



ANNUAL STATEMENT
For the Year Ending DECEMBER 31, 2018
OF THE CONDITION AND AFFAIRS OF THE

Health Care Service Corporation, a Mutual Legal Reserve Company

NAIC Group Code 0917 , 0917 NAIC Company Code 70670 Employer's ID Number 36-1236610
(Current Period) (Prior Period)

Organized under the Laws of Illinois , State of Domicile or Port of Entry IL

Country of Domicile United States of America

Licensed as business type: Life, Accident & Health[X] Property/Casualty[] Hospital, Medical & Dental Service or Indemnity[]
 Dental Service Corporation[] Vision Service Corporation[] Health Maintenance Organization[]
 Other[] Is HMO Federally Qualified? Yes[] No[X] N/A[]

Incorporated/Organized 10/01/1936 Commenced Business 01/01/1937

Statutory Home Office 300 East Randolph Street , Chicago, IL, US 60601-5099
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 300 East Randolph Street
(Street and Number)
Chicago, IL, US 60601-5099 (312)653-6000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 300 East Randolph Street , Chicago, IL, US 60601-5099
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 300 East Randolph Street
(Street and Number)
Chicago, IL, US 60601-5099 (312)653-6000
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.hcsc.net

Statutory Statement Contact James Edward Walsh (312)653-7443
(Name) (Area Code)(Telephone Number)(Extension)
James_Walsh@bcbsil.com (312)653-1103
(E-Mail Address) (Fax Number)

OFFICERS

<u>Name</u>	<u>Title</u>
Paula Amy Steiner	President & Chief Executive Officer
Eric Ansel Feldstein	SVP & Chief Financial Officer
Blair Williams Todt	SVP Legal, Compliance, Bus Perf Officer & Secty

OTHERS

- | | |
|--|--|
| Steven Betts, Senior Vice President | Kevin MacKenzie Cassidy, President- Employer Solutions |
| Opella Finley Ernest, M.D., Senior Vice President | Joel Mark Farran, Senior Vice President |
| Michael Eugene Frank, Senior Vice President | Stephen Farrell Hamman, Senior Vice President |
| Michael Ted Haynes, President- Oklahoma Division | Robert Todd Hitchcock, President- Govt & Consumer Solutions |
| James Lawrence Kadela, Senior Vice President | Thomas Charles Lubben, Senior Vice President |
| Douglas Lynch, Senior Vice President & Chief Actuary | Danny Ken McCoy, M.D., President- Texas Division |
| Carl Raymond McDonald, Treasurer | Andre Antonio Napoli, Senior Vice President |
| Nazneen Razi, Senior Vice President | Kurt Bryce Shipley, President- New Mexico Division |
| Maurice Shena Smith, President-Illinois Division | Jeffrey Richard Tikkanen, SVP, President Plan Solutions & Market Development |

DIRECTORS OR TRUSTEES

- | | | | |
|----------------------------|------------------------------|-----------------------|----------------------|
| Timothy Lee Burke | Milton Carroll | Michelle Lynn Collins | Monte Eric Ford |
| Dennis Joseph Gannon | Dianne Brewer Gasbarra, M.D. | David John Lesar | Elaine Marie Mendoza |
| Marlin Ray Perryman, Ph.D. | Paula Amy Steiner | Gregory David Wasson | |

State of Illinois
 County of Cook ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the 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>Paula Amy Steiner</u> <small>(Signature)</small> <u>Paula Amy Steiner</u> <small>(Printed Name)</small> 1. President & Chief Executive Officer <small>(Title)</small>	<u>Eric Ansel Feldstein</u> <small>(Signature)</small> <u>Eric Ansel Feldstein</u> <small>(Printed Name)</small> 2. SVP & Chief Financial Officer <small>(Title)</small>	<u>Blair Williams Todt</u> <small>(Signature)</small> <u>Blair Williams Todt</u> <small>(Printed Name)</small> 3. SVP Legal, Compliance, Bus Perf Officer & Secty <small>(Title)</small>
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Subscribed and sworn to before me this
26th day of February , 2019

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

Yes[X] No[]

 (Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals	2,914,236	820,668	198,641			3,933,545
Group Subscribers:						
STATE OF ILLINOIS	35,857,814	35,612,913	24,954,629	6,927,579		103,352,935
FEDERAL EMPLOYEE HEALTH BENEFIT PLAN	159,497,175					159,497,175
0299997 Subtotal - Group Subscribers:	195,354,989	35,612,913	24,954,629	6,927,579		262,850,110
0299998 Premiums due and unpaid not individually listed	158,966,130	1,269,564	265,710			160,501,404
0299999 TOTAL Group	354,321,120	36,882,477	25,220,338	6,927,579		423,351,514
0399999 Premiums due and unpaid from Medicare entities	282,881					282,881
0499999 Premiums due and unpaid from Medicaid entities	307,501,683	24,232,400	98,671,819	68,874,194		499,280,096
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	665,019,920	61,935,545	124,090,798	75,801,773		926,848,036

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed	75,200,182	75,196,562	75,205,429	228,179,199	10,603,169	443,178,203
0199999 Subtotal - Pharmaceutical Rebate Receivables	75,200,182	75,196,562	75,205,429	228,179,199	10,603,169	443,178,203
0299998 Claim Overpayment Receivables - Not Individually Listed	445,930,998	572,068,884	29,180,857	98,371,105	841,749,445	303,802,399
0299999 Subtotal - Claim Overpayment Receivables	445,930,998	572,068,884	29,180,857	98,371,105	841,749,445	303,802,399
0399998 Loans and Advances to Providers - Not Individually Listed	117,244,097					117,244,097
0399999 Subtotal - Loans and Advances to Providers	117,244,097					117,244,097
0499998 Capitation Arrangement Receivables - Not Individually Listed	79,817	239,101		638,622	957,540	
0499999 Subtotal - Capitation Arrangement Receivables	79,817	239,101		638,622	957,540	
0599998 Risk Sharing Receivables - Not Individually Listed						
0599999 Subtotal - Risk Sharing Receivables						
0699998 Other Receivables - Not Individually Listed						
0699999 Subtotal - Other Receivables						
0799999 Gross health care receivables	638,455,094	647,504,546	104,386,286	327,188,926	853,310,154	864,224,699

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	375,086,728	410,059,608	112,219	453,669,152	375,198,947	360,109,777
2. Claim overpayment receivables	1,097,027,170	6,196,185,103	38,847,633	1,106,704,211	1,135,874,803	1,115,421,151
3. Loans and advances to providers	131,592,152	9,580,297,570		117,244,097	131,592,152	167,582,123
4. Capitation arrangement receivables	44,913,591	126,211,816	637,697	319,843	45,551,288	45,551,294
5. Risk sharing receivables						
6. Other health care receivables						
7. TOTALS (Lines 1 through 6)	1,648,619,641	16,312,754,097	39,597,550	1,677,937,303	1,688,217,191	1,688,664,346

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered						
0399999 Aggregate Accounts Not Individually Listed - Covered	514,293,522	27,550,172				541,843,694
0499999 Subtotals	514,293,522	27,550,172				541,843,694
0599999 Unreported claims and other claim reserves						2,457,278,193
0699999 TOTAL Amounts Withheld						
0799999 TOTAL Claims Unpaid						2,999,121,887
0899999 Accrued Medical Incentive Pool and Bonus Amounts						311,699,000

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Individually listed receivables							
HCSC INSURANCE SERVICES COMPANY	384,624,804					384,624,804	
0199999 Total - Individually listed receivables	384,624,804					384,624,804	
0299999 Receivables not individually listed	35,778,447				9,726,939	26,051,508	
0399999 TOTAL Gross Amounts Receivable	420,403,251				9,726,939	410,676,312	

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
PRIME THERAPEUTICS LLC	CLAIM SETTLEMENTS WITH AFFILIATES	70,052,300	70,052,300	
0199999 Total - Individually Listed Payables	X X X	70,052,300	70,052,300	
0299999 Payables not Individually Listed	X X X	2,048,489	2,048,489	
0399999 TOTAL Gross Payables	X X X	72,100,789	72,100,789	

EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	1,123,752,189	3.844	2,800,657	31.764		1,123,752,189
2. Intermediaries						
3. All other providers	58,317,416	0.199	120,901	1.371		58,317,416
4. TOTAL Capitation Payments	1,182,069,605	4.043	2,921,558	33.135		1,182,069,605
Other Payments:						
5. Fee-for-service	6,238,234,590	21.337	X X X	X X X		6,238,234,590
6. Contractual fee payments	20,897,063,256	71.475	X X X	X X X		20,897,063,256
7. Bonus/withhold arrangements - fee-for-service			X X X	X X X		
8. Bonus/withhold arrangements - contractual fee payments	263,907,758	0.903	X X X	X X X		263,907,758
9. Non-contingent salaries			X X X	X X X		
10. Aggregate cost arrangements			X X X	X X X		
11. All other payments	655,488,857	2.242	X X X	X X X		655,488,857
12. TOTAL Other Payments	28,054,694,461	95.957	X X X	X X X		28,054,694,461
13. TOTAL (Line 4 plus Line 12)	29,236,764,066	100.000	X X X	X X X		29,236,764,066

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
NONE					
9999999	TOTALS		X X X	X X X	X X X

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	357,932,632	.....	245,521,314	112,411,318	112,411,318	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL	357,932,632	.....	245,521,314	112,411,318	112,411,318	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:
 BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code 0917

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	1,115		834	22		259				
2. First Quarter	1,069		791	20		258				
3. Second Quarter	1,019	1	781	20		217				
4. Third Quarter	992		760	16		216				
5. Current Year	936		734	19		183				
6. Current Year Member Months	12,142	1	9,244	227		2,670				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	3,795		3,465	330						
8. Non-Physician	3,721		3,230	142		349				
9. TOTAL	7,516		6,695	472		349				
10. Hospital Patient Days Incurred	209		187	22						
11. Number of Inpatient Admissions	67		55	12						
12. Health Premiums Written (b)	4,081,329		3,967,372	20,775		93,183				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	4,081,329		3,967,372	20,775		93,183				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	5,146,002	(18,006)	5,019,034	53,149		91,824				
18. Amount Incurred for Provision of Health Care Services	5,015,664	(17,891)	4,888,534	54,836		90,184				

(a) For health business: number of persons insured under PPO managed care products733 and number of persons insured under indemnity only products20.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	2,001	115		1,856		30				
2. First Quarter	1,974	106		1,844		24				
3. Second Quarter	1,977	108		1,841		28				
4. Third Quarter	2,017	102		1,888		27				
5. Current Year	2,102	105		1,964		33				
6. Current Year Member Months	24,051	1,278		22,449		324				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	40,081	726		39,355						
8. Non-Physician	16,617	502		16,064		51				
9. TOTAL	56,698	1,228		55,419		51				
10. Hospital Patient Days Incurred	3,695	21		3,674						
11. Number of Inpatient Admissions	729	3		726						
12. Health Premiums Written (b)	4,488,896	365,889		4,120,177		2,830				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	4,488,896	365,889		4,120,177		2,830				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	5,291,540	541,673		4,744,424		5,443				
18. Amount Incurred for Provision of Health Care Services	5,351,379	517,878		4,828,003		5,499				

(a) For health business: number of persons insured under PPO managed care products103 and number of persons insured under indemnity only products1,966.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	6,471	33	4,998	307		1,133				
2. First Quarter	7,029	32	5,489	306		1,202				
3. Second Quarter	7,271	31	5,727	317		1,196				
4. Third Quarter	7,853	31	6,114	330		1,378				
5. Current Year	8,294	30	6,400	335		1,529				
6. Current Year Member Months	89,545	366	69,878	3,837		15,464				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	39,073	239	32,972	5,862						
8. Non-Physician	18,879	97	14,596	2,480		1,706				
9. TOTAL	57,952	336	47,568	8,342		1,706				
10. Hospital Patient Days Incurred	2,907	3	2,054	850						
11. Number of Inpatient Admissions	611	3	452	156						
12. Health Premiums Written (b)	30,366,194	25,301	29,338,130	594,763		407,999				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	30,366,194	25,301	29,338,130	594,763		407,999				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	21,499,668	148,359	20,290,432	770,394		290,482				
18. Amount Incurred for Provision of Health Care Services	21,828,917	156,801	20,603,939	778,030		290,146				

(a) For health business: number of persons insured under PPO managed care products6,416 and number of persons insured under indemnity only products349.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:
 BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code 0917

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	799	119		651		29				
2. First Quarter	772	106		644		22				
3. Second Quarter	790	108		653		29				
4. Third Quarter	820	97		691		32				
5. Current Year	845	103		708		34				
6. Current Year Member Months	9,637	1,272		8,006		359				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	11,243	365		10,878						
8. Non-Physician	6,234	228		5,958		48				
9. TOTAL	17,477	593		16,836		48				
10. Hospital Patient Days Incurred	1,358	41		1,317						
11. Number of Inpatient Admissions	275	12		263						
12. Health Premiums Written (b)	1,631,339	279,609		1,350,708		1,022				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,631,339	279,609		1,350,708		1,022				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,178,714	502,006		1,667,474		9,233				
18. Amount Incurred for Provision of Health Care Services	2,241,657	532,757		1,699,597		9,303				

(a) For health business: number of persons insured under PPO managed care products102 and number of persons insured under indemnity only products709.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	54	10		43		1				
2. First Quarter	53	10		42		1				
3. Second Quarter	53	8		44		1				
4. Third Quarter	57	13		43		1				
5. Current Year	61	14		45		2				
6. Current Year Member Months	669	137		517		15				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	943	27		916						
8. Non-Physician	453	34		417		2				
9. TOTAL	1,396	61		1,333		2				
10. Hospital Patient Days Incurred	59			59						
11. Number of Inpatient Admissions	26			26						
12. Health Premiums Written (b)	139,783	6,012		133,771						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	139,783	6,012		133,771						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	108,250	4,310		103,710		230				
18. Amount Incurred for Provision of Health Care Services	102,051	880		100,927		244				

(a) For health business: number of persons insured under PPO managed care products14 and number of persons insured under indemnity only products45.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	892	1	747	21		123				
2. First Quarter	916	1	730	22		163				
3. Second Quarter	920	1	743	22		154				
4. Third Quarter	948	1	764	22		161				
5. Current Year	973	1	772	25		175				
6. Current Year Member Months	11,220	12	8,981	272		1,955				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	4,732	4	4,196	532						
8. Non-Physician	2,799	9	2,425	193		172				
9. TOTAL	7,531	13	6,621	725		172				
10. Hospital Patient Days Incurred	310		235	75						
11. Number of Inpatient Admissions	91		72	19						
12. Health Premiums Written (b)	4,168,915	7,676	4,069,895	36,616		54,728				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	4,168,915	7,676	4,069,895	36,616		54,728				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	3,225,922	2,065	3,113,519	67,872		42,465				
18. Amount Incurred for Provision of Health Care Services	3,272,203	2,507	3,157,471	69,007		43,219				

(a) For health business: number of persons insured under PPO managed care products773 and number of persons insured under indemnity only products25.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	20	7		11		2				
2. First Quarter	17	7		8		2				
3. Second Quarter	18	7		9		2				
4. Third Quarter	19	7		10		2				
5. Current Year	15	6		7		2				
6. Current Year Member Months	211	83		104		24				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	264	42		222						
8. Non-Physician	112	15		95		2				
9. TOTAL	376	57		317		2				
10. Hospital Patient Days Incurred	36			36						
11. Number of Inpatient Admissions	6			6						
12. Health Premiums Written (b)	77,115	44,969		32,146						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	77,115	44,969		32,146						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	50,923	14,187		36,352		385				
18. Amount Incurred for Provision of Health Care Services	49,252	12,840		35,999		413				

