



LIFE AND ACCIDENT AND HEALTH COMPANIES — ASSOCIATION EDITION

ANNUAL STATEMENT
For the Year Ended December 31, 2014
OF THE CONDITION AND AFFAIRS OF THE
CELTIC INSURANCE COMPANY

NAIC Group Code 1295, 1295 NAIC Company Code 80799 Employer's ID Number 06-0641618
Organized under the Laws of Illinois, State of Domicile or Port of Entry Illinois
Country of Domicile United States
Incorporated/Organized 05/03/1949 Commenced Business 01/20/1950
Statutory Home Office 77 West Wacker Drive, Suite 1200 Chicago, IL, US 60601
Main Administrative Office 77 West Wacker Drive, Suite 1200 Chicago, IL, US 60601 800-714-4658
Mail Address 77 West Wacker Drive, Suite 1200 Chicago, IL, US 60601
Primary Location of Books and Records 77 West Wacker Drive, Suite 1200 Chicago, IL, US 60601 800-714-4658
Internet Web Site Address www.celtic-net.com
Statutory Statement Contact Michael W. Prete 800-714-4658
info@celtic-net.com 800-748-3340

OFFICERS

Name Title Name Title
David J. Burke Vice President Treasurer Keith H. Williamson Secretary
Karen E. Wegg Vice President Administration

OTHER OFFICERS

K. Rone Baldwin President Anand A. Shukla Senior Vice President

DIRECTORS OR TRUSTEES

K. Rone Baldwin Anand A. Shukla David J. Burke Tricia L. Dinkelman
H. Robert Sanders

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 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.

David J. Burke
Vice President Treasurer

Anand A. Shukla
Senior Vice President

Karen E. Wegg
Vice President Administration

a. Is this an original filing? Yes [X] No []

b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

Subscribed and sworn to before me this
20th day of February, 2015

Pedro Galvan, Notary Public
12/19/15



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,480		0		6,480
2. Annuity considerations					0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	6,480	0	0	0	6,480
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	15,000		0		15,000
10. Matured endowments					0
11. Annuity benefits	20,000				20,000
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	35,000	0	0	0	35,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	15,000			0	0			2	15,000
Settled during current year:										
18.1 By payment in full	2	15,000			0	0			2	15,000
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	15,000	0	0	0	0	0	0	2	15,000
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	15,000	0	0	0	0	0	0	2	15,000
19. Unpaid Dec. 31, current year (16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	21	260,000	0	0	1	25,000	0	0	22	285,000
21. Issued during year	0	0			0	0			0	0
22. Other changes to in force (Net)	(2)	(15,000)			(1)	(25,000)			(3)	(40,000)
23. In force December 31 of current year	19	245,000	0	0	0	0	0	0	19	245,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	3,599	3,821		1,111	267
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)	211,756	195,069		90,170	92,228
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only					
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	211,756	195,069	0	90,170	92,228
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	215,355	198,891	0	91,282	92,495

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF American Samoa

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

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



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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ... 38,405 and number of persons insured under indemnity only products ... 0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and various accident policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Non-cancelable policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	397		2		399
2. Annuity considerations					0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	397	0	2	0	399
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0		0
10. Matured endowments					0
11. Annuity benefits	10,000				10,000
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	10,000	0	0	0	10,000
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	16,863	17,902		22,244	616
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)	40,706	29,270		35,533	35,754
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only					
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	40,706	29,270	0	35,533	35,754
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	57,569	47,172	0	57,777	36,370

(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 products6



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Non-cancelable policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	11,781		0		11,781
2. Annuity considerations					0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	11,781	0	0	0	11,781
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0		0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	0			0	0			1	0
Settled during current year:										
18.1 By payment in full	1				0	0			1	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	0	0	0	0	0	0	0	1	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	0	0	0	0	0	0	0	1	0
19. Unpaid Dec. 31, current year (16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	14	890,000	(a)	0	0	0	0	0	14	890,000
21. Issued during year	0	0			0	0			0	0
22. Other changes to in force (Net)	(2)	(100,000)			0	0			(2)	(100,000)
23. In force December 31 of current year	12	790,000	(a)	0	0	0	0	0	12	790,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	162,876	86,097		30,992	8,269
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)	5,416,078	6,094,671		4,862,848	4,903,780
25.3 Non-renewable for stated reasons only (b)	87,635	101,651		458,608	184,243
25.4 Other accident only					
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	5,503,713	6,196,323	0	5,321,456	5,088,023
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,666,589	6,282,420	0	5,352,447	5,096,292

