5	30	0	0	0.0	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215
3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Virginia.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
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	11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12	13 Percent of Premiums Earned			16	17 Percent of Premiums Earned	
										Amount							
YES.....	MS(C)-91	C.....	NO.....	0034060	04/15/1994			01/11/2006	PLAN C ISSUE AGE	7,465	14,819	198.5	1			0.0	
YES.....	MS AE 06 VA	E.....	NO.....	0034000	06/18/2007			05/31/2010	PLAN E ATTAINED AGE	22,504	654	2.9	5			0.0	
YES.....	MS AF 06 VA	F.....	NO.....	0034000	06/18/2007			05/31/2010	PLAN F ATTAINED AGE	1,298,964	686,492	52.8	225			0.0	
YES.....	MS AG 06 VA	G.....	NO.....	0034000	06/18/2007			05/31/2010	PLAN G ATTAINED AGE	101,963	60,436	59.3	23			0.0	
0199999. Total Experience on Individual Policies										1,430,896	762,401	53.3	254	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF West Virginia.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
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	11	Incurred Claims		14	15	Incurred Claims		18
										Premiums Earned	12	13	Number of Covered Lives	Premiums Earned	16	17	Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
YES	MS AE 06 WV	E	NO	0034000	06/07/2006			05/31/2010	PLAN E ATTAINED AGE	4,621	4,433	95.9	1			0.0	
YES	MS AF 06 WV	F	NO	0034000	06/07/2006			05/31/2010	PLAN F ATTAINED AGE	627,243	432,545	69.0	127			0.0	
YES	MS AG 06 WV	G	NO	0034000	06/07/2006			05/31/2010	PLAN G ATTAINED AGE	73,617	35,253	47.9	17			0.0	
YES	MS AAF 2010 WV	F	NO	0034000	06/03/2010				PLAN F ATTAINED AGE (2010)	22,357	10,597	47.4	5	4,829	492	10.2	1
0199999. Total Experience on Individual Policies										727,838	482,828	66.3	150	4,829	492	10.2	1

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
YES.....	MS-AT (BP) WI-04	0.....	NO.....	0034060	04/14/2004			05/31/2010	MED SUPP WI CORE & RIDERS	995,417	584,393	58.7	134			0.0	
0199999. Total Experience on Individual Policies										995,417	584,393	58.7	134	0	0	0.0	0
.....																	

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2022
(To Be Filed by March 1)

FOR THE STATE OF Wyoming.....
NAIC Group Code 0000..... NAIC Company Code 56383.....
ADDRESS (City, State and Zip Code) Columbus , OH 43215.....
Person Completing This Exhibit.....
Title..... Telephone Number.....

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2019				Policies Issued in 2020; 2021; 2022			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
.....YES.....	MS AF 06 WY	F.....	NO.....	0034000	09/01/2005 .....	.....	.....	.....05/31/2010	PLAN F ATTAINED AGE	731,078	555,612	76.0	147 .....	.....	.....	.....0.0 .....	.....
.....YES.....	MS AG 06 WY	G.....	NO.....	0034000	09/01/2005 .....	.....	.....	.....05/31/2010	PLAN G ATTAINED AGE	30,473	12,805	42.0	7 .....	.....	.....	.....0.0 .....	.....
.....YES.....	MS AAF 2010 WY	F.....	NO.....	0034000	06/09/2010 .....	.....	.....	.....	PLAN F ATTAINED AGE (2010)	26,099	18,528	71.0	6 .....	.....	.....	.....0.0 .....	.....
0199999. Total Experience on Individual Policies										787,650	586,945	74.5	160	0	0	0.0	0

GENERAL INTERROGATORIES

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

2.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

2.2 Contact Person and Phone Number: Dennis Lee 800-848-0123
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 1801 Watermark Drive Suite 100 Columbus , OH 43215

3.2 Contact Person and Phone Number: Denise Sharif 800-848-0123
4. Explain any policies identified above as policy type "O".

VM-20 Reserves Supplement - Part 1A

N O N E

VM-20 Reserves Supplement - Part 1B

N O N E

SUPPLEMENT FOR THE YEAR 2022 OF THE The Order Of United Commercial Travelers Of America

VM-20 RESERVES SUPPLEMENT – PART 2

Life PBR Exemption
For The Year Ended December 31, 2022
(To Be Filed by March 1)

Life PBR Exemption as defined in the NAIC adopted Valuation Manual (VM)	
1. Has the company been allowed a Life PBR Exemption from the reserve requirements of VM-20 of the Valuation Manual by their state of domicile?	Yes [X] No []
2. If the response to Question 1 is "Yes", then check the source of the "Life PBR Exemption" definition? (Check either 2.1, 2.2 or 2.3)	
2.1 NAIC Adopted VM [X]	
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 allow 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 of the state's Life PBR Exemption that the company has met 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):	
3. If the criteria for the "Life PBR Exemption" is the same as or substantially similar to the NAIC adopted VM (i.e., Question 2.1 is checked or Question 2.2.a is "No" or Question 2.3.a is "No"), then provide the most recent year that the company filed a statement of exemption that was allowed. If such calendar year is not the current calendar year for this statement, also provide confirmation that the company meets the criteria for utilizing an ongoing statement of exemption, meaning that none of the following apply: 1) the company fails to meet either of the conditions in VM Section II, Subsection 1.G.2, 2) the policies exempted contain those in VM Section II, Subsection 1.G.3, or 3) the domiciliary commissioner contacted the company prior to Sept. 1 and notified them that the statement of exemption was not allowed: 2022	

VM-20 RESERVES SUPPLEMENT – PART 3

Other Exclusions from Life PBR
For The Year Ended December 31, 2022
(To Be Filed by March 1)

1A. 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 []
1B. If the answer to question 1A is "Yes" please discuss any business covered under the Single State Exemption.	
2A. If the answer to question 1A is "Yes", does the company have risks for policies issued outside its state of domicile?	
2B. If the answer to question 2A 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 ordinary life insurance business excluded from the requirements of VM-20 pursuant to Section II.B of the Valuation Manual?	
Yes [] No []	