(a) For health business: number of persons insured under PPO managed care products6 and number of persons insured under indemnity only products7.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	28,404	285	19,551	4,531		4,037				
2. First Quarter	29,110	249	19,959	4,526		4,376				
3. Second Quarter	28,795	254	19,406	4,605		4,530				
4. Third Quarter	29,491	267	19,845	4,678		4,701				
5. Current Year	30,156	274	20,265	4,859		4,758				
6. Current Year Member Months	350,973	3,106	237,494	55,648		54,725				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	237,456	1,795	123,521	112,140						
8. Non-Physician	101,630	711	58,685	35,874		6,360				
9. TOTAL	339,086	2,506	182,206	148,014		6,360				
10. Hospital Patient Days Incurred	16,110	76	6,495	9,539						
11. Number of Inpatient Admissions	3,522	49	1,749	1,724						
12. Health Premiums Written (b)	126,296,433	1,075,417	111,585,338	11,807,232		1,828,445				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	126,296,433	1,075,417	111,585,338	11,807,232		1,828,445				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	117,181,464	1,420,867	102,385,770	12,205,351		1,169,476				
18. Amount Incurred for Provision of Health Care Services	117,725,679	1,449,727	102,717,672	12,370,900		1,187,380				

(a) For health business: number of persons insured under PPO managed care products20,458 and number of persons insured under indemnity only products4,940.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF **GEORGIA** DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	449	28		411		10				
2. First Quarter	449	24		418		7				
3. Second Quarter	471	28		431		12				
4. Third Quarter	488	26		449		13				
5. Current Year	506	25		467		14				
6. Current Year Member Months	5,677	313		5,226		138				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	8,694	150		8,544						
8. Non-Physician	3,826	48		3,754		24				
9. TOTAL	12,520	198		12,298		24				
10. Hospital Patient Days Incurred	973	1		972						
11. Number of Inpatient Admissions	186	1		185						
12. Health Premiums Written (b)	987,339	66,423		920,880		37				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	987,339	66,423		920,880		37				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,247,171	95,603		1,149,095		2,474				
18. Amount Incurred for Provision of Health Care Services	1,238,561	73,390		1,162,698		2,474				

(a) For health business: number of persons insured under PPO managed care products24 and number of persons insured under indemnity only products468.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	149	14		133		2				
2. First Quarter	153	18		133		2				
3. Second Quarter	158	18		137		3				
4. Third Quarter	161	20		139		2				
5. Current Year	162	20		140		2				
6. Current Year Member Months	1,884	217		1,641		26				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,736	106		1,630						
8. Non-Physician	864	59		803		2				
9. TOTAL	2,600	165		2,433		2				
10. Hospital Patient Days Incurred	131	2		129						
11. Number of Inpatient Admissions	34	2		32						
12. Health Premiums Written (b)	236,025	16,368		219,657						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	236,025	16,368		219,657						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	271,625	66,630		204,810		186				
18. Amount Incurred for Provision of Health Care Services	260,245	54,274		206,004		(32)				

(a) For health business: number of persons insured under PPO managed care products20 and number of persons insured under indemnity only products140.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	4,102,847	317,878	1,419,418	375,011		294,808	170,788	69,692	374,636	1,080,616
2. First Quarter	4,273,823	344,518	1,420,762	374,772		320,683	169,491	60,424	433,152	1,150,021
3. Second Quarter	4,281,936	330,131	1,416,467	373,291		315,317	168,922	61,464	455,751	1,160,593
4. Third Quarter	4,261,803	318,218	1,428,858	372,375		323,725	168,520	61,918	424,364	1,163,825
5. Current Year	4,255,042	305,196	1,450,906	370,024		331,215	168,404	61,241	396,382	1,171,674
6. Current Year Member Months	51,366,252	3,950,417	17,131,791	4,481,789		3,874,555	2,028,124	735,734	5,216,986	13,946,856
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	26,668,793	2,029,842	11,653,274	6,444,395			1,662,238	1,194,821	3,684,223	
8. Non-Physician	12,133,438	940,693	6,052,805	1,744,468		395,438	559,222	577,661	1,863,151	
9. TOTAL	38,802,231	2,970,535	17,706,079	8,188,863		395,438	2,221,460	1,772,482	5,547,374	
10. Hospital Patient Days Incurred	3,338,679	176,454	439,329	688,549			86,520	627,170	1,320,657	
11. Number of Inpatient Admissions	471,806	36,197	112,027	120,411			22,308	50,063	130,800	
12. Health Premiums Written (b)	16,458,261,664	2,432,952,954	7,922,170,820	986,665,378		114,305,896	1,125,171,086	894,732,544	2,553,767,310	428,495,676
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	16,423,244,992	2,437,578,402	7,866,103,410	981,500,265		114,422,263	1,149,709,043	894,861,290	2,553,767,310	425,303,009
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	13,975,358,318	1,751,525,553	6,585,492,192	784,161,343		74,266,618	1,045,852,496	874,303,261	2,484,881,932	374,874,923
18. Amount Incurred for Provision of Health Care Services	13,932,683,263	1,732,413,026	6,517,501,228	791,357,955		74,843,137	1,066,370,922	905,598,183	2,497,787,286	346,811,527

(a) For health business: number of persons insured under PPO managed care products1,252,979 and number of persons insured under indemnity only products372,563.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....894,732,544



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION: BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code 0917

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	4,186	126		1,184		32				2,844
2. First Quarter	5,100	114		1,194		30				3,762
3. Second Quarter	5,134	100		1,208		27				3,799
4. Third Quarter	5,018	109		1,243		22				3,644
5. Current Year	5,076	108		1,272		21				3,675
6. Current Year Member Months	60,969	1,293		14,623		303				44,750
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	23,520	601		22,919						
8. Non-Physician	9,261	277		8,902		82				
9. TOTAL	32,781	878		31,821		82				
10. Hospital Patient Days Incurred	4,666	27		4,639						
11. Number of Inpatient Admissions	739	16		723						
12. Health Premiums Written (b)	5,382,217	480,165		3,187,265		4,825				1,709,962
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	5,382,217	480,165		3,187,265		4,825				1,709,962
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	5,953,167	1,386,535		3,527,462		11,140				1,028,030
18. Amount Incurred for Provision of Health Care Services	5,753,448	1,315,313		3,576,517		11,263				850,354

(a) For health business: number of persons insured under PPO managed care products108 and number of persons insured under indemnity only products1,272.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

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

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	5,643	20	4,755	250		618				
2. First Quarter	5,798	14	4,914	235		635				
3. Second Quarter	5,829	14	4,947	250		618				
4. Third Quarter	5,804	14	4,895	262		633				
5. Current Year	5,870	15	4,926	265		664				
6. Current Year Member Months	69,839	172	59,029	3,040		7,598				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	30,357	62	26,177	4,118						
8. Non-Physician	25,145	23	20,982	2,188		1,952				
9. TOTAL	55,502	85	47,159	6,306		1,952				
10. Hospital Patient Days Incurred	2,535		1,579	956						
11. Number of Inpatient Admissions	616		481	135						
12. Health Premiums Written (b)	22,453,941	27,726	21,688,966	541,527		195,722				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	22,453,941	27,726	21,688,966	541,527		195,722				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	19,844,927	11,968	18,936,782	600,284		295,893				
18. Amount Incurred for Provision of Health Care Services	19,821,465	3,934	18,908,120	610,926		298,486				

(a) For health business: number of persons insured under PPO managed care products4,939 and number of persons insured under indemnity only products267.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	34	5		27		2				
2. First Quarter	33	5		26		2				
3. Second Quarter	35	5		28		2				
4. Third Quarter	35	5		28		2				
5. Current Year	35	5		28		2				
6. Current Year Member Months	421	60		337		24				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	429	1		428						
8. Non-Physician	238	1		231		6				
9. TOTAL	667	2		659		6				
10. Hospital Patient Days Incurred	67			67						
11. Number of Inpatient Admissions	14			14						
12. Health Premiums Written (b)	87,123	21,770		65,353						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	87,123	21,770		65,353						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	86,224	1,057		84,162		1,004				
18. Amount Incurred for Provision of Health Care Services	91,232	1,078		89,100		1,055				

(a) For health business: number of persons insured under PPO managed care products5 and number of persons insured under indemnity only products28.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

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

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	2,107	8	1,381	133		585				
2. First Quarter	3,135	7	1,937	134		1,057				
3. Second Quarter	2,699	7	1,733	132		827				
4. Third Quarter	2,743	7	1,791	137		808				
5. Current Year	2,781	7	1,842	148		784				
6. Current Year Member Months	33,845	84	21,679	1,633		10,449				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	14,646	34	11,772	2,840						
8. Non-Physician	7,588	6	5,583	952		1,047				
9. TOTAL	22,234	40	17,355	3,792		1,047				
10. Hospital Patient Days Incurred	696		338	358						
11. Number of Inpatient Admissions	190		122	68						
12. Health Premiums Written (b)	11,416,356	31,969	10,785,354	326,188		272,845				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	11,416,356	31,969	10,785,354	326,188		272,845				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	7,447,888	4,436	6,901,179	354,153		188,120				
18. Amount Incurred for Provision of Health Care Services	7,478,040	11	6,926,611	356,796		194,622				

(a) For health business: number of persons insured under PPO managed care products1,836 and number of persons insured under indemnity only products161.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	78	9		67		2				
2. First Quarter	78	8		69		1				
3. Second Quarter	80	8		71		1				
4. Third Quarter	85	8		76		1				
5. Current Year	85	7		77		1				
6. Current Year Member Months	980	93		875		12				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,703	25		1,678						
8. Non-Physician	644	11		624		9				
9. TOTAL	2,347	36		2,302		9				
10. Hospital Patient Days Incurred	264			264						
11. Number of Inpatient Admissions	48			48						
12. Health Premiums Written (b)	297,973	94,016		203,539		418				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	297,973	94,016		203,539		418				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	255,534	9,207		244,805		1,522				
18. Amount Incurred for Provision of Health Care Services	240,040	(8,470)		246,939		1,570				

(a) For health business: number of persons insured under PPO managed care products6 and number of persons insured under indemnity only products78.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	607	44		552		11				
2. First Quarter	596	38		547		11				
3. Second Quarter	596	29		564		3				
4. Third Quarter	612	33		576		3				
5. Current Year	629	29		598		2				
6. Current Year Member Months	7,251	395		6,790		66				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	9,373	247		9,126						
8. Non-Physician	4,873	193		4,665		15				
9. TOTAL	14,246	440		13,791		15				
10. Hospital Patient Days Incurred	996	2		994						
11. Number of Inpatient Admissions	234	1		233						
12. Health Premiums Written (b)	1,401,111	120,670		1,279,788		652				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,401,111	120,670		1,279,788		652				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,471,390	196,175		1,273,458		1,758				
18. Amount Incurred for Provision of Health Care Services	1,508,066	204,549		1,302,002		1,514				

(a) For health business: number of persons insured under PPO managed care products29 and number of persons insured under indemnity only products598.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:
 BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code 0917

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	10,989	13	9,675	220		1,081				
2. First Quarter	11,256	10	9,548	218		1,480				
3. Second Quarter	10,987	10	9,281	215		1,481				
4. Third Quarter	11,085	10	9,334	228		1,513				
5. Current Year	11,250	10	9,478	242		1,520				
6. Current Year Member Months	133,452	119	112,779	2,676		17,878				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	54,132	58	50,594	3,480						
8. Non-Physician	33,713	46	28,157	1,625		3,885				
9. TOTAL	87,845	104	78,751	5,105		3,885				
10. Hospital Patient Days Incurred	3,673		3,019	654						
11. Number of Inpatient Admissions	838		712	126						
12. Health Premiums Written (b)	49,515,750	62,669	48,318,825	565,551		568,705				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	49,515,750	62,669	48,318,825	565,551		568,705				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	46,853,076	23,076	45,616,233	522,856		690,912				
18. Amount Incurred for Provision of Health Care Services	47,164,341	3,503	45,921,550	532,515		706,774				

(a) For health business: number of persons insured under PPO managed care products9,483 and number of persons insured under indemnity only products247.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	785	62		705		18				
2. First Quarter	775	59		700		16				
3. Second Quarter	771	54		702		15				
4. Third Quarter	776	54		707		15				
5. Current Year	782	52		716		14				
6. Current Year Member Months	9,315	656		8,475		184				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	12,828	386		12,442						
8. Non-Physician	6,001	165		5,538		298				
9. TOTAL	18,829	551		17,980		298				
10. Hospital Patient Days Incurred	2,756	80		2,676						
11. Number of Inpatient Admissions	516	40		476						
12. Health Premiums Written (b)	1,871,688	113,153		1,758,118		418				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,871,688	113,153		1,758,118		418				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,751,968	559,430		2,156,731		35,807				
18. Amount Incurred for Provision of Health Care Services	2,813,883	631,116		2,147,278		35,489				

(a) For health business: number of persons insured under PPO managed care products52 and number of persons insured under indemnity only products716.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	200,865	28,144	53,275	19,059		13,717	32,728	35,334		18,608
2. First Quarter	174,846	19,490	49,317	19,852		13,268	32,589	19,185		21,145
3. Second Quarter	172,015	18,269	48,271	19,733		12,590	32,473	19,245		21,434
4. Third Quarter	173,196	17,508	48,957	19,708		13,253	32,459	19,195		22,116
5. Current Year	172,090	16,704	49,390	19,542		12,960	32,378	19,051		22,065
6. Current Year Member Months	2,075,239	220,363	588,553	237,070		157,237	389,789	230,047		252,180
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	1,328,034	171,335	353,176	252,716			347,220	203,587		
8. Non-Physician	371,152	31,597	75,980	54,194		21,234	53,000	135,147		
9. TOTAL	1,699,186	202,932	429,156	306,910		21,234	400,220	338,734		
10. Hospital Patient Days Incurred	81,139	7,405	12,457	21,693			9,979	29,605		
11. Number of Inpatient Admissions	17,801	1,576	3,660	4,642			3,077	4,846		
12. Health Premiums Written (b)	881,674,935	155,274,744	276,616,143	54,934,974		5,140,297	198,065,227	177,054,579		14,588,971
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	884,081,643	155,274,744	274,606,721	53,802,641		5,152,820	204,692,599	176,348,247		14,203,871
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	759,184,895	118,544,118	232,810,022	38,383,060		3,308,130	185,124,745	170,171,946		10,842,874
18. Amount Incurred for Provision of Health Care Services	757,774,215	113,131,175	230,416,914	38,500,472		3,198,326	187,219,917	169,918,300		15,389,112

(a) For health business: number of persons insured under PPO managed care products95,125 and number of persons insured under indemnity only products19,910.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....177,054,579



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:
 BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code 0917