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8 and number of persons insured under indemnity only products 1,665



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Non-cancelable/ Guaranteed renewable policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 134



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	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)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0		0	0
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)	0	0		0	0
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only					
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	9,734		332		10,066
2. Annuity considerations					0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	9,734	0	332	0	10,066
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0		0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0			0	0			0	0
Settled during current year:										
18.1 By payment in full	0	0			0	0			0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	27	2,240,000	(a)	0	16	400,000	0	0	43	2,640,000
21. Issued during year	0	0			0	0			0	0
22. Other changes to in force (Net)	(2)	(190,000)			(16)	(400,000)			(18)	(590,000)
23. In force December 31 of current year	25	2,050,000	(a)	0	0	0	0	0	25	2,050,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	1,198,134	1,208,656		3,771,904	141,617
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)	84,779	68,370		27,776	28,952
25.3 Non-renewable for stated reasons only (b)	3,802	4,410		237,223	45,453
25.4 Other accident only	0	0		0	0
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	88,581	72,780	0	264,999	74,405
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,286,715	1,281,437	0	4,036,903	216,022

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8 and number of persons insured under indemnity only products 14



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	5,786		10		5,796
2. Annuity considerations					0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	5,786	0	10	0	5,796
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0		0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0			0	0			0	0
Settled during current year:										
18.1 By payment in full	0	0			0	0			0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	12	294,000	0	(a)	6	150,000	0	0	18	444,000
21. Issued during year	0	0			0	0			0	0
22. Other changes to in force (Net)	0	0			(6)	(150,000)			(6)	(150,000)
23. In force December 31 of current year	12	294,000	0	(a)	0	0	0	0	12	294,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	17,334	0		11,582	11,582
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)	530,685	558,601		391,503	394,493
25.3 Non-renewable for stated reasons only (b)	48,274	52,006		5,933	5,477
25.4 Other accident only					
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	578,958	610,607	0	397,437	399,970
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	596,292	610,607	0	409,019	411,552

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2 and number of persons insured under indemnity only products114



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Other Individual Policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and various sub-totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and various accident policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0		0		0
2. Annuity considerations					0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0		0
10. Matured endowments					0
11. Annuity benefits	26,600				26,600
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	26,600	0	0	0	26,600
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	2,393	2,776		17,393	17,393
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)	33,852	34,689		16,384	11,591
25.3 Non-renewable for stated reasons only (b)	7,154	7,595		2,073	57
25.4 Other accident only					
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	41,006	42,283	0	18,456	11,648
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	43,399	45,059	0	35,849	29,041

(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 products8



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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$... current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Other Individual Policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Other Individual Policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	461		0		461
2. Annuity considerations					0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	461	0	0	0	461
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0		0
10. Matured endowments					0
11. Annuity benefits	8,400				8,400
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	8,400	0	0	0	8,400
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	7,086	6,504		0	0
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)	42,485	16,313		17,173	19,063
25.3 Non-renewable for stated reasons only (b)	37,753	40,080		815	23
25.4 Other accident only					
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	80,238	56,393	0	17,988	19,085
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	87,324	62,897	0	17,988	19,085

(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 products3



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	53,573	61,961		425,920	414,364
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)	12,969	0		0	0
25.3 Non-renewable for stated reasons only (b)	51,861	60,156		79,905	79,905
25.4 Other accident only					
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	64,831	60,156	0	79,905	79,905
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	118,404	122,116	0	505,825	494,269

(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 products7



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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 22



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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$... current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Non-cancelable policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 1



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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Unpaid December 31, prior year, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII exempt from state taxes or fees, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,179		35		6,214
2. Annuity considerations					0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	6,179	0	35	0	6,214
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0		0
10. Matured endowments					0
11. Annuity benefits	2,225				2,225
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,225	0	0	0	2,225
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0			0	0			0	0
Settled during current year:										
18.1 By payment in full	0	0			0	0			0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	6	520,000	(a)	0	5	125,000	0	0	11	645,000
21. Issued during year	0	0			0	0			0	0
22. Other changes to in force (Net)	(1)	(100,000)			(5)	(125,000)			(6)	(225,000)
23. In force December 31 of current year	5	420,000	(a)	0	0	0	0	0	5	420,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	14,548	15,445		14,866	9,901
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)	52,237	61,948		11,686	11,329
25.3 Non-renewable for stated reasons only (b)	3,732	3,962		10,405	288
25.4 Other accident only					
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	55,969	65,909	0	22,091	11,617
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	70,517	81,354	0	36,957	21,519

(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 products17



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	0		0		0
2. Annuity considerations					0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	0	0	0	0	0
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0		0
10. Matured endowments					0
11. Annuity benefits	84,698				84,698
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	84,698	0	0	0	84,698
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	0	0		3,257	90
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)	124,854	0		0	0
25.3 Non-renewable for stated reasons only (b)	0	0		0	0
25.4 Other accident only					
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	124,854	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	124,854	0	0	3,257	90

(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 products43



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons insured under indemnity only products 13



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Non-cancelable policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Northern Mariana Islands

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	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)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Other Individual Policies.

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



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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 25. Non-cancelable (b), 25.2 Guaranteed renewable (b), 25.3 Non-renewable for stated reasons only (b), 25.4 Other accident only, 25.5 All other (b), 25.6 Totals (sum of Lines 25.1 to 25.5), 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6).

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products3 and number of persons insured under indemnity only products6



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), Federal Employees Health Benefits Plan premium (b), Collectively renewable policies (b), Medicare Title XVIII exempt from state taxes or fees, Other Individual Policies, Non-cancelable (b), Guaranteed renewable (b), Non-renewable for stated reasons only (b), Other accident only, All other (b), and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Puerto Rico

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and various dividend and claim categories.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Unpaid December 31, Incurred during current year, and Policy Exhibit details.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and various individual policy types.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and other individual policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

(a) Includes Individual Credit Life Insurance: prior year \$... current year \$... Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$... current year \$...

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Non-cancelable policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII exempt, and Other Individual Policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), Federal Employees Health Benefits Plan premium (b), Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF U.S. Virgin Islands

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	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)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies (b), Federal Employees Health Benefits Plan premium (b), Medicare Title XVIII exempt from state taxes or fees, and Other Individual Policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-2 Ordinary (No., Amount), 3-4 Credit Life (No. of Ind. Pols. & Gr. Certifs., Amount), 5-6 Group (No. of Certifs., Amount), 7-8 Industrial (No., Amount), 9-10 Total (No., Amount). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and Non-cancelable policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Life insurance, Annuity considerations, and Grand Totals.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, 1-10 (Ordinary, Credit Life, Group, Industrial, Total). Rows include Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan premium, Medicare Title XVIII, and various accident and health policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,013		6		2,019
2. Annuity considerations					0
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,013	0	6	0	2,019
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0		0		0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0			0	0			0	0
Settled during current year:										
18.1 By payment in full	0	0			0	0			0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2	100,000	(a)	0	4	85,000		0	6	185,000
21. Issued during year	0	0			0	0			0	0
22. Other changes to in force (Net)	0	0			(4)	(85,000)			(4)	(85,000)
23. In force December 31 of current year	2	100,000	(a)	0	0	0		0	2	100,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group policies (b)	16,239	9,260		0	0
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)	27,926	0		0	0
25.3 Non-renewable for stated reasons only (b)	24,980	26,520		31,366	2,919
25.4 Other accident only					
25.5 All other (b)	0	0		0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	52,906	26,520	0	31,366	2,919
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	69,144	35,779	0	31,366	2,919

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1 and number of persons insured under indemnity only products0



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group policies, Federal Employees Health Benefits Plan, Medicare Title XVIII, and other individual policies.