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	607	13	526	44		24				
2. First Quarter	636	13	551	38		34				
3. Second Quarter	637	9	557	39		32				
4. Third Quarter	685	4	574	43		64				
5. Current Year	675	4	559	44		68				
6. Current Year Member Months	7,736	99	6,610	494		533				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	3,217	50	2,451	716						
8. Non-Physician	2,478	28	2,061	297		92				
9. TOTAL	5,695	78	4,512	1,013		92				
10. Hospital Patient Days Incurred	459	7	301	151						
11. Number of Inpatient Admissions	60	2	33	25						
12. Health Premiums Written (b)	2,852,329		2,742,039	98,465		11,825				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	2,852,329		2,742,039	98,465		11,825				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,940,985	76,389	2,732,274	114,901		17,421				
18. Amount Incurred for Provision of Health Care Services	2,951,317	76,339	2,745,426	111,192		18,359				

(a) For health business: number of persons insured under PPO managed care products561 and number of persons insured under indemnity only products46.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION: BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code 0917

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	5,444	54	4,190	426		774				
2. First Quarter	5,725	47	4,477	410		791				
3. Second Quarter	5,824	46	4,520	409		849				
4. Third Quarter	5,838	47	4,490	419		882				
5. Current Year	6,005	46	4,651	413		895				
6. Current Year Member Months	70,004	560	54,362	4,977		10,105				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	30,039	241	21,594	8,204						
8. Non-Physician	16,846	179	12,416	3,247		1,004				
9. TOTAL	46,885	420	34,010	11,451		1,004				
10. Hospital Patient Days Incurred	2,693	7	1,643	1,043						
11. Number of Inpatient Admissions	526	2	361	163						
12. Health Premiums Written (b)	26,819,272	248,951	25,492,999	786,338		290,984				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	26,819,272	248,951	25,492,999	786,338		290,984				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	20,769,055	268,735	18,693,017	1,602,174		205,129				
18. Amount Incurred for Provision of Health Care Services	21,072,898	246,573	18,951,947	1,667,361		207,018				

(a) For health business: number of persons insured under PPO managed care products4,679 and number of persons insured under indemnity only products431.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

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

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	1,756	2	1,357	32		365				
2. First Quarter	1,815	1	1,370	31		413				
3. Second Quarter	1,841	1	1,365	30		445				
4. Third Quarter	1,861	1	1,389	29		442				
5. Current Year	1,829	1	1,385	32		411				
6. Current Year Member Months	22,059	12	16,452	370		5,225				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	8,095	6	7,623	466						
8. Non-Physician	6,041	18	5,161	286		576				
9. TOTAL	14,136	24	12,784	752		576				
10. Hospital Patient Days Incurred	454		410	44						
11. Number of Inpatient Admissions	128		116	12						
12. Health Premiums Written (b)	6,884,504		6,638,475	74,839		171,191				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	6,884,504		6,638,475	74,839		171,191				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	8,940,522	6,473	8,746,594	71,724		115,731				
18. Amount Incurred for Provision of Health Care Services	8,819,058	7,363	8,621,763	70,450		119,482				

(a) For health business: number of persons insured under PPO managed care products1,384 and number of persons insured under indemnity only products34.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	85	9		75		1				
2. First Quarter	83	7		75		1				
3. Second Quarter	80	6		73		1				
4. Third Quarter	83	6		76		1				
5. Current Year	89	6		81		2				
6. Current Year Member Months	1,007	79		913		15				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	2,109	34		2,075						
8. Non-Physician	979	25		952		2				
9. TOTAL	3,088	59		3,027		2				
10. Hospital Patient Days Incurred	292			292						
11. Number of Inpatient Admissions	46			46						
12. Health Premiums Written (b)	229,448	19,825		209,623						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	229,448	19,825		209,623						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	306,997	45,245		261,243		509				
18. Amount Incurred for Provision of Health Care Services	299,334	35,680		263,147		507				

(a) For health business: number of persons insured under PPO managed care products6 and number of persons insured under indemnity only products81.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

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

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	177,272	2,213	34,376	6,775		13,174	49,791	31,306		39,637
2. First Quarter	174,435	3,685	38,136	6,949		13,771	46,313	25,294		40,287
3. Second Quarter	175,896	3,524	37,694	6,953		13,965	46,199	25,146		42,415
4. Third Quarter	176,034	3,521	38,983	6,971		14,287	46,038	25,121		41,113
5. Current Year	177,500	3,413	40,645	6,950		14,150	46,146	25,089		41,107
6. Current Year Member Months	2,115,403	42,754	463,144	83,584		168,276	554,228	302,414		501,003
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	875,186	14,718	173,931	87,042			298,280	301,215		
8. Non-Physician	686,380	15,291	144,396	45,546		20,653	245,299	215,195		
9. TOTAL	1,561,566	30,009	318,327	132,588		20,653	543,579	516,410		
10. Hospital Patient Days Incurred	78,623	1,204	12,929	7,681			18,598	38,211		
11. Number of Inpatient Admissions	14,527	241	2,648	1,380			4,351	5,907		
12. Health Premiums Written (b)	805,212,462	24,572,339	241,007,740	16,679,051		5,467,013	266,390,652	233,704,114		17,391,552
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	810,735,881	24,572,339	240,838,913	16,628,280		5,380,071	272,361,531	233,674,159		17,280,588
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	730,627,953	20,209,431	198,569,518	12,184,438		3,327,094	252,061,943	226,783,272		17,492,256
18. Amount Incurred for Provision of Health Care Services	708,583,593	20,770,313	199,425,462	12,305,378		3,272,883	250,705,303	206,538,999		15,565,256

(a) For health business: number of persons insured under PPO managed care products82,754 and number of persons insured under indemnity only products8,274.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....233,704,114



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	284	19		262		3				
2. First Quarter	267	12		251		4				
3. Second Quarter	275	12		259		4				
4. Third Quarter	286	12		269		5				
5. Current Year	297	13		278		6				
6. Current Year Member Months	3,331	149		3,128		54				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	4,997	83		4,914						
8. Non-Physician	1,846	66		1,746		34				
9. TOTAL	6,843	149		6,660		34				
10. Hospital Patient Days Incurred	1,114	1		1,113						
11. Number of Inpatient Admissions	176	1		175						
12. Health Premiums Written (b)	739,541	62,291		677,251						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	739,541	62,291		677,251						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	816,295	45,620		768,094		2,580				
18. Amount Incurred for Provision of Health Care Services	813,252	29,296		781,306		2,650				

(a) For health business: number of persons insured under PPO managed care products13 and number of persons insured under indemnity only products278.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	745,996	134,526	188,769	61,894		89,395	119,443	3,192		148,777
2. First Quarter	781,019	149,470	190,826	61,807		84,816	118,517	78		175,505
3. Second Quarter	782,164	145,406	193,181	61,515		84,720	118,855	77		178,410
4. Third Quarter	782,138	144,325	200,260	61,360		85,956	118,745	78		171,414
5. Current Year	791,391	142,445	212,025	60,885		87,223	118,673	80		170,060
6. Current Year Member Months	9,421,550	1,757,360	2,367,401	738,351		1,030,064	1,425,306	940		2,102,128
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	4,464,942	1,080,736	1,247,529	962,865			1,169,712	4,100		
8. Non-Physician	1,551,506	353,603	430,964	245,388		132,063	387,236	2,252		
9. TOTAL	6,016,448	1,434,339	1,678,493	1,208,253		132,063	1,556,948	6,352		
10. Hospital Patient Days Incurred	273,466	68,953	52,880	97,729			52,992	912		
11. Number of Inpatient Admissions	61,738	17,197	13,251	17,799			13,336	155		
12. Health Premiums Written (b)	3,164,081,906	1,153,065,993	1,057,350,953	133,990,048		30,748,911	732,788,011	782,409		55,355,581
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	3,143,609,347	1,153,197,351	1,045,879,591	134,158,062		30,769,750	724,354,315	791,560		54,458,718
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	2,364,682,952	762,908,879	769,390,439	106,766,099		19,635,669	660,549,376	3,173,460		42,259,030
18. Amount Incurred for Provision of Health Care Services	2,357,975,128	768,015,280	757,237,389	107,070,307		19,342,044	666,101,801	(2,570,724)		42,779,030

(a) For health business: number of persons insured under PPO managed care products472,868 and number of persons insured under indemnity only products61,193.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....782,409



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	188	10		174		4				
2. First Quarter	192	11		177		4				
3. Second Quarter	209	14		191		4				
4. Third Quarter	217	14		199		4				
5. Current Year	227	13		210		4				
6. Current Year Member Months	2,490	154		2,288		48				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	2,748	126		2,622						
8. Non-Physician	1,440	77		1,299		64				
9. TOTAL	4,188	203		3,921		64				
10. Hospital Patient Days Incurred	321			321						
11. Number of Inpatient Admissions	63			63						
12. Health Premiums Written (b)	317,050	14,677		302,374						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	317,050	14,677		302,374						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	428,398	32,415		388,967		7,016				
18. Amount Incurred for Provision of Health Care Services	429,745	32,503		390,481		6,761				

(a) For health business: number of persons insured under PPO managed care products13 and number of persons insured under indemnity only products210.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:
 BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code 0917

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	1,991	9		183		4				1,795
2. First Quarter	1,946	9		173		5				1,759
3. Second Quarter	1,971	11		172		6				1,782
4. Third Quarter	2,009	12		164		7				1,826
5. Current Year	2,050	10		169		6				1,865
6. Current Year Member Months	23,869	123		2,033		68				21,645
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	3,674	34		3,640						
8. Non-Physician	1,417	6		1,406		5				
9. TOTAL	5,091	40		5,046		5				
10. Hospital Patient Days Incurred	728			728						
11. Number of Inpatient Admissions	141			141						
12. Health Premiums Written (b)	1,036,389	41,699		402,395		834				591,461
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,036,389	41,699		402,395		834				591,461
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	884,420	11,635		520,570		517				351,699
18. Amount Incurred for Provision of Health Care Services	1,454,532	6,481		523,373		449				924,230

(a) For health business: number of persons insured under PPO managed care products10 and number of persons insured under indemnity only products169.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

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

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	317	49		259		9				
2. First Quarter	303	40		258		5				
3. Second Quarter	311	36		270		5				
4. Third Quarter	311	33		273		5				
5. Current Year	315	36		273		6				
6. Current Year Member Months	3,725	444		3,214		67				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	4,860	257		4,603						
8. Non-Physician	2,685	179		2,492		14				
9. TOTAL	7,545	436		7,095		14				
10. Hospital Patient Days Incurred	693	36		657						
11. Number of Inpatient Admissions	123	2		121						
12. Health Premiums Written (b)	682,634	188,645		493,990						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	682,634	188,645		493,990						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	782,656	175,185		605,931		1,541				
18. Amount Incurred for Provision of Health Care Services	763,173	139,638		622,067		1,468				

(a) For health business: number of persons insured under PPO managed care products36 and number of persons insured under indemnity only products273.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	10,307	56	7,785	490		1,976				
2. First Quarter	11,277	51	8,321	477		2,428				
3. Second Quarter	11,065	51	8,203	487		2,324				
4. Third Quarter	11,351	50	8,174	523		2,604				
5. Current Year	11,707	49	8,370	559		2,729				
6. Current Year Member Months	135,754	610	99,386	6,068		29,690				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	55,963	259	47,421	8,283						
8. Non-Physician	34,954	106	28,127	4,086		2,635				
9. TOTAL	90,917	365	75,548	12,369		2,635				
10. Hospital Patient Days Incurred	5,030	65	3,677	1,288						
11. Number of Inpatient Admissions	971	3	745	223						
12. Health Premiums Written (b)	43,378,731	157,396	41,281,097	1,034,894		905,344				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	43,378,731	157,396	41,281,097	1,034,894		905,344				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	34,799,015	100,443	33,110,992	1,093,394		494,186				
18. Amount Incurred for Provision of Health Care Services	34,967,572	100,117	33,248,536	1,111,070		507,849				

(a) For health business: number of persons insured under PPO managed care products8,404 and number of persons insured under indemnity only products574.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	3,117,770	427,201	1,160,880	161,721		343,272	422,400		41,526	560,770
2. First Quarter	3,262,045	437,477	1,174,528	163,248		370,553	423,011		41,374	651,854
3. Second Quarter	3,270,356	412,724	1,183,371	163,484		376,654	421,794		46,950	665,379
4. Third Quarter	3,262,844	396,105	1,192,016	164,630		382,915	421,337		46,290	659,551
5. Current Year	3,319,933	378,994	1,243,167	164,650		399,024	421,733		45,862	666,503
6. Current Year Member Months	39,303,579	4,959,199	14,314,786	1,967,482		4,580,552	5,067,167		536,797	7,877,596
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	17,534,606	2,688,077	7,564,894	2,785,501			4,246,122		250,012	
8. Non-Physician	6,341,377	992,191	2,607,446	581,510		495,571	1,360,241		304,418	
9. TOTAL	23,875,983	3,680,268	10,172,340	3,367,011		495,571	5,606,363		554,430	
10. Hospital Patient Days Incurred	990,132	214,807	371,508	198,159			181,687		23,971	
11. Number of Inpatient Admissions	209,626	34,903	84,984	35,637			47,852		6,250	
12. Health Premiums Written (b)	13,433,506,918	2,835,155,070	6,665,843,908	385,988,527		133,072,759	2,849,476,235		257,953,088	306,017,333
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	13,437,494,873	2,767,154,317	6,681,878,609	384,936,802		133,979,975	2,911,029,282		257,953,088	300,562,799
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	11,077,665,660	2,075,899,864	5,478,526,466	290,147,777		89,639,614	2,677,379,230		258,974,725	207,097,984
18. Amount Incurred for Provision of Health Care Services	11,162,760,100	2,087,696,538	5,514,822,071	291,661,894		90,136,351	2,712,896,712		264,020,007	201,526,527

(a) For health business: number of persons insured under PPO managed care products1,622,457 and number of persons insured under indemnity only products167,174.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	4,754	29	3,496	85		1,144				
2. First Quarter	4,794	25	3,649	82		1,038				
3. Second Quarter	4,225	24	3,335	83		783				
4. Third Quarter	4,511	25	3,504	87		895				
5. Current Year	4,650	21	3,587	91		951				
6. Current Year Member Months	55,066	283	42,294	1,019		11,470				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	16,027	76	14,544	1,407						
8. Non-Physician	11,494	23	8,970	561		1,940				
9. TOTAL	27,521	99	23,514	1,968		1,940				
10. Hospital Patient Days Incurred	1,154		936	218						
11. Number of Inpatient Admissions	304		277	27						
12. Health Premiums Written (b)	16,177,309	18,900	15,722,899	120,333		315,177				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	16,177,309	18,900	15,722,899	120,333		315,177				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	12,393,077	42,016	11,766,489	180,220		404,352				
18. Amount Incurred for Provision of Health Care Services	12,308,181	36,570	11,685,936	179,543		406,131				

(a) For health business: number of persons insured under PPO managed care products3,604 and number of persons insured under indemnity only products95.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	252	23		217		12				
2. First Quarter	250	21		219		10				
3. Second Quarter	269	24		235		10				
4. Third Quarter	261	20		233		8				
5. Current Year	269	22		241		6				
6. Current Year Member Months	3,118	255		2,756		107				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	4,758	128		4,630						
8. Non-Physician	1,979	70		1,864		45				
9. TOTAL	6,737	198		6,494		45				
10. Hospital Patient Days Incurred	601	2		599						
11. Number of Inpatient Admissions	127	1		126						
12. Health Premiums Written (b)	697,805	100,879		596,091		835				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	697,805	100,879		596,091		835				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	739,422	138,083		597,711		3,629				
18. Amount Incurred for Provision of Health Care Services	753,460	135,016		614,879		3,566				