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



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF Consolidated

DURING THE YEAR 2014

NAIC Group Code 1295

LIFE INSURANCE

NAIC Company Code 80799

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	113,622	0	409	0	114,031
2. Annuity considerations	0	0	0	0	0
3. Deposit-type contract funds	215	XXX	0	XXX	215
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	113,837	0	409	0	114,246
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 + 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	95,000	0	0	0	95,000
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	431,998	0	0	0	431,998
12. Surrender values and withdrawals for life contracts	0	0	0	0	0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	526,998	0	0	0	526,998
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	0	0	0	0	0
1399. Total (Lines 1301 through 1303 + 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind. Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	6	95,000	0	0	0	0	0	0	6	95,000
Settled during current year:										
18.1 By payment in full	6	95,000	0	0	0	0	0	0	6	95,000
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	6	95,000	0	0	0	0	0	0	6	95,000
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	6	95,000	0	0	0	0	0	0	6	95,000
19. Unpaid Dec. 31, current year (16 + 17 - 18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	219	13,148,978	(a)	0	44	1,046,000	0	0	263	14,194,978
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(13)	(530,961)	0	0	(44)	(1,046,000)	0	0	(57)	(1,576,961)
23. In force December 31 of current year	206	12,618,017	(a)	0	0	0	0	0	206	12,618,017

(a) Includes Individual Credit Life Insurance: prior year \$ 0 , current year \$ 0
Includes Group Credit Life Insurance: Loans less than or equal to 60 months at issue, prior year \$ 0 , current year \$ 0
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)	5,301,842	5,138,982	0	14,043,010	2,374,279
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	10,885,141	10,914,418	0	7,784,074	7,861,542
25.3 Non-renewable for stated reasons only (b)	128,687,786	129,999,931	0	97,831,250	105,753,399
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	0	0	0	5,709	5,709
25.6 Totals (sum of Lines 25.1 to 25.5)	139,572,927	140,914,349	0	105,621,033	113,620,650
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	144,874,769	146,053,331	0	119,664,043	115,994,929

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 38,450 and number of persons insured under indemnity only products 2,867

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, prior year	249,778
2. Current year's realized pre-tax capital gains/(losses) of \$ transferred into the reserve net of taxes of \$ (9,826)	(18,249)
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	231,529
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	50,758
6. Reserve as of December 31, current year (Line 4 minus Line 5)	180,772

Amortization

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1+2+3)
1. 2014	36,012	14,746	0	50,758
2. 2015	19,668	4,255	0	23,923
3. 2016	15,032	(6,265)	0	8,766
4. 2017	16,670	(6,003)	0	10,667
5. 2018	17,117	(5,765)	0	11,352
6. 2019	16,639	(5,428)	0	11,211
7. 2020	15,732	(4,832)	0	10,900
8. 2021	15,460	(3,850)	0	11,611
9. 2022	15,476	(2,789)	0	12,687
10. 2023	16,010	(1,728)	0	14,281
11. 2024	15,167	(589)	0	14,578
12. 2025	12,517	0	0	12,517
13. 2026	9,872	0	0	9,872
14. 2027	6,806	0	0	6,806
15. 2028	3,327	0	0	3,327
16. 2029	1,608	0	0	1,608
17. 2030	1,681	0	0	1,681
18. 2031	1,632	0	0	1,632
19. 2032	1,590	0	0	1,590
20. 2033	1,658	0	0	1,658
21. 2034	1,679	0	0	1,679
22. 2035	1,756	0	0	1,756
23. 2036	1,830	0	0	1,830
24. 2037	1,690	0	0	1,690
25. 2038	1,341	0	0	1,341
26. 2039	991	0	0	991
27. 2040	612	0	0	612
28. 2041	204	0	0	204
29. 2042	0	0	0	0
30. 2043	0	0	0	0
31. 2044 and Later	0	0	0	0
32. Total (Lines 1 to 31)	249,778	(18,249)	0	231,529