(a) For health business: number of persons insured under PPO managed care products22 and number of persons insured under indemnity only products241.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	32	7		20		5				
2. First Quarter	28	7		16		5				
3. Second Quarter	28	7		16		5				
4. Third Quarter	29	7		17		5				
5. Current Year	28	7		16		5				
6. Current Year Member Months	343	83		200		60				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	280	2		278						
8. Non-Physician	116			116						
9. TOTAL	396	2		394						
10. Hospital Patient Days Incurred	47			47						
11. Number of Inpatient Admissions	10			10						
12. Health Premiums Written (b)	64,964	22,513		42,451						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	64,964	22,513		42,451						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	63,968	3,037		60,931						
18. Amount Incurred for Provision of Health Care Services	65,146	3,353		61,818		(25)				

(a) For health business: number of persons insured under PPO managed care products7 and number of persons insured under indemnity only products16.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:
 BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code 0917

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	1,524	128		1,373		23				
2. First Quarter	1,511	106		1,384		21				
3. Second Quarter	1,517	99		1,397		21				
4. Third Quarter	1,540	91		1,429		20				
5. Current Year	1,556	96		1,444		16				
6. Current Year Member Months	18,304	1,194		16,874		236				
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	22,020	679		21,341						
8. Non-Physician	10,316	352		9,808		156				
9. TOTAL	32,336	1,031		31,149		156				
10. Hospital Patient Days Incurred	3,678	43		3,635						
11. Number of Inpatient Admissions	756	7		749						
12. Health Premiums Written (b)	4,076,548	477,870		3,595,928		2,750				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	4,076,548	477,870		3,595,928		2,750				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	4,514,028	1,026,176		3,469,219		18,633				
18. Amount Incurred for Provision of Health Care Services	4,378,851	820,114		3,540,574		18,163				

(a) For health business: number of persons insured under PPO managed care products96 and number of persons insured under indemnity only products1,444.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION: ACA Risk Adjustment and ACA Risk Corridor, Net

NAIC Group Code 0917

BUSINESS IN THE STATE OF **OTHER FOREIGN TOTAL** DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	922,141,880	850,385,855	71,756,025							
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	922,141,880	850,385,855	71,756,025							
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.
 (b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0

30 Other Foreign Total



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company 2. LOCATION:

NAIC Group Code 0917

BUSINESS IN THE STATE OF **GRAND TOTAL** DURING THE YEAR

NAIC Company Code 70670

	1 Total	Comprehensive (Hospital & Medical)		4 Medicare Supplement	5 Vision Only	6 Dental Only	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	10 Other
		2 Individual	3 Group							
TOTAL Members at end of:										
1. Prior Year	8,437,074	911,269	2,916,013	639,224		766,685	795,150	139,524	416,162	1,853,047
2. First Quarter	8,763,308	955,798	2,935,305	641,305		817,139	789,921	104,981	474,526	2,044,333
3. Second Quarter	8,778,222	911,185	2,939,582	639,886		816,881	788,243	105,932	502,701	2,073,812
4. Third Quarter	8,754,001	880,803	2,970,708	640,328		834,608	787,099	106,312	470,654	2,063,489
5. Current Year	8,816,211	847,887	3,059,102	637,817		859,417	787,334	105,461	442,244	2,076,949
6. Current Year Member Months	105,450,910	10,943,795	35,603,863	7,688,986		9,980,576	9,464,614	1,269,135	5,753,783	24,746,158
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	51,525,353	5,991,551	21,339,134	10,833,138			7,723,572	1,703,723	3,934,235	
8. Non-Physician	21,419,042	2,336,929	9,501,984	2,789,771		1,087,536	2,604,998	930,255	2,167,569	
9. TOTAL	72,944,395	8,328,480	30,841,118	13,622,909		1,087,536	10,328,570	2,633,978	6,101,804	
10. Hospital Patient Days Incurred	4,820,744	469,237	909,977	1,051,228			349,776	695,898	1,344,628	
11. Number of Inpatient Admissions	787,671	90,259	221,745	186,722			90,924	60,971	137,050	
12. Health Premiums Written (b)	36,033,735,818	7,455,600,402	16,556,376,978	1,613,857,004		293,865,643	5,171,891,211	1,306,273,647	2,811,720,398	824,150,535
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	35,990,164,668	7,392,356,457	16,502,694,658	1,606,625,076		294,835,646	5,262,146,770	1,305,675,257	2,811,720,398	814,110,407
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	29,236,764,069	4,736,028,873	13,542,100,954	1,271,144,339		194,286,721	4,820,967,791	1,274,431,937	2,743,856,657	653,946,797
18. Amount Incurred for Provision of Health Care Services	29,250,808,942	4,728,629,571	13,497,780,570	1,281,001,339		194,964,721	4,883,294,655	1,279,484,758	2,761,807,293	623,846,034

(a) For health business: number of persons insured under PPO managed care products3,590,125 and number of persons insured under indemnity only products645,042.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$...1,306,273,647

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Affiliates - U.S. - Other												
11814	73-1191843	01/01/2009	GHS HMO INC DBA BLUELINCS HMO	OK	OTH/G	CMM	2,325,856			112,000		
78611	73-1350270	01/01/2014	HCSC INS SERV CO	IL	OTH/I	MC	2,867,284			1,378,000		
0299999 Subtotal - Affiliates - U.S. - Other							5,193,140			1,490,000		
0399999 Subtotal - Affiliates - U.S. - Total							5,193,140			1,490,000		
0699999 Subtotal - Affiliates - Non-U.S. - Total												
0799999 Total - Affiliates							5,193,140			1,490,000		
1199999 Total U.S. (Sum of 0399999 and 0899999)							5,193,140			1,490,000		
1299999 Total Non-U.S. (Sum of 0699999 and 0999999)												
9999999 Total (Sum of 0799999 and 1099999)							5,193,140			1,490,000		

SCHEDULE S - PART 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity						
Accident and Health - Non-Affiliates - U.S. Non-Affiliates						
70025	91-6027719	10/11/1998	GENWORTH LIFE INS CO	DE		17,856,000
00000	AA-9990032	01/01/2014	US Dept of Hlth & Human Serv	DC	1,040,713	
14421	27-1595679	01/01/2017	EYEMED INS CO	AZ		191,000
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates					1,040,713	18,047,000
2199999 Total - Accident and Health - Non-Affiliates					1,040,713	18,047,000
2299999 Total - Accident and Health					1,040,713	18,047,000
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)					1,040,713	18,047,000
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)						
9999999 Total (Sum of 1199999 and 2299999)					1,040,713	18,047,000

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
62553	37-0808781	01/01/2003	COUNTRY LIFE INS CO	IL	OTH/G	CMM	56,287,612						
70025	91-6027719	10/01/1998	GENWORTH LIFE INS CO	DE	OTH/G	LTC	1,767,275						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							58,054,887						
1099999 Total - General Account - Authorized - Non-Affiliates							58,054,887						
1199999 Total - General Account Authorized							58,054,887						
General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates													
14421	27-1595679	01/01/2017	EYEMED INS CO	AZ	QA/I	OH	2,017,543						
14421	27-1595679	01/01/2017	EYEMED INS CO	AZ	QA/G	OH	7,714,649						
1999999 Subtotal - General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates							9,732,191						
2199999 Total - General Account - Unauthorized - Non-Affiliates							9,732,191						
2299999 Total - General Account - Unauthorized							9,732,191						
3499999 Total - General Account - Authorized, Unauthorized and Certified							67,787,078						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							67,787,078						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							67,787,078						

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	Totals (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
1199999 Total - General Account - Life and Annuity														
General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates														
14421	27-1595679	01/01/2017	EYEMED INS CO		191,000		191,000	550,000	0001					191,000
1999999 Subtotal - General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates														
					191,000		191,000	550,000	X X X					191,000
2199999 Total - General Account - Accident and Health - Non-Affiliates														
					191,000		191,000	550,000	X X X					191,000
2299999 Total - General Account - Accident and Health														
					191,000		191,000	550,000	X X X					191,000
2399999 Total - General Account														
					191,000		191,000	550,000	X X X					191,000
2699999 Subtotal - Separate Accounts - Affiliates - U.S. - Total														
									X X X					
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total														
									X X X					
3099999 Total - Separate Accounts - Affiliates														
									X X X					
3499999 Total - Separate Accounts														
									X X X					
3599999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999)														
					191,000		191,000	550,000	X X X					191,000
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999)														
									X X X					
9999999 Total (Sum of 2399999 and 3499999)														
					191,000		191,000	550,000	X X X					191,000

(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
.... 0001 .....	..... 1 .....	... 026008536 ...	UniCredit S.p.A. ....	..... 550,000

SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domi- ciliary Juris- diction	6 Certified Reinsurer Rating (1 through 6)	7 Effective Date of Certified Reinsurer Rating	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable /Reserve Credit Taken (Col. 9 + 10 + 11)	13 Miscellaneous Balances (Credit)	14 Net Obligation Subject to Collateral (Col. 12 - 13)	15 Dollar Amount of Collateral Required for Full Credit (Col. 14 x Col. 8)	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 22 / Col. 14)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	25 Amount of Credit Allowed for Net Obligation Subject to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)								
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank Reference Number (a)	19 Trust Agreements	20 Funds Deposited by and Withheld from Reinsurers	21 Other					22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)							
9999999 Total (Sum of 2399999 and 3499999)															XXX					XXX	XXX											

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	<div style="border: 1px solid black; padding: 5px; font-size: 2em; font-weight: bold; display: inline-block;">N O N E</div> Issuing or Confirming Bank Name	Letters of Credit Amount

SCHEDULE S - PART 6
Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums	67,370	67,882	76,354	102,071	85,836
2. Title XVIII-Medicare	417	2,608			
3. Title XIX - Medicaid					
4. Commissions and reinsurance expense allowance	3,402	3,311	3,132	3,364	3,323
5. TOTAL Hospital and Medical Expenses	57,953	120,094	376,450	955,613	962,278
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	18,047	16,476	47,723	93,357	130,246
8. Reinsurance recoverable on paid losses	1,041	49,613	332,546	849,049	792,422
9. Experience rating refunds due or unpaid	459	1,319	23,994	330	304
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)					
14. Letters of credit (L)	550	550			
15. Trust agreements (T)					
16. Other (O)					
D. REINSURANCE WITH CERTIFIED REINSURERS					
(DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust					
18. Funds deposited by and withheld from (F)					
19. Letters of credit (L)					
20. Trust agreements (T)					
21. Other (O)					

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	13,206,403,811		13,206,403,811
2. Accident and health premiums due and unpaid (Line 15)	3,153,686,319		3,153,686,319
3. Amounts recoverable from reinsurers (Line 16.1)	1,040,713	(1,040,713)	0
4. Net credit for ceded reinsurance	X X X	19,087,254	19,087,254
5. All other admitted assets (Balance)	10,364,433,393		10,364,433,393
6. TOTAL Assets (Line 28)	26,725,564,236	18,046,541	26,743,610,777
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	2,981,074,887	18,047,000	2,999,121,887
8. Accrued medical incentive pool and bonus payments (Line 2)	311,699,000		311,699,000
9. Premiums received in advance (Line 8)	540,993,371		540,993,371
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)			
14. All other liabilities (Balance)	6,032,457,905	(459)	6,032,457,446
15. TOTAL Liabilities (Line 24)	9,866,225,164	18,046,541	9,884,271,705
16. TOTAL Capital and Surplus (Line 33)	16,859,339,073	X X X	16,859,339,073
17. TOTAL Liabilities, Capital and Surplus (Line 34)	26,725,564,236	18,046,541	26,743,610,777
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	18,047,000		
19. Accrued medical incentive pool			
20. Premiums received in advance			
21. Reinsurance recoverable on paid losses	1,040,713		
22. Other ceded reinsurance recoverables			
23. TOTAL Ceded Reinsurance Recoverables	19,087,713		
24. Premiums receivable			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers			
26. Unauthorized reinsurance			
27. Reinsurance with Certified Reinsurers			
28. Funds held under reinsurance treaties with Certified Reinsurers			
29. Other ceded reinsurance payables/offsets		459	
30. TOTAL Ceded Reinsurance Payables/Offsets		459	
31. TOTAL Net Credit for Ceded Reinsurance	19,087,254		

SCHEDULE T - PART 2
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL)						
2. Alaska (AK)						
3. Arizona (AZ)						
4. Arkansas (AR)						
5. California (CA)						
6. Colorado (CO)						
7. Connecticut (CT)						
8. Delaware (DE)						
9. District of Columbia (DC)						
10. Florida (FL)						
11. Georgia (GA)						
12. Hawaii (HI)						
13. Idaho (ID)						
14. Illinois (IL)						
15. Indiana (IN)						
16. Iowa (IA)						
17. Kansas (KS)						
18. Kentucky (KY)						
19. Louisiana (LA)						
20. Maine (ME)						
21. Maryland (MD)						
22. Massachusetts (MA)						
23. Michigan (MI)						
24. Minnesota (MN)						
25. Mississippi (MS)						
26. Missouri (MO)						
27. Montana (MT)				172,567		172,567
28. Nebraska (NE)						
29. Nevada (NV)						
30. New Hampshire (NH)						
31. New Jersey (NJ)						
32. New Mexico (NM)						
33. New York (NY)						
34. North Carolina (NC)						
35. North Dakota (ND)						
36. Ohio (OH)						
37. Oklahoma (OK)				1,963,639		1,963,639
38. Oregon (OR)						
39. Pennsylvania (PA)						
40. Rhode Island (RI)						
41. South Carolina (SC)						
42. South Dakota (SD)						
43. Tennessee (TN)						
44. Texas (TX)						
45. Utah (UT)						
46. Vermont (VT)						
47. Virginia (VA)						
48. Washington (WA)						
49. West Virginia (WV)						
50. Wisconsin (WI)						
51. Wyoming (WY)						
52. American Samoa (AS)						
53. Guam (GU)						
54. Puerto Rico (PR)						
55. U.S. Virgin Islands (VI)						
56. Northern Mariana Islands (MP)						
57. Canada (CAN)						
58. Aggregate other alien (OT)						
59. TOTALS				2,136,206		2,136,206