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3+6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1+2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4+5)	
1. Reserve as of December 31, prior year	270,455	.0	270,455	.0	80,603	80,603	351,057
2. Realized capital gains/(losses) net of taxes-General Account0			.0	.0
3. Realized capital gains/(losses) net of taxes-Separate Accounts0			.0	.0
4. Unrealized capital gains/(losses) net of deferred taxes-General Account0			.0	.0
5. Unrealized capital gains/(losses) net of deferred taxes-Separate Accounts0			.0	.0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves0			.0	.0
7. Basic contribution	62,675	0	62,675	0	0	0	62,675
8. Accumulated balances (Lines 1 through 5 - 6 + 7).....	333,129	.0	333,129	.0	80,603	80,603	413,732
9. Maximum reserve	379,360	.0	379,360	.0	136,728	136,728	516,088
10. Reserve objective.....	279,793	0	279,793	0	136,728	136,728	416,521
11. 20% of (Line 10 - Line 8)	(10,667)	0	(10,667)	0	11,225	11,225	558
12. Balance before transfers (Lines 8 + 11)	322,462	.0	322,462	.0	91,828	91,828	414,290
13. Transfers	(44,900)		(44,900)		44,900	44,900	.0
14. Voluntary contribution	5,710		5,710			.0	5,710
15. Adjustment down to maximum/up to zero			0			0	0
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	283,272	0	283,272	0	136,728	136,728	420,000

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
LONG-TERM BONDS												
1		Exempt Obligations	1,913,024	XXX	XXX	1,913,024	0.0000	0	0.0000	0	0.0000	0
2	1	Highest Quality	30,338,575	XXX	XXX	30,338,575	0.0004	12,135	0.0023	69,779	0.0030	91,016
3	2	High Quality	7,590,626	XXX	XXX	7,590,626	0.0019	14,422	0.0058	44,026	0.0090	68,316
4	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5	4	Low Quality	600,000	XXX	XXX	600,000	0.0213	12,780	0.0530	31,800	0.0750	45,000
6	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX		XXX		XXX	
9		Total Bonds (Sum of Lines 1 through 8)	40,442,225	XXX	XXX	40,442,225	XXX	39,338	XXX	145,604	XXX	204,331
PREFERRED STOCK												
10	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT-TERM BONDS												
18		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
19	1	Highest Quality	58,342,809	XXX	XXX	58,342,809	0.0004	23,337	0.0023	134,188	0.0030	175,028
20	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
21	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25		Total Short-Term Bonds (Sum of Lines 18 through 24)	58,342,809	XXX	XXX	58,342,809	XXX	23,337	XXX	134,188	XXX	175,028
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34		Total (Lines 9 + 17 + 25 + 33)	98,785,034	XXX	XXX	98,785,034	XXX	62,675	XXX	279,793	XXX	379,360

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4x5)	7 Factor	8 Amount (Cols. 4x7)	9 Factor	10 Amount (Cols. 4x9)
		MORTGAGE LOANS										
		In Good Standing:										
35		Farm Mortgages - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
36		Farm Mortgages - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
37		Farm Mortgages - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
38		Farm Mortgages - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
39		Farm Mortgages - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
40		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
41		Residential Mortgages - All Other			XXX	0	0.0013	0	0.0030	0	0.0040	0
42		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
43		Commercial Mortgages - All Other - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
44		Commercial Mortgages - All Other - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
45		Commercial Mortgages - All Other - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
46		Commercial Mortgages - All Other - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
47		Commercial Mortgages - All Other - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
		Overdue, Not in Process:										
48		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
49		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
50		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
51		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
52		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
		In Process of Foreclosure:										
53		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
54		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
55		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
56		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
57		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
58		Total Schedule B Mortgages (Sum of Lines 35 through 57)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
59		Schedule DA Mortgages			XXX	0	0.0030	0	0.0100	0	0.0130	0
60		Total Mortgage Loans on Real Estate (Lines 58 + 59)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	BASIC CONTRIBUTION		RESERVE OBJECTIVE		MAXIMUM RESERVE	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
COMMON STOCK												
1		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
2		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated Investment Subsidiary:												
5		Fixed Income Exempt Obligations	0	0	0	0	XXX	0	XXX	0	XXX	0
6		Fixed Income Highest Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
7		Fixed Income High Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
8		Fixed Income Medium Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
9		Fixed Income Low Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
10		Fixed Income Lower Quality	0	0	0	0	XXX	0	XXX	0	XXX	0
11		Fixed Income In or Near Default	0	0	0	0	XXX	0	XXX	0	XXX	0
12		Unaffiliated Common Stock Public				0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
13		Unaffiliated Common Stock Private				0	0.0000	0	0.1600	0	0.1600	0
14		Real Estate				0	(b)	0	(b)	0	(b)	0
15		Affiliated-Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17		Total Common Stock (Sum of Lines 1 through 16)	0	0	0	0	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
19		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
20		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
21		Total Real Estate (Sum of Lines 18 through 20)	0	0	0	0	XXX	0	XXX	0	XXX	0
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	BASIC CONTRIBUTION		RESERVE OBJECTIVE		MAXIMUM RESERVE	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
30	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
31	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
32	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
33	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
34	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
35	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
36		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
37		Total with Preferred Stock Characteristics (Sum of Lines 30 through 36)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing Affiliated:												
38		Mortgages - CM1 - Highest Quality			XXX	0	0.0010	0	0.0050	0	0.0065	0
39		Mortgages - CM2 - High Quality			XXX	0	0.0035	0	0.0100	0	0.0130	0
40		Mortgages - CM3 - Medium Quality			XXX	0	0.0060	0	0.0175	0	0.0225	0
41		Mortgages - CM4 - Low Medium Quality			XXX	0	0.0105	0	0.0300	0	0.0375	0
42		Mortgages - CM5 - Low Quality			XXX	0	0.0160	0	0.0425	0	0.0550	0
43		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
44		Residential Mortgages - All Other		XXX	XXX	0	0.0013	0	0.0030	0	0.0040	0
45		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0003	0	0.0006	0	0.0010	0
Overdue, Not in Process Affiliated:												
46		Farm Mortgages			XXX	0	0.0420	0	0.0760	0	0.1200	0
47		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
48		Residential Mortgages - All Other			XXX	0	0.0025	0	0.0058	0	0.0090	0
49		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0005	0	0.0012	0	0.0020	0
50		Commercial Mortgages - All Other			XXX	0	0.0420	0	0.0760	0	0.1200	0
In Process of Foreclosure Affiliated:												
51		Farm Mortgages			XXX	0	0.0000	0	0.1700	0	0.1700	0
52		Residential Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
53		Residential Mortgages - All Other			XXX	0	0.0000	0	0.0130	0	0.0130	0
54		Commercial Mortgages - Insured or Guaranteed			XXX	0	0.0000	0	0.0040	0	0.0040	0
55		Commercial Mortgages - All Other			XXX	0	0.0000	0	0.1700	0	0.1700	0
56		Total Affiliated (Sum of Lines 38 through 55)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
57		Unaffiliated - In Good Standing With Covenants			XXX	0	0.0000 (c)	0	0.0000 (c)	0	0.0000 (c)	0
58		Unaffiliated - In Good Standing Defeased With Government Securities			XXX	0	0.0010	0	0.0050	0	0.0065	0
59		Unaffiliated - In Good Standing - Primarily Senior			XXX	0	0.0035	0	0.0100	0	0.0130	0
60		Unaffiliated - In Good Standing All Other			XXX	0	0.0060	0	0.0175	0	0.0225	0
61		Unaffiliated - Overdue, Not in Process			XXX	0	0.0420	0	0.0760	0	0.1200	0
62		Unaffiliated - In Process of Foreclosure			XXX	0	0.0000	0	0.1700	0	0.1700	0
63		Total Unaffiliated (Sum of Lines 57 through 62)	0	0	XXX	0	XXX	0	XXX	0	XXX	0
64		Total with Mortgage Loan Characteristics (Lines 56 + 63)	0	0	XXX	0	XXX	0	XXX	0	XXX	0