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
. 917 .	HCSC GROUP	70670	36-1236610	.....	0000350793	.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	IL	UDP	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
. 917 .	HCSC GROUP	71129	36-2598882	003857522	.....	.....	DEARBORN NATIONAL LIFE INSURANCE COMPANY	IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
. 917 .	HCSC GROUP	85090	22-3026145	.....	.....	.....	DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK	NY	DS	DEARBORN NATIONAL LIFE INSURANCE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	36-3339483	.....	.....	.....	DENTAL NETWORK OF AMERICA, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	36-3339483	.....	.....	.....	DENTAL NETWORK OF AMERICA, LLC	DE	DS	DEARBORN NATIONAL LIFE INSURANCE COMPANY	Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	38-2612298	.....	.....	.....	DENTEMAX, LLC	DE	DS	DENTAL NETWORK OF AMERICA, LLC	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000001
		00000	20-1067299	.....	.....	.....	DENTAL SOLUTIONS, INC.	MI	DS	DENTEMAX, LLC	Ownership, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	36-4186601	.....	.....	.....	HCSC PURCHASING, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000002
. 917 .	HCSC GROUP	78611	73-1350270	.....	.....	.....	HCSC INSURANCE SERVICES COMPANY	IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	26-0076803	.....	.....	.....	PRIME THERAPEUTICS LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	39.9	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	59-3715944	.....	.....	.....	AVAILITY, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	21.7	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
. 917 .	HCSC GROUP	29718	73-1507369	.....	.....	.....	GHS INSURANCE COMPANY	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41.1	917	HCSC GROUP	00000	73-1514691			GHS GENERAL INSURANCE AGENCY, INC.	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
			11814	73-1191843			GHS HEALTH MAINTENANCE ORGANIZATION, INC.	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
	917	HCSC GROUP	14048	27-4183696			GHS MANAGED HEALTH CARE PLANS, INC.	OK	DS	GHS HEALTH MAINTENANCE ORGANIZATION, INC.	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
			00000	23-2530889		0001367705	MEDECISION, INC.	PA	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
			00000	84-1683303			COLLABORACARE CONSORTIUM, LLC	PA	DS	MEDECISION, INC.	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Y	
			00000	23-2530889			OPTIMED MEDICAL SYSTEMS, LLC	PA	DS	MEDECISION, INC.	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000002
			00000	11-3644814		0001404274	HX TECHNOLOGIES, INC.	DE	DS	MEDECISION, INC.	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000002
			00000	33-0711280			UNLIMITED INNOVATIONS, INC.	CA	DS	MEDECISION, INC.	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000002
			00000	82-4418148			CMH TECHNOLOGY SUBSIDIARY, LLC	DE	DS	MEDECISION, INC.	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
			00000	20-5426675			TMA PRACTICEEDGE, LLC	TX	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	35.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
			00000	27-4269034		0001508432	HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	10.6	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
			00000	30-0802612			INNOVISTA, LLC	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41.2		00000	83-2055033				GENESIS MEDICAL GROUP MANAGEMENT COMPANY, LLC	TX	DS	INNOVISTA, LLC	Ownership, Board of Directors	49.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	45-0510673				VERITY HEALTHNET, LLC	LA	DS	INNOVISTA, LLC	Ownership, Board of Directors	25.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	86-0813402				TRIWEST ALLIANCE, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	12.8	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	37-1789176				HCSC VENTURES, INC.	DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Y	
		00000	83-2215567				ALACURA HOLDINGS, INC.	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	20.3	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Y	
		00000	46-3019902				AVALON HEALTH SERVICES, LLC	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	19.5	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000008
		00000	27-1038374			0001478786	BH ASSETS LLC	DE	DS	HCSC VENTURES, INC.	Ownership, Other	35.7	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	26-2930757			0001439779	BLUECROSS BLUESHIELD VENTURES, INC.	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	21.6	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	26-2936839			0001439778	BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	DS	BLUECROSS BLUESHIELD VENTURES, INC.	Ownership, Management	1.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	26-2936839			0001439778	BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	21.3	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000003
		00000	47-1692551				COGITATIVO, INC	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	18.2	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000003
		00000	82-1682951				HCSC ITC, LLC	DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*	
41.3		00000	82-1285164				USB RETC FUND 2017-2, LLC	DE	DS	HCSC ITC, LLC	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		
		00000	82-3349261				USB HTC FUND 2017-2, LLC	DE	DS	HCSC ITC, LLC	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		
		00000	47-0970280			0001612123	HEALTHBOX CHICAGO III LLC	DE	DS	HCSC VENTURES, INC.	Ownership	36.3	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		
	917	HCSC GROUP	16013	61-1782332			ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		
	917	HCSC GROUP	16022	61-1790731			MONTANA BLUE INSURANCE COMPANY	MT	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		
			16359	38-3984430			BLUE CROSS AND BLUE SHIELD OF NEW MEXICO INSURANCE COMPANY	NM	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		
	917	HCSC GROUP	15907	30-0892376			OKLAHOMA BLUE INSURANCE COMPANY	OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		
	917	HCSC GROUP	15941	36-4836697			TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY	TX	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		
			00000	47-4840919			HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP	IL	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management			HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
	917	HCSC GROUP	16030	47-4875772			BCBSIL GP HMO, NFP	IL	IA	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP	Board of Directors, Management			HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000007
			00000	47-4862340			BLUE CROSS AND BLUE SHIELD OF NEW MEXICO GOVERNMENT PROGRAMS HMO, NFP	IL	IA	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP	Board of Directors, Management			HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000007
	917	HCSC GROUP	15964	47-4889581			BCBSTX GOVERNMENT PROGRAMS HMO	TX	IA	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP	Board of Directors, Management			HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000007
															N	0000007

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Company Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domiciliary Location	10 Relationship to Reporting Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
917	HCSC GROUP	15851	47-5287374				BCBSOK GOVERNMENT PROGRAMS HMO COMPANY	OK	IA	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP	Board of Directors, Management		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	000007
917	HCSC GROUP	15958	47-4907557				MONTANA BLUE GOVERNMENT PROGRAMS HMO	MT	IA	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP	Board of Directors, Management		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	000007
		00000	75-2393811				CARING FOR CHILDREN FOUNDATION OF TEXAS, INC.	TX	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	000007
		00000	35-2613131				THE CARING FOUNDATION OF MONTANA, INC.	MT	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	000004
		00000	73-1470846				THE OKLAHOMA CARING FOUNDATION, INC.	OK	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	000004
		00000	36-6057472				PLANITES CREDIT UNION	IL	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	000005
		00000	75-6020171				LIFETIME FEDERAL CREDIT UNION	TX	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	000006

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Asterisk	Explanation
0000001	Except in this case, Column 11 includes only those entities with an ownership interest in a corresponding downstream subsidiary ("DS") listed in Column 8
0000002	Ownership (shell company)
0000003	Reflect direct ownership percentages only
0000004	Majority of the directors are employees or directors of HCSC
0000005	5 of 8 directors are employees of HCSC, all officers are HCSC employees, and HCSC provides support and staffing
0000006	All members and directors are current or former HCSC and affiliate employees and their families, and HCSC provides support
0000007	The Corporation is the sole member of HCSC Government Programs Holding Company, NFP which, in turn is the sole member of its subsidiaries.
0000008	Includes 4.74% passive investment through a private equity entity.

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
70670	36-1236610	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RE	67,880,946	(334,043,487)			197,722,540				(68,440,002)	(1,490,000)
78611	73-1350270	HCSC INSURANCE SERVICES COMPANY		150,000,000			(197,722,540)				(47,722,540)	1,378,000
11814	73-1191843	GHS HMO INC DBA BLUELINCS HMO										112,000
00000	36-3339483	DENTAL NETWORK OF AMERICA, LLC	(15,000,000)								(15,000,000)	
71129	36-2598882	DEARBORN NATL LIFE INS CO	(40,000,000)								(40,000,000)	
00000	37-1789176	HCSC VENTURES, INC.	(7,341,039)	100,835,487							93,494,448	
00000	47-4840919	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP		1,500,000							1,500,000	
16359	38-3984430	BCBS OF NM INS CO		430,000							430,000	
15941	36-4836697	TEXAS BLUE CROSS BLUE SHIELD INSURANCE CO		10,000							10,000	
00000	30-0802612	INNOVISTA, LLC.		29,000,000							29,000,000	
00000	26-0076803	PRIME THERAPUTICS		37,268,000							37,268,000	
29718	73-1507369	GHS INS CO		15,000,000							15,000,000	
00000	23-2530889	MEDECISION, INC	(1,000,000)								(1,000,000)	
00000	43-2084847	ACADEMIC HEALTHPLANS, INC	(4,539,907)								(4,539,907)	
9999999 Control Totals			0						X X X			

Schedule Y Part 2 Explanation: (1) Dental Network of America (DNoA) paid a \$15M dividend to HCSC, of which \$11M came from a dividend paid to DNoA from DenteMax. (2) Dearborn National Life Insurance Company (DNL) paid a \$40M dividend to HCSC, of which \$1.1M came from a dividend paid to DNL from Dearborn National Life Insurance Company of New York. (3) As of March 31st, 2018, HCSC completed the sale of stock for Academic HealthPlans, Inc. and no longer is a wholly-owned subsidiary.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

Response

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

MARCH FILING

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

APRIL FILING

- | | |
|--|-----|
| 5. Will Management's Discussion and Analysis be filed by April 1? | Yes |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? | Yes |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? | Yes |

JUNE FILING

- | | |
|--|-----|
| 8. Will an audited financial report be filed by June 1? | Yes |
| 9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | Yes |

AUGUST FILING

- | | |
|---|-----|
| 10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? | Yes |
|---|-----|

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|-----|
| 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 Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | Yes |
| 13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | No |
| 14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | No |
| 16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | Yes |
| 17. 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 |
| 18. 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 |
| 19. 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 |

APRIL FILING

- | | |
|---|-----|
| 20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | Yes |
| 21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | Yes |
| 22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | Yes |
| 23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? | Yes |
| 24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? | Yes |
| 25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? | Yes |

AUGUST FILING

- | | |
|--|-----|
| 26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | Yes |
|--|-----|

Explanation:

- 1.
- 2.

Bar Code:

Schedule SIS



Actuarial Opinion on Participating and Non-Participating Policies



Statement of Non-Guaranteed Elements for Exhibit 5



Approval for Relief related to five-year rotation for lead Audit Partner



Approval for Relief related to one-year cooling off period for inde. CPA



Approval for Relief related to Require. for Audit Committees



OVERFLOW PAGE FOR WRITE-INS

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1-2)	4 Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196)				
2504. PREMIUM TAX RECOVERABLES	15,772,052		15,772,052	6,924,203
2505. CASH SURRENDER VALUE OF SPLIT DOLLAR INSURANCE	28,428,585		28,428,585	28,620,940
2506. ANNUITY	9,179,741		9,179,741	12,073,345
2507. PREMIUM TAX CREDITS	6,477,488		6,477,488	3,923,011
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	59,857,866		59,857,866	51,541,499

LIABILITIES, CAPITAL AND SURPLUS

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. IL DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES	38,899,966		38,899,966	
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396)	38,899,966		38,899,966	
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596)	X X X	X X X		
3097. Summary of remaining write-ins for Line 30 (Lines 3004 through 3096)	X X X	X X X		

OVERFLOW PAGE FOR WRITE-INS

EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
0604. Medicaid	416,162	474,526	502,701	470,654	442,244	5,753,783
0605. Medicare Advantage	139,524	104,981	105,932	106,312	105,461	1,269,135
0606. Medicare Part D	9,416	9,593	9,605	9,633	9,576	115,212
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696)	565,102	589,100	618,238	586,599	557,281	7,138,130

OVERFLOW PAGE FOR WRITE-INS

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
States, Etc.						
5804.						
5805.						
5897. Summary of remaining write-ins for Line 58 (Lines 5804 through 5896)	X X X	X X X				



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2018
(To be filed by March 1)
FOR THE STATE OF ILLINOIS

NAIC Group Code: 0917
 Address (City, State and Zip Code): Chicago, IL 60601-5099
 Person Completing This Exhibit: Kathryn Hedke

NAIC Company Code: 70670

Title: Actuary

Telephone Number: (312)653-5702

Suppl 2 Illinois

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned			
Total Experience on Individual Policies																			
N/A	CB-34	P	No	2,5,6	01/01/1982			12/31/1984	Super Supplement/High	5,415	83	1.5	1						
N/A	CB-41.1	P	No	2,5,6	08/27/1985			12/31/1987	Senior Supplement 1	114,262	69,198	60.6	41						
N/A	CB-41.2	P	No	2,5,6	08/27/1985			12/31/1987	Senior Supplement 2	76,180	38,879	51.0	15						
N/A	CB-41.3	P	No	2,5,6	08/26/1985			12/31/1987	Senior Supplement 3	63,445	42,315	66.7	13						
N/A	CB-41.4	P	No	2,5,6	08/26/1985			12/31/1987	Senior Supplement 4	136,342	70,367	51.6	20						
N/A	CB-41.5	P	No	2,5,6	02/18/1987			12/31/1987	Senior Supplement 1+	1,518,425	1,233,116	81.2	383						
N/A	CB-41.7	P	No	2,5,6	02/18/1987			12/31/1988	Senior Supplement 3+	533,238	350,719	65.8	125						
N/A	CB-44.1	P	No	2,5,6	01/06/1989			12/31/1991	New Low	12,934	46,079	356.3	6						
N/A	CB-44.2	P	No	2,5,6	01/06/1989			12/31/1991	New Mid	2,506,010	1,861,099	74.3	667						
N/A	CB-44.3	P	No	2,5,6	01/06/1989			12/31/1991	New High	540,167	463,119	85.7	123						
N/A	CB-44.4	P	No	2,5,6	01/06/1989			12/31/1991	New 1+	208,906	172,498	82.6	50						
Yes	CB-45.1, CB-45.1 HCSC rev	A	No	2,3,5	12/02/1991				Plan A	1,552,959	1,354,656	87.2	959	194,768	213,117	109.4	154		
Yes	CB-45.10 HCSC	N	No	2,3,5,6	03/31/2010				Plan N	15,542,078	14,464,263	93.1	7,405	9,616,356	8,155,541	84.8	5,824		
Yes	CB-45.11 HCSC	G	No	2,3,5,6	03/31/2010				Plan G	15,549,374	13,724,703	88.3	5,525	17,934,765	16,840,439	93.9	7,835		
Yes	CB-45.2, CB-45.2 HCSC rev	B	No	2,3,5	12/02/1991				Plan B	1,853,323	1,908,028	103.0	676	111,948	112,684	100.7	59		
Yes	CB-45.3, CB-45.3 HCSC rev	C	No	2,3,5	06/01/1997				Plan C	9,650,554	8,676,923	89.9	2,748	837,944	1,472,019	175.7	320		
Yes	CB-45.4	D	No	2,3,5	12/02/1991			05/31/2010	Plan D	27,581,842	20,196,320	73.2	7,934						
Yes	CB-45.5	E	No	2,3,5	12/02/1991			05/31/2010	Plan E	2,906,444	1,929,437	66.4	784						
Yes	CB-45.6, CB-45.6 HCSC rev	F	No	2,3,5	11/29/1993				Plan F	479,351,212	371,099,650	77.4	152,040	97,145,735	98,906,478	101.8	46,838		
Yes	CB-45.7, CB-45.7 HCSC rev	F	No	2,3,5	09/03/2004				Plan F - High Deductible	12,248,016	6,991,916	57.1	13,361	4,408,290	2,960,675	67.2	6,073		
Yes	CB-45.8	K	No	2,3,5	01/01/2006				Plan K	194,985	93,465	47.9	121	69,728	38,800	55.6	59		
Yes	CB-45.9	L	No	2,3,5	01/01/2006				Plan L	88,122	33,491	38.0	40	29,876	13,284	44.5	20		
Yes	CB-46.0, CB-46.0 HCSC rev	B	Yes	2,3,5	07/25/1995				Select Plan B	1,421,609	1,156,446	81.3	662	137,057	134,029	97.8	87		
Yes	CB-46.1, CB-46.1 HCSC rev	C	Yes	2,3,5	06/01/1997				Select Plan C	23,172,007	20,065,668	86.6	8,438	2,870,509	3,165,492	110.3	1,366		
Yes	CB-46.2	D	Yes	2,3,5	07/25/1995			05/31/2010	Select Plan D	20,749,449	15,411,718	74.3	7,754						
Yes	CB-46.3	E	Yes	2,3,5	07/25/1995			05/31/2010	Select Plan E	874,409	647,605	74.1	310						
Yes	CB-46.4, CB-46.4 HCSC rev	F	Yes	2,3,5	07/25/1995				Select Plan F	196,538,231	150,686,214	76.7	71,518	25,105,005	23,459,668	93.4	13,113		
Yes	CB-46.5	K	Yes	2,3,5	01/01/2006				Select Plan K	109,374	102,476	93.7	70	39,002	19,164	49.1	29		
Yes	CB-46.6	L	Yes	2,3,5	01/01/2006				Select Plan L	80,905	33,713	41.7	38	12,687	3,442	27.1	6		
Yes	CB-46.7 HCSC	G	Yes	2,3,5,6	03/31/2010				Select Plan G	7,013,120	6,071,791	86.6	2,845	9,869,660	9,089,535	92.1	4,651		
Yes	CB-46.8 HCSC	N	Yes	2,3,5,6	03/31/2010				Select Plan N	8,560,321	6,909,700	80.7	4,676	5,120,719	4,508,347	88.0	3,395		
0199999 Total Experience on Individual Policies										830,753,658	645,905,655	77.7	289,348	173,504,049	169,092,714	97.5	89,829		
Total Experience on Group Policies																			
N/A	CB-44.5	P	No	2,5,6	01/06/1989			12/31/1991	New Low	35,497	29,501	83.1	16						
N/A	CB-44.6	P	No	2,5,6	01/06/1989			12/31/1991	New Mid	4,440,054	3,356,146	75.6	1,135						
N/A	CB-44.7	P	No	2,5,6	01/06/1989			12/31/1991	New High	1,306,941	1,013,540	77.6	295						
N/A	CB-44.8	P	No	2,5,6	01/06/1989			12/31/1991	New 1+	197,904	141,788	71.6	40						
N/A	GB 10.A2.1	P	No	2,5,6	11/18/1988			12/31/1986	Plan 1	1,543,475	1,189,685	77.1	315						
N/A	GB 10.A2.2	P	No	2,5,6	11/18/1988			12/31/1986	Plan 1A	480,370	415,052	86.4	124						
0299999 Total Experience on Group Policies										8,004,241	6,145,712	76.8	1,925						

Medicare Supplement Ins. Exp. Exh. (continued)

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: 300 East Randolph Street, Chicago IL 60601-5099
 - 2.2 Contact Person and Phone Number: Tom Ellenwood (312)653-5998
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - 3.1 Address: 300 East Randolph, Chicago IL 60601-5099
 - 3.2 Contact Person and Phone Number: Tom Ellenwood (312)653-5998
4. Explain any policies identified above as policy type "O":



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2018
(To be filed by March 1)
FOR THE STATE OF MONTANA

NAIC Group Code: 0917

NAIC Company Code: 70670

Address (City, State and Zip Code): Chicago, IL 60601-5099

Person Completing This Exhibit: Kathryn Hedke

Title: Actuary

Telephone Number: (312)653-5702

Supp12 Montana

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											Amount	13 Percent of Premiums Earned			Amount	17 Percent of Premiums Earned			
Total Experience on Individual Policies																			
Yes	MSPLAN1062010	A	No	3.4	02/25/2010				Simply Blue A	12,798	3,621	28.3	7	1,788	5,177	289.5	1		
Yes	MSPLANC062010	C	No	3.4	02/25/2010				Simply Blue C	95,611	64,452	67.4	38	2,489	(158)	(6.3)	1		
Yes	MSPLANF062010	F	No	3.4	02/25/2010				Simply Blue F	1,792,112	1,181,573	65.9	695	348,060	180,268	51.8	133		
Yes	MSHIGHDEDPLANF062010	F	No	3.4	02/25/2010				Simply Blue FHD	86,262	9,262	10.7	73	25,444	3,304	13.0	22		
Yes	MSPLANG062010	G	No	3.4	09/14/2017				Simply Blue G					94,339	91,613	97.1	198		
Yes	MSPLANN062010	N	No	3.4	02/25/2010				Simply Blue N	20,646	18,607	90.1	11	9,441	1,362	14.4	5		
Yes	MSPLAN1062010	A	No	3.4	02/25/2010				Simply Blue A (age rtd)	3,327	(72)	(2.2)	2	1,062	(221)	(20.8)			
Yes	MSPLANC062010	C	No	3.4	02/25/2010				Simply Blue C (age rtd)	194,911	174,373	89.5	73	54,777	71,116	129.8	24		
Yes	MSPLANF062010	F	No	3.4	02/25/2010				Simply Blue F (age rtd)	16,602,541	12,279,099	74.0	6,908	10,109,558	8,547,310	84.5	4,800		
Yes	MSHIGHDEDPLANF062010	F	No	3.4	02/25/2010				Simply Blue FHD (age rtd)	262,839	127,779	48.6	241	327,666	146,512	44.7	336		
Yes	MSPLANM062010	M	No	3.4	02/25/2010				Simply Blue M (age rtd)	3,715	1,119	30.1	2	4,114	898	21.8	2		
Yes	MSPLANN062010	N	No	3.4	02/25/2010				Simply Blue N (age rtd)	210,622	171,434	81.4	108	724,286	629,511	86.9	404		
Yes	SC-A 3/03	A	No	3.4	02/19/2003			05/31/2010	Senior Plan A	106,707	90,284	84.6	61						
Yes	SC-C 3/03	C	No	3.4	02/19/2003			05/31/2010	Senior Plan C	5,134,944	3,945,080	76.8	1,640						
Yes	SC-F 3/03	F	No	3.4	02/19/2003			05/31/2010	Senior Plan F	7,349,191	5,017,966	68.3	2,081						
Yes	SC-J 3/03	J	No	3.4	02/19/2003			01/01/2007	Senior Plan J	2,749,363	2,015,160	73.3	691						
Yes	MSPLANA2003	A	No	3.4	02/28/2003			05/31/2010	Senior Blue Plan A (age rtd)	5,788	1,588	27.4	3						
Yes	MSPLANB2003	B	No	3.4	02/28/2003			05/31/2010	Senior Blue Plan B	14,414	5,651	39.2	5						
Yes	MSPLANC2003	C	No	3.4	02/28/2003			05/31/2010	Senior Blue Plan C	1,781,071	1,201,575	67.5	519						
Yes	MSPLANF2003	F	No	3.4	02/28/2003			05/31/2010	Senior Blue Plan F	3,361,485	2,143,362	63.8	933						
Yes	MSPLANG2003	G	No	3.4	02/28/2003			05/31/2010	Senior Blue Plan G	66,337	71,834	108.3	20						
Yes	MSPLANJ2003	J	No	3.4	02/28/2003			01/01/2007	Senior Blue Plan J	33,659	16,953	50.4	7						
Yes	SCP 9-1-90	P	No	3.4	10/09/1990			01/01/2006	Senior Care Plus	133,355	53,729	40.3	33						
Yes	SCG 9-1-90	P	No	3.4	10/09/1990			01/01/2006	Senior Care Gold	301,777	138,377	45.9	53						
Yes	MSPLANA062010	A	No	3.4	11/27/2013				Simply Blue Disabled Plan A					8,113	15,276	188.3	2		
Yes	MSPLANC062010	C	No	3.4	11/27/2013				Simply Blue Disabled Plan C	4,931	9,386	190.3	1						
Yes	MSPLANF062010	F	No	3.4	11/27/2013				Simply Blue Disabled Plan F	455,978	551,043	120.8	83	857,261	1,368,778	159.7	174		
Yes	MSHIGHDEDPLANF062010	F	No	3.4	11/27/2013				Simply Blue Disabled Plan FHD	31,558	83,231	263.7	13	126,368	86,060	68.1	67		
Yes	MSPLANG062010	G	No	3.4	09/14/2017				Simply Blue Disabled Plan G					30,676	34,993	114.1	20		
Yes	MSPLANM062010	M	No	3.4	11/27/2013				Simply Blue Disabled Plan M	4,193	1,677	40.0	1						
Yes	MSPLANN062010	N	No	3.4	11/27/2013				Simply Blue Disabled Plan N	35,330	29,971	84.8	9	120,936	188,491	155.9	35		
0199999 Total Experience on Individual Policies										40,855,465	29,408,114	72.0	14,311	12,846,378	11,370,290	88.5	6,224		
0299999 Total Experience on Group Policies																			

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- 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.
 - Address: 300 East Randolph Street, Chicago IL 60601-5099
 - Contact Person and Phone Number: Tom Ellenwood (312)653-5998
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address: 300 East Randolph, Chicago IL 60601-5099
 - Contact Person and Phone Number: Tom Ellenwood (312)653-5998

Medicare Supplement Ins. Exp. Exh. (continued)

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

Supp12.1



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2018

(To be filed by March 1)
FOR THE STATE OF OKLAHOMA

NAIC Group Code: 0917 NAIC Company Code: 70670
 Address (City, State and Zip Code): Chicago, IL 60601-5099
 Person Completing This Exhibit: Kathryn Hedke

Title: Actuary Telephone Number: (312)653-5702

Supp12 Oklahoma

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018					
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives		
											Amount	13 Percent of Premiums Earned			Amount	17 Percent of Premiums Earned			
Total Experience on Individual Policies																			
Yes	4021-1	P	No		04/20/1990		06/30/1991	07/01/1992	Plan 1	36,453	20,353	55.8	15						
Yes	4021-2	P	No		04/20/1990			07/01/1992	Plan 2	133,232	52,820	39.6	35						
Yes	4021-3	P	No		04/20/1990			07/01/1992	Plan 3	1,006,898	518,624	51.5	273						
Yes	4021-4	P	No		04/20/1990			07/01/1992	Plan 4	594,670	331,885	55.8	151						
Yes	4021-5	P	No		04/20/1990			07/01/1992	Plan 5	155,860	61,912	39.7	37						
Yes	4021-7	P	No		04/20/1990			07/01/1992	Plan 7	233,970	128,518	54.9	50						
Yes	7460-A, 71141.0210-Plan A	A	No	2,5	02/24/1992		05/15/1992		Plan A	596,523	749,124	125.6	310	151,973	697,173	458.7	179		
Yes	7840-A, 71140.0210-MediPI	A	No	4,6	06/30/1994				Mediplan A		(176)								
Yes	7460-B	B	No	2,5	02/24/1992		05/15/1992	05/31/2010	Plan B	620,671	425,310	68.5	249						
Yes	7460-C	C	No	2,5	02/24/1992		05/15/1992	05/31/2010	Plan C	1,701,068	1,278,664	75.2	539						
Yes	7460-D	D	No	2,5	02/24/1992		05/15/1992	05/31/2010	Plan D	2,516,861	2,097,173	83.3	840						
Yes	7460-E	E	No	2,5	02/24/1992		05/15/1992	05/31/2010	Plan E	277,791	179,271	64.5	104						
Yes	7460-F, 71142.0210-Plan F	F	No	2,5	02/24/1992		05/15/1992		Plan F	92,488,375	73,951,621	80.0	35,446	15,837,316	13,330,725	84.2	8,428		
Yes	7300, 71144.0210-Plan F S	F	Yes	2,5	01/30/1996				Blue Plan 65 Select	7,287,994	6,413,005	88.0	3,015	870,663	718,262	82.5	511		
Yes	7320, 71143.0210-Plan F-H	F	Yes	2,5	11/30/1998				Plan F High Deductible	3,629,594	4,369,085	120.4	6,947	850,191	784,556	92.3	2,097		
Yes	7460-G	G	No	2,5	02/24/1992		05/15/1992	05/31/2010	Plan G	1,175,804	769,927	65.5	431						
Yes	7460-H	H	No	2,4	02/24/1992		05/15/1992	05/31/2010	Plan H	36,060	13,974	38.8	10						
Yes	7460-I	I	No	2,4	02/24/1992		05/15/1992	05/31/2010	Plan I	311,144	188,920	60.7	81						
Yes	7460-J	J	No	2,4	02/24/1992		05/15/1992	05/31/2010	Plan J	2,004,535	1,160,876	57.9	488						
Yes	4900-K	K	No	2,5	08/25/2005			05/31/2010	Plan K	38,524	8,121	21.1	23						
Yes	4901-L	L	No	2,5	08/25/2005			05/31/2010	Plan L	3,541	2,079	58.7	2						
Yes	71145.0210-Plan N	N	No	2,3,4	04/01/2010				Plan N	2,638,084	2,228,896	84.5	1,489	1,447,487	1,164,182	80.4	1,018		
Yes	71146.0210-Plan N Select	N	Yes	2,3,4	04/01/2010				Plan N Select	261,420	264,599	101.2	165	102,730	82,305	80.1	80		
0199999 Total Experience on Individual Policies										117,749,072	95,214,581	80.9	50,700	19,260,360	16,777,203	87.1	12,313		
0299999 Total Experience on Group Policies																			

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- 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.
 - Address: 300 East Randolph Street, Chicago IL 60601-5099
 - Contact Person and Phone Number: Tom Ellenwood (312)653-5998
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address: 300 East Randolph, Chicago IL 60601-5099
 - Contact Person and Phone Number: Tom Ellenwood (312)653-5998
- Explain any policies identified above as policy type "O":



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT
For The Year Ended DECEMBER 31, 2018
(To be filed by March 1)
FOR THE STATE OF TEXAS

NAIC Group Code: 0917
 Address (City, State and Zip Code): Chicago, IL 60601-5099
 Person Completing This Exhibit: Kathryn Hedke