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Col. 1 + 2 + 3)	BASIC CONTRIBUTION		RESERVE OBJECTIVE		MAXIMUM RESERVE	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
66		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
67		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
69		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
70		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
72		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
73		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
74		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75		Guaranteed Federal Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
76		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
77		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
78		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
79		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80		Total LIHTC (Sum of Lines 75 through 79)	0	0	0	0	XXX	0	XXX	0	XXX	0
ALL OTHER INVESTMENTS												
81		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0037	0	0.0037	0
82		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0120	0	0.0120	0
83		Other Invested Assets - Schedule BA	1,051,753	XXX		1,051,753	0.0000	0	0.1300	136,728	0.1300	136,728
84		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
85		Total All Other (Sum of Lines 81, 82, 83 and 84)	1,051,753	XXX	0	1,051,753	XXX	0	XXX	136,728	XXX	136,728
86		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	1,051,753	0	0	1,051,753	XXX	0	XXX	136,728	XXX	136,728

(a) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
 (b) Determined using same factors and breakdowns used for directly owned real estate.
 (c) This will be the factor associated with the risk category determined in the company generated worksheet.

Asset Valuation Reserve RSA

NONE

Schedule F - Claims

NONE

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	129,534,349	XXX	3,995,624	XXX		XXX		XXX		XXX		XXX	125,538,725	XXX		XXX		XXX
2. Premiums earned	130,855,642	XXX	4,715,566	XXX		XXX		XXX		XXX		XXX	126,140,076	XXX		XXX		XXX
3. Incurred claims	101,293,816	77.4	5,231,668	110.9		0.0		0.0		0.0	50,000	0.0	96,012,148	76.1		0.0		0.0
4. Cost containment expenses	48,207	0.0	4,196	0.1		0.0		0.0		0.0		0.0	43,878	0.0		0.0		133
5. Incurred claims and cost containment expenses (Lines 3 and 4)	101,342,023	77.4	5,235,864	111.0		0.0		0.0		0.0	50,000	0.0	96,056,026	76.2		0.0		133
6. Increase in contract reserves	(3,297,888)	(2.5)	(1,232,924)	(26.1)		0.0		0.0		0.0		0.0	(2,064,964)	(1.6)		0.0		0.0
7. Commissions (a)	(21,278)	0.0	107,891	2.3		0.0		0.0		0.0	(761,371)	0.0	632,202	0.5		0.0		0.0
8. Other general insurance expenses	21,366,888	16.3	917,327	19.5		0.0		0.0		0.0		0.0	20,449,561	16.2		0.0		0.0
9. Taxes, licenses and fees	6,998,168	5.3	609,143	12.9		0.0		0.0		0.0		0.0	6,369,761	5.0		0.0		19,264
10. Total other expenses incurred	28,343,778	21.7	1,634,361	34.7		0.0		0.0		0.0	(761,371)	0.0	27,451,524	21.8		0.0		19,264
11. Aggregate write-ins for deductions	0	0.0	0	0.0		0.0		0.0		0.0	0	0.0	0	0.0		0.0		0
12. Gain from underwriting before dividends or refunds	4,467,729	3.4	(921,735)	(19.5)		0.0		0.0		0.0	711,371	0.0	4,697,490	3.7		0.0		(19,397)
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	4,467,729	3.4	(921,735)	(19.5)		0	0.0	0	0.0	0	711,371	0.0	4,697,490	3.7		0	0.0	(19,397)
DETAILS OF WRITE-INS																		
1101.	0	0.0	0	0.0		0.0		0.0		0.0		0.0	0	0.0		0.0		0.0
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0		0.0		0.0		0.0		0.0	0	0.0		0.0		0.0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above)	0	0.0	0	0.0		0	0.0	0	0.0	0	0.0	0.0	0	0.0		0	0.0	0