NAIC Company Code: 70670

Title: Actuary Telephone Number: (312)653-5702

Supp12 Texas

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018					
										11 Premiums Earned	14 Incurred Claims		15 Premiums Earned	18 Incurred Claims					
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned				
Total Experience on Individual Policies																			
Yes	MSP(A)-1, UWMSP(A)-2010	A	No	2,5,6	09/16/1992				Medicare Supp Policy A	676,568	488,236	72.2	137	521,175	541,315	103.9	128		
Yes	MSP(C)-1	C	No	2,5	04/29/1996			01/01/2001	Medicare Supp Policy C	860,415	611,722	71.1	257						
Yes	MSP(D)-1	D	No	2,5	09/16/1992			05/31/2010	Medicare Supp Policy D	7,647,913	5,289,976	69.2	2,216						
Yes	MSP(F)-1, UWMSP(F)-2010	F	No	2,5					Medicare Supp Policy F	243,639,442	182,813,455	75.0	89,601	77,410,053	63,349,446	81.8	37,941		
Yes	UWMSP(F-HD)-2010	F	No	2,3,4					Medicare Supp Policy F High Deductible	6,523,045	4,014,816	61.5	7,550	3,588,650	2,079,807	58.0	4,741		
Yes	UWMSP(G), UWMSP(G)-2010	G	No	2,3,4	02/16/2007				Medicare Supplement Plan G	6,723,577	5,248,157	78.1	2,758	8,435,032	6,711,787	79.6	4,842		
Yes	MSP(K)-1, UWMSP(K)-2010	K	No	2,5,6	11/10/2005				Medicare Supp Policy K	309,813	123,832	40.0	210	40,575	9,566	23.6	35		
Yes	MSP(L)-1, UWMSP(L)-2010	L	No	2,5,6	11/10/2005				Medicare Supp Policy L	279,867	158,155	56.5	132	34,319	30,001	87.4	18		
Yes	UWMSP(N)-2010	N	No	2,3,4	12/10/2009				Medicare Supplement Plan N	14,860,565	11,040,325	74.3	7,403	11,409,995	8,272,273	72.5	6,483		
N/A	SCS-MS-3	P	No	2,5	03/16/1990			03/01/1992	Special Companion Service	574,514	480,073	83.6	166						
N/A	STCS-MS-3	P	No	2,5	03/16/1990			03/01/1992	Special Companion Service	54,980	78,991	143.7	17						
Yes	UWMSP-SEL(D)	D	Yes	2,3,4	10/24/2007			05/31/2010	Medicare Supplement Select Plan D	2,129	2,029	95.3	1						
Yes	UWMSP-SEL(F), UWMSP-SEL(F)	F	Yes	2,3,4	10/24/2007				Medicare Supplement Select Plan F	990,141	851,819	86.0	444	376,421	358,588	95.3	202		
Yes	UWMSP-SEL(G), UWMSP-SEL(G)	G	Yes	2,3,4	10/24/2007				Medicare Supplement Select Plan G	110,650	95,934	86.7	50	95,756	78,646	82.1	51		
Yes	UWMSP-SEL(K), UWMSP-SEL(K)	K	Yes	2,3,4	10/24/2007				Medicare Supplement Select Plan K	4,994	2,579	51.6	4	1,478	129	8.7	1		
Yes	UWMSP-SEL(L), UWMSP-SEL(L)	L	Yes	2,3,4	10/24/2007				Medicare Supplement Select Plan L	1,410	715	50.7	1	88	368	418.2			
Yes	UWMSP-SEL(N)-2010	N	Yes	2,3,4	12/10/2009				Medicare Supplement Select Plan N	145,086	142,813	98.4	83	93,105	98,035	105.3	65		
N/A	ST-II(B)-1	P	No	2,5	02/08/1991			03/01/1992	Senior Texan II Basic	34,164	67,548	197.7	19						
N/A	ST-II(P)-1	P	No	2,5	02/08/1991			03/01/1992	Senior Texan II Plus	114,105	77,499	67.9	52						
0199999 Total Experience on Individual Policies										283,553,378	211,588,674	74.6	111,101	102,006,647	81,529,961	79.9	54,507		
Total Experience on Group Policies																			
Yes	CMS-CB-MS-C-0610	C	No	3,5	03/12/2010				Medicare Supp Policy C					400,767	344,620	86.0	149		
Yes	CMS-CB-MS-F-0610	F	No	3,5	03/12/2010				Medicare Supp Policy F					295,303	271,176	91.8	109		
Yes	CMS-CB-MS-G-0610	G	No	3,5	03/12/2010				Medicare Supp Policy G					171,088	117,258	68.5	107		
0299999 Total Experience on Group Policies														867,158	733,054	84.5	365		

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- 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.
 - Address: 300 East Randolph Street, Chicago IL 60601-5099
 - Contact Person and Phone Number: Tom Ellenwood (312)653-5998
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
 - Address: 300 East Randolph, Chicago IL 60601-5099

Medicare Supplement Ins. Exp. Exh. (continued)

3.2 Contact Person and Phone Number: Tom Ellenwood (312)653-5998

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

Supp12.1



Medicare Part D Coverage Supplement (Net of Reinsurance)

NAIC Group Code: 0917

(To be Filed By March 1)

NAIC Company Code: 70670

	Individual Coverage		Group Coverage		5 Total Cash
	1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1. Premiums Collected					
1.1 Standard Coverage					
1.11 With Reinsurance Coverage	6,165,391	X X X		X X X	6,165,391
1.12 Without Reinsurance Coverage		X X X		X X X	
1.13 Risk-Corridor Payment Adjustments	57,889	X X X		X X X	57,889
1.2 Supplemental Benefits	190,074	X X X		X X X	190,074
2. Premiums Due and Uncollected - change					
2.1 Standard Coverage					
2.11 With Reinsurance Coverage	60,321	X X X		X X X	X X X
2.12 Without Reinsurance Coverage		X X X		X X X	X X X
2.2 Supplemental Benefits	(10,173)	X X X		X X X	X X X
3. Unearned Premium and Advance Premium - change					
3.1 Standard Coverage					
3.11 With Reinsurance Coverage	(10,995)	X X X		X X X	X X X
3.12 Without Reinsurance Coverage		X X X		X X X	X X X
3.2 Supplemental Benefits		X X X		X X X	X X X
4. Risk-Corridor Payment Adjustments - change					
4.1 Receivable	(596,225)	X X X		X X X	X X X
4.2 Payable	26,070	X X X		X X X	X X X
5. Earned Premiums					
5.1 Standard Coverage					
5.11 With Reinsurance Coverage	6,236,707	X X X		X X X	X X X
5.12 Without Reinsurance Coverage		X X X		X X X	X X X
5.13 Risk-Corridor Payment Adjustments	(512,267)	X X X		X X X	X X X
5.2 Supplemental Benefits	179,901	X X X		X X X	X X X
6. TOTAL Premiums	5,904,341	X X X		X X X	6,413,353
7. Claims Paid					
7.1 Standard Coverage					
7.11 With Reinsurance Coverage	5,063,431	X X X		X X X	5,063,431
7.12 Without Reinsurance Coverage		X X X		X X X	
7.2 Supplemental Benefits	74,216	X X X		X X X	74,216
8. Claim Reserves and Liabilities - change					
8.1 Standard Coverage					
8.11 With Reinsurance Coverage		X X X		X X X	X X X
8.12 Without Reinsurance Coverage		X X X		X X X	X X X
8.2 Supplemental Benefits		X X X		X X X	X X X
9. Healthcare Receivables - change					
9.1 Standard Coverage					
9.11 With Reinsurance Coverage	256,841	X X X		X X X	X X X
9.12 Without Reinsurance Coverage		X X X		X X X	X X X
9.2 Supplemental Benefits	(6,083)	X X X		X X X	X X X
10. Claims Incurred					
10.1 Standard Coverage					
10.11 With Reinsurance Coverage	4,806,590	X X X		X X X	X X X
10.12 Without Reinsurance Coverage		X X X		X X X	X X X
10.2 Supplemental Benefits	80,300	X X X		X X X	X X X
11. TOTAL Claims	4,886,890	X X X		X X X	5,137,648
12. Reinsurance Coverage and Low Income Cost Sharing					
12.1 Claims Paid - Net of reimbursements applied	X X X	(1,145,824)	X X X		(1,145,824)
12.2 Reimbursements Received but Not Applied - change	X X X	(5,426)	X X X		(5,426)
12.3 Reimbursements Receivable - change	X X X	2,433,085	X X X		X X X
12.4 Healthcare Receivables - change	X X X	535,910	X X X		X X X
13. Aggregate Policy Reserves - change					X X X
14. Expenses Paid	2,631,437	X X X		X X X	2,631,437
15. Expenses Incurred	2,711,532	X X X		X X X	X X X
16. Underwriting Gain/Loss	(1,694,080)	X X X		X X X	X X X
17. Cash Flow Result	X X X	X X X	X X X	X X X	(215,332)



LIFE SUPPLEMENTS

For the Year Ended December 31, 2018

To Be Filed By March 1

Of The Health Care Service Corporation, a Mutual Legal Reserve Company Insurance Company

Address (City, State and Zip Code) Chicago, IL 60601-5099

NAIC Group Code 0917 NAIC Company Code 70670 Employer's ID Number 36-1236610

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
0199998 Reinsurance Ceded					
0199999 Totals - (Net)					
0299998 Reinsurance Ceded		X X X		X X X	
0299999 Totals - (Net)		X X X		X X X	
0399998 Reinsurance Ceded					
0399999 Totals - (Net)					
0499998 Reinsurance Ceded					
0499999 Totals - (Net)					
0599998 Reinsurance Ceded					
0599999 Totals - (Net)					
0699998 Reinsurance Ceded					
0699999 Totals - (Net)					
0799997 Subtotal - Miscellaneous Reserves (Gross)					
0799998 Reinsurance Ceded					
0799999 Totals - (Net)					
9999999 Totals - (Net) -Page 3, Line 1					

EXHIBIT 5 - INTERROGATORIES

- | | |
|---|---|
| <p>1.1 Has the reporting entity ever issued both participating and non-participating contracts?
 1.2 If not, state which kind is issued:</p> | <p>Yes[] No[X]</p> |
| <p>2.1 Does the reporting entity at present issue both participating and non-participating contracts?
 2.2 If not, state which kind is issued.</p> | <p>Yes[] No[X]</p> |
| <p>3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.</p> | <p>Yes[] No[X]</p> |
| <p>4. Has the reporting entity any assessment or stipulated premium contracts in force?
 If so, state:</p> | <p>Yes[] No[X]</p> |
| <p>4.1 Amount of insurance:
 4.2 Amount of reserve:
 4.3 Basis of reserve
 4.4 Basis of regular assessments
 4.5 Basis of special assessments
 4.6 Assessments collected during the year</p> | <p>\$ 0
 \$ 0

 \$ 0</p> |
| <p>5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts</p> | <p>Yes[] No[X]</p> |
| <p>6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?
 6.1 If so, state the amount of reserve on such contracts on the basis actually held:
 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:
 Attach statement of methods employed in their valuation.</p> | <p>Yes[] No[X]
 \$ 0
 \$ 0</p> |
| <p>7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?
 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:
 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount
 7.3 State the amount of reserves established for this business:
 7.4 Identify where the reserves are reported in the blank</p> | <p>Yes[] No[X]
 \$ 0
 \$ 0</p> |
| <p>8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year?
 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:
 8.2 State the amount of reserves established for this business:
 8.3 Identify where the reserves are reported in the blank:</p> | <p>Yes[] No[X]
 \$ 0
 \$ 0</p> |
| <p>9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?
 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:
 9.2 State the amount of reserves established for this business:
 9.3 Identify where the reserves are reported in the blank:</p> | <p>Yes[] No[X]
 \$ 0
 \$ 0</p> |

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance
2. Deposits received during the year
3. Investment earnings credited to the account
4. Other net change in reserves
5. Fees and other charges assessed
6. Surrender charges
7. Net surrender or withdrawal payments
8. Other net transfers to or (from) Separate Accounts
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8)
10. Reinsurance balance at the beginning of the year
11. Net change in reinsurance assumed
12. Net change in reinsurance ceded
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12)
14. Net balance at the end of current year after reinsurance (Lines 9 + 13)

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities

Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Amount of In force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
1199999 Total - General Account												
2299999 Total - Separate Accounts												
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999)												
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999)												
9999999 Total (Sum of 1199999 and 2299999)												

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)														
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)														
9999999 Total (Sum of 3499999 and 6899999)														



DIRECT BUSINESS IN THE STATE OF ALASKA

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
	Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	TOTALS Paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	TOTAL Settlements									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									
POLICY EXHIBIT										
20.	In force December 31, prior year			(a)						
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year			(a)						

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group Policies (b)	4,152,235	4,060,554		5,110,859	4,978,719
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	20,775	20,775		51,571	53,357
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)				(16,427)	(16,412)
25.6	TOTALS (sum of Lines 25.1 to 25.5)	20,775	20,775		35,144	36,945
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,173,010	4,081,329		5,146,003	5,015,664

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products733 and number of persons insured under indemnity only products20.



DIRECT BUSINESS IN THE STATE OF ARIZONA

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,120,177	4,120,177		4,690,042	4,775,258
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	368,719	368,719		601,498	576,121
25.6 TOTALS (sum of Lines 25.1 to 25.5)	4,488,896	4,488,896		5,291,540	5,351,379
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,488,896	4,488,896		5,291,540	5,351,379

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products103 and number of persons insured under indemnity only products1,956.



DIRECT BUSINESS IN THE STATE OF ARKANSAS

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

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

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

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.
 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	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)	29,741,148	29,746,129		20,562,807	20,876,217
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	594,763	594,763		751,073	759,580
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	25,301	25,301		185,788	193,120
25.6	TOTALS (sum of Lines 25.1 to 25.5)	620,064	620,064		936,861	952,700
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	30,361,212	30,366,193		21,499,668	21,828,917

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products6,416 and number of persons insured under indemnity only products349.



DIRECT BUSINESS IN THE STATE OF COLORADO

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,350,708	1,350,708		1,631,529	1,665,294
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	280,631	280,631		547,185	576,363
25.6 TOTALS (sum of Lines 25.1 to 25.5)	1,631,339	1,631,339		2,178,714	2,241,657
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,631,339	1,631,339		2,178,714	2,241,657

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products102 and number of persons insured under indemnity only products709.



DIRECT BUSINESS IN THE STATE OF CONNECTICUT

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	133,771	133,771		97,375	95,208
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	6,012	6,012		10,875	6,843
25.6 TOTALS (sum of Lines 25.1 to 25.5)	139,783	139,783		108,250	102,051
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	139,783	139,783		108,250	102,051

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products14 and number of persons insured under indemnity only products45.



DIRECT BUSINESS IN THE STATE OF DELAWARE
NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
	Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	TOTALS Paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	TOTAL Settlements									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									
POLICY EXHIBIT										
20.	In force December 31, prior year			(a)						
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year			(a)						

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group Policies (b)	4,135,834	4,124,623		3,155,985	3,200,678
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	36,616	36,616		67,872	69,018
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	7,676	7,676		2,065	2,507
25.6	TOTALS (sum of Lines 25.1 to 25.5)	44,292	44,292		69,937	71,525
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,180,126	4,168,915		3,225,922	3,272,203

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products773 and number of persons insured under indemnity only products25.



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA
NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 70670

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

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

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

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.
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	Dividends Paid 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 (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	32,146	32,146		36,041	35,663
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	44,969	44,969		14,883	13,590
25.6	TOTALS (sum of Lines 25.1 to 25.5)	77,115	77,115		50,924	49,253
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	77,115	77,115		50,924	49,253

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products6 and number of persons insured under indemnity only products7.



DIRECT BUSINESS IN THE STATE OF FLORIDA

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	113,943,430	113,406,288		103,761,074	104,113,158
24.1 Federal Employees Health Benefits Plan Premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,807,232	11,807,232		11,813,602	11,974,407
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,082,913	1,082,913		1,606,788	1,638,114
25.6 TOTALS (sum of Lines 25.1 to 25.5)	12,890,145	12,890,145		13,420,390	13,612,521
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	126,833,575	126,296,433		117,181,464	117,725,679

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products20,458 and number of persons insured under indemnity only products4,940.



DIRECT BUSINESS IN THE STATE OF GEORGIA

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	920,880	920,880		1,142,298	1,155,847
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	66,460	66,460		104,873	82,715
25.6 TOTALS (sum of Lines 25.1 to 25.5)	987,340	987,340		1,247,171	1,238,562
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	987,340	987,340		1,247,171	1,238,562

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products24 and number of persons insured under indemnity only products468.



DIRECT BUSINESS IN THE STATE OF IDAHO

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	219,657	219,657		201,107	202,940
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	16,368	16,368		70,518	57,305
25.6 TOTALS (sum of Lines 25.1 to 25.5)	236,025	236,025		271,625	260,245
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	236,025	236,025		271,625	260,245

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products20 and number of persons insured under indemnity only products140.



DIRECT BUSINESS IN THE STATE OF ILLINOIS

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	5,926,726,130	6,029,649,861		5,135,986,901	5,057,722,751
24.1 Federal Employees Health Benefits Plan Premium (b)	1,123,483,262	1,149,709,043		1,044,563,442	1,065,991,869
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies	265,816,326	244,269,946		240,320,633	235,524,054
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	986,665,378	981,500,265		774,106,460	781,430,648
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,803,671,491	1,815,454,985		1,251,646,016	1,234,759,371
25.6 TOTALS (sum of Lines 25.1 to 25.5)	2,790,336,869	2,796,955,250		2,025,752,476	2,016,190,019
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,106,362,587	10,220,584,100		8,446,623,452	8,375,428,693

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,252,979 and number of persons insured under indemnity only products372,046.