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit A&H (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2 - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	10,583	2,740					7,843		
2. Advance premiums	131,850	5,274					126,576		
3. Reserve for rate credits	0								
4. Total premium reserves, current year	142,433	8,014	0	0	0	0	134,419	0	0
5. Total premium reserves, prior year	1,463,727	727,956	0	0	0	0	735,771	0	0
6. Increase in total premium reserves	(1,321,294)	(719,942)	0	0	0	0	(601,352)	0	0
B. Contract Reserves:									
1. Additional reserves (a)	783,541	200,592					582,949		
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	783,541	200,592	0	0	0	0	582,949	0	0
4. Total contract reserves, prior year	4,081,429	1,433,516	0	0	0	0	2,647,913	0	0
5. Increase in contract reserves	(3,297,888)	(1,232,924)	0	0	0	0	(2,064,964)	0	0
C. Claim Reserves and Liabilities:									
1. Total current year	19,987,567	588,075				50,000	19,349,492		
2. Total prior year	22,709,720	11,185,363	0	0	0	0	11,524,357	0	0
3. Increase	(2,722,153)	(10,597,288)	0	0	0	50,000	7,825,135	0	0

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	16,876,973	3,544,164					13,332,809		
1.2 On claims incurred during current year	87,138,998	12,284,793					74,854,205		
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	977,142	429,942					547,200		
2.2 On claims incurred during current year	19,010,425	158,132				50,000	18,802,293		
3. Test:									
3.1 Lines 1.1 and 2.1	17,854,115	3,974,106	0	0	0	0	13,880,009	0	0
3.2 Claim reserves and liabilities, December 31 prior year	22,709,720	11,185,365	0	0	0	0	11,524,357	0	0
3.3 Line 3.1 minus Line 3.2	(4,855,607)	(7,211,259)	0	0	0	0	2,355,652	0	0

PART 4 - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	169,064						169,064		
2. Premiums earned	169,064						169,064		
3. Incurred claims	746,700						746,700		
4. Commissions	15,616						15,616		
B. Reinsurance Ceded:									
1. Premiums written	15,323,088	294,816				10,885,141	4,143,131		
2. Premiums earned	4,437,947	294,816					4,143,131		
3. Incurred claims	16,554,141	227,710					16,326,431		
4. Commissions	761,371					761,371			

(a) Includes \$ 783,541 premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims.....	117,101,259			117,101,259
2. Beginning Claim Reserves and Liabilities.....	23,208,389	0	0	23,208,389
3. Ending Claim Reserves and Liabilities.....	20,645,604			20,645,604
4. Claims Paid.....	119,664,044	0	0	119,664,044
B. Assumed Reinsurance:				
5. Incurred Claims.....	746,701			746,701
6. Beginning Claim Reserves and Liabilities.....	193,199	0	0	193,199
7. Ending Claim Reserves and Liabilities.....	111,299			111,299
8. Claims Paid.....	828,601	0	0	828,601
C. Ceded Reinsurance:				
9. Incurred Claims.....	16,554,141			16,554,141
10. Beginning Claim Reserves and Liabilities.....	3,619,022	0	0	3,619,022
11. Ending Claim Reserves and Liabilities.....	5,376,408			5,376,408
12. Claims Paid.....	14,796,755	0	0	14,796,755
D. Net:				
13. Incurred Claims.....	101,293,819	0	0	101,293,819
14. Beginning Claim Reserves and Liabilities.....	19,782,566	0	0	19,782,566
15. Ending Claim Reserves and Liabilities.....	15,380,495	0	0	15,380,495
16. Claims Paid.....	105,695,890	0	0	105,695,890
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses.....	101,342,023			101,342,023
18. Beginning Reserves and Liabilities.....	0	0	0	0
19. Ending Reserves and Liabilities.....				0
20. Paid Claims and Cost Containment