DIRECT BUSINESS IN THE STATE OF INDIANA

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,709,962	1,709,962		1,028,030	850,354
24.1 Federal Employees Health Benefits Plan Premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,187,265	3,187,265		3,474,490	3,526,197
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	484,991	484,991		1,450,647	1,376,897
25.6 TOTALS (sum of Lines 25.1 to 25.5)	3,672,256	3,672,256		4,925,137	4,903,094
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,382,218	5,382,218		5,953,167	5,753,448

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products108 and number of persons insured under indemnity only products1,272.



DIRECT BUSINESS IN THE STATE OF KENTUCKY
NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	21,777,489	21,884,341		19,236,924	19,209,427
24.1 Federal Employees Health Benefits Plan Premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	541,527	541,527		574,765	585,676
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	28,073	28,073		33,238	26,362
25.6 TOTALS (sum of Lines 25.1 to 25.5)	569,600	569,600		608,003	612,038
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	22,347,089	22,453,941		19,844,927	19,821,465

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products4,939 and number of persons insured under indemnity only products267.



DIRECT BUSINESS IN THE STATE OF MAINE

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
	Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	TOTALS Paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	TOTAL Settlements									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									
	POLICY EXHIBIT				No. of Policies					
20.	In force December 31, prior year			(a)						
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year			(a)						

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	65,353	65,353		82,292	87,233
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	21,770	21,770		3,931	3,999
25.6	TOTALS (sum of Lines 25.1 to 25.5)	87,123	87,123		86,223	91,232
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	87,123	87,123		86,223	91,232

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products5 and number of persons insured under indemnity only products28.



DIRECT BUSINESS IN THE STATE OF MARYLAND

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

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

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

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.
 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	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	10,882,965	11,057,364		7,086,871	7,118,775
24.1 Federal Employees Health Benefits Plan Premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	326,188	326,188		349,286	351,640
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	32,804	32,804		11,731	7,626
25.6 TOTALS (sum of Lines 25.1 to 25.5)	358,992	358,992		361,017	359,266
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,241,957	11,416,356		7,447,888	7,478,041

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,836 and number of persons insured under indemnity only products161.



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
	Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	TOTALS Paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	TOTAL Settlements									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									
POLICY EXHIBIT										
20.	In force December 31, prior year			(a)						
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year			(a)						

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	203,539	203,539		239,564	241,374
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	94,434	94,434		15,970	(1,334)
25.6	TOTALS (sum of Lines 25.1 to 25.5)	297,973	297,973		255,534	240,040
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	297,973	297,973		255,534	240,040

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products6 and number of persons insured under indemnity only products78.



DIRECT BUSINESS IN THE STATE OF MICHIGAN

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
	Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	TOTALS Paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	TOTAL Settlements									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									
POLICY EXHIBIT										
20.	In force December 31, prior year			(a)						
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year			(a)						

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,279,788	1,279,788		1,251,025	1,278,772
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	121,322	121,322		220,366	229,294
25.6	TOTALS (sum of Lines 25.1 to 25.5)	1,401,110	1,401,110		1,471,391	1,508,066
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,401,110	1,401,110		1,471,391	1,508,066

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products29 and number of persons insured under indemnity only products598.



DIRECT BUSINESS IN THE STATE OF MINNESOTA

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group Policies (b)	48,893,016	48,887,112		46,298,326	46,619,084
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	565,551	565,551		506,630	517,518
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	63,087	63,087		48,121	27,739
25.6	TOTALS (sum of Lines 25.1 to 25.5)	628,638	628,638		554,751	545,257
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	49,521,654	49,515,750		46,853,077	47,164,341

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products9,483 and number of persons insured under indemnity only products247.



DIRECT BUSINESS IN THE STATE OF MISSOURI
NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 70670

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

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

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

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.
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	Dividends Paid 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 (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,758,118	1,758,118		2,119,716	2,108,799
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	113,570	113,570		632,252	705,083
25.6	TOTALS (sum of Lines 25.1 to 25.5)	1,871,688	1,871,688		2,751,968	2,813,882
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,871,688	1,871,688		2,751,968	2,813,882

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products52 and number of persons insured under indemnity only products716.



DIRECT BUSINESS IN THE STATE OF MONTANA
NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 70670

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

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

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

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.
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	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)	289,527,405	283,484,362		234,213,938	233,588,697
24.1	Federal Employees Health Benefits Plan Premium (b)	202,944,156	204,692,599		185,124,745	187,219,917
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies	187,799,333	169,847,963		166,096,681	164,852,696
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	54,934,974	53,802,641		38,163,312	38,291,992
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	167,901,951	153,331,814		116,208,301	114,532,051
25.6	TOTALS (sum of Lines 25.1 to 25.5)	222,836,925	207,134,455		154,371,613	152,824,043
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	903,107,819	865,159,379		739,806,977	738,485,353

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products95,125 and number of persons insured under indemnity only products19,909.



DIRECT BUSINESS IN THE STATE OF NEBRASKA

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	2,721,022	2,753,864		2,749,286	2,763,401
24.1 Federal Employees Health Benefits Plan Premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	98,465	98,465		114,901	112,010
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)				76,798	75,907
25.6 TOTALS (sum of Lines 25.1 to 25.5)	98,465	98,465		191,699	187,917
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,819,487	2,852,329		2,940,985	2,951,318

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products561 and number of persons insured under indemnity only products46.



DIRECT BUSINESS IN THE STATE OF NEVADA

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.
 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	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)	25,306,980	25,781,285		18,919,679	19,182,360
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	786,338	786,338		1,557,663	1,620,710
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	251,649	251,649		291,713	269,828
25.6	TOTALS (sum of Lines 25.1 to 25.5)	1,037,987	1,037,987		1,849,376	1,890,538
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,344,967	26,819,272		20,769,055	21,072,898

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products4,679 and number of persons insured under indemnity only products431.



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
	Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	TOTALS Paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	TOTAL Settlements									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									
POLICY EXHIBIT										
20.	In force December 31, prior year				(a)					
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year				(a)					

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.
 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	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b)	6,883,200	6,809,666		8,861,598	8,740,520
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	74,839	74,839		70,747	69,416
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)				8,177	9,123
25.6	TOTALS (sum of Lines 25.1 to 25.5)	74,839	74,839		78,924	78,539
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,958,039	6,884,505		8,940,522	8,819,059

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,384 and number of persons insured under indemnity only products34.



DIRECT BUSINESS IN THE STATE OF NEW JERSEY
NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	209,623	209,623		260,455	262,375
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	19,825	19,825		46,542	36,959
25.6 TOTALS (sum of Lines 25.1 to 25.5)	229,448	229,448		306,997	299,334
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	229,448	229,448		306,997	299,334

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products6 and number of persons insured under indemnity only products81.



DIRECT BUSINESS IN THE STATE OF NEW MEXICO
NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 70670

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

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certi- ficates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
	Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	TOTALS Paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	TOTAL Settlements									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									
POLICY EXHIBIT										
20.	In force December 31, prior year			(a)						
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year			(a)						

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group Policies (b)	251,140,590	257,750,205		209,872,682	208,068,681
24.1	Federal Employees Health Benefits Plan Premium (b)	268,992,361	272,361,531		248,700,052	251,818,411
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees	15,487,482	13,454,697		13,701,615	12,920,212
	Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	16,679,051	16,628,280		12,065,895	12,192,250
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	3,004,261	1,855,644		1,814,182	1,687,843
25.6	TOTALS (sum of Lines 25.1 to 25.5)	19,683,311	18,483,924		13,880,077	13,880,093
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	555,303,744	562,050,358		486,154,426	486,687,397

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products82,754 and number of persons insured under indemnity only products8,265.



DIRECT BUSINESS IN THE STATE OF OHIO

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	677,251	677,251		757,239	770,690
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	62,291	62,291		59,056	42,562
25.6 TOTALS (sum of Lines 25.1 to 25.5)	739,542	739,542		816,295	813,252
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	739,542	739,542		816,295	813,252

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13 and number of persons insured under indemnity only products278.



DIRECT BUSINESS IN THE STATE OF OKLAHOMA

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,147,412,458	1,128,583,446		816,989,726	803,677,338
24.1 Federal Employees Health Benefits Plan Premium (b)	721,186,508	724,354,315		660,549,376	666,101,801
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies	2,765,308	791,560		3,173,460	(2,570,724)
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	133,990,048	134,158,062		105,546,548	105,890,234
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,115,713,476	1,152,835,293		778,423,842	784,876,478
25.6 TOTALS (sum of Lines 25.1 to 25.5)	1,249,703,524	1,286,993,355		883,970,390	890,766,712
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,121,067,798	3,140,722,675		2,364,682,952	2,357,975,127

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products472,868 and number of persons insured under indemnity only products61,160.



DIRECT BUSINESS IN THE STATE OF OREGON

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	302,374	302,374		379,823	380,434
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	14,677	14,677		48,575	49,311
25.6 TOTALS (sum of Lines 25.1 to 25.5)	317,051	317,051		428,398	429,745
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	317,051	317,051		428,398	429,745

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13 and number of persons insured under indemnity only products210.



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	591,461	591,461		351,699	924,230
24.1 Federal Employees Health Benefits Plan Premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	402,395	402,395		477,956	478,633
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	42,533	42,533		54,765	51,670
25.6 TOTALS (sum of Lines 25.1 to 25.5)	444,928	444,928		532,721	530,303
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,036,389	1,036,389		884,420	1,454,533

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products10 and number of persons insured under indemnity only products169.



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
	Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	TOTALS Paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	TOTAL Settlements									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									
POLICY EXHIBIT										
20.	In force December 31, prior year			(a)						
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year			(a)						

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	493,990	493,990		601,031	617,380
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	188,645	188,645		181,625	145,793
25.6	TOTALS (sum of Lines 25.1 to 25.5)	682,635	682,635		782,656	763,173
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	682,635	682,635		782,656	763,173

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products36 and number of persons insured under indemnity only products273.



DIRECT BUSINESS IN THE STATE OF TENNESSEE

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
	Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	TOTALS Paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	TOTAL Settlements									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									
POLICY EXHIBIT										
20.	In force December 31, prior year			(a)						
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year			(a)						

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24.	Group Policies (b)	41,987,318	42,184,172		33,613,133	33,764,808
24.1	Federal Employees Health Benefits Plan Premium (b)					
24.2	Credit (Group and Individual)					
24.3	Collectively Renewable Policies (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	1,034,894	1,034,894		1,078,937	1,097,146
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	159,665	159,665		106,944	105,618
25.6	TOTALS (sum of Lines 25.1 to 25.5)	1,194,559	1,194,559		1,185,881	1,202,764
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	43,181,877	43,378,731		34,799,014	34,967,572

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products8,404 and number of persons insured under indemnity only products574.



DIRECT BUSINESS IN THE STATE OF TEXAS

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	6,698,987,833	6,654,171,263		5,490,222,112	5,518,315,878
24.1 Federal Employees Health Benefits Plan Premium (b)	2,866,710,245	2,911,029,282		2,677,379,230	2,712,896,712
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	385,988,527	384,936,802		288,681,092	290,131,472
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	461,337,813	433,563,504		306,460,432	311,728,460
25.6 TOTALS (sum of Lines 25.1 to 25.5)	847,326,339	818,500,306		595,141,524	601,859,932
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,413,024,417	10,383,700,852		8,762,742,866	8,833,072,522

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,622,457 and number of persons insured under indemnity only products166,934.



DIRECT BUSINESS IN THE STATE OF UTAH

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.
 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	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	16,062,777	16,038,076		12,167,911	12,089,228
24.1 Federal Employees Health Benefits Plan Premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	120,333	120,333		179,761	179,174
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	18,900	18,900		45,405	39,780
25.6 TOTALS (sum of Lines 25.1 to 25.5)	139,233	139,233		225,166	218,954
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,202,010	16,177,309		12,393,077	12,308,182

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products3,604 and number of persons insured under indemnity only products95.



DIRECT BUSINESS IN THE STATE OF VIRGINIA

NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

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

DETAILS OF WRITE-INS

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	596,091	596,091		589,849	609,004
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	101,714	101,714		149,573	144,456
25.6 TOTALS (sum of Lines 25.1 to 25.5)	697,805	697,805		739,422	753,460
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	697,805	697,805		739,422	753,460

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products22 and number of persons insured under indemnity only products241.



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.
 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	Dividends Paid 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 (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	42,451	42,451		57,736	58,638
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	22,513	22,513		6,232	6,508
25.6 TOTALS (sum of Lines 25.1 to 25.5)	64,964	64,964		63,968	65,146
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	64,964	64,964		63,968	65,146

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products7 and number of persons insured under indemnity only products16.



DIRECT BUSINESS IN THE STATE OF WISCONSIN
NAIC Group Code: 0917

LIFE INSURANCE

DURING THE YEAR 2018
NAIC Company Code: 70670

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

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year									
17.	Incurred during current year									
	Settled during current year:									
18.1	By payment in full									
18.2	By payment on compromised claims									
18.3	TOTALS Paid									
18.4	Reduction by compromise									
18.5	Amount rejected									
18.6	TOTAL Settlements									
19.	Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)									
POLICY EXHIBIT										
20.	In force December 31, prior year			(a)						
21.	Issued during year									
22.	Other changes to in force (Net)									
23.	In force December 31 of current year			(a)						

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

ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 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 (b)					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b)					
25.2	Guaranteed renewable (b)	3,595,928	3,595,928		3,436,141	3,508,398
25.3	Non-renewable for stated reasons only (b)					
25.4	Other accident only					
25.5	All other (b)	480,620	480,620		1,077,887	870,453
25.6	TOTALS (sum of Lines 25.1 to 25.5)	4,076,548	4,076,548		4,514,028	4,378,851
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,076,548	4,076,548		4,514,028	4,378,851

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products96 and number of persons insured under indemnity only products1,444.



DIRECT BUSINESS IN THE STATE OF OTHER FOREIGN TOTAL

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.
 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	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	185,242,397	254,988,383			
24.1 Federal Employees Health Benefits Plan Premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	286,884,643	262,209,439			
25.6 TOTALS (sum of Lines 25.1 to 25.5)	286,884,643	262,209,439			
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	472,127,040	517,197,822			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0.



DIRECT BUSINESS IN THE STATE OF GRAND TOTAL

DURING THE YEAR 2018

NAIC Group Code: 0917

LIFE INSURANCE

NAIC Company Code: 70670

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

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

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
	Number	Amount	No. of Ind.Pols & Group Certifs.	Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.
 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	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	14,827,825,651	14,937,662,418		12,170,189,541	12,105,804,304
24.1 Federal Employees Health Benefits Plan Premium (b)	5,183,316,533	5,262,146,770		4,816,316,845	4,884,028,710
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies	471,868,447	428,364,166		423,292,389	410,726,238
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,613,857,003	1,606,625,076		1,257,205,824	1,267,184,385
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	3,842,735,766	3,823,472,811		2,462,250,367	2,454,938,103
25.6 TOTALS (sum of Lines 25.1 to 25.5)	5,456,592,770	5,430,097,887		3,719,456,191	3,722,122,488
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,939,603,401	26,058,271,240		21,129,254,966	21,122,681,740

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products3,590,125 and number of persons insured under indemnity only products644,232.

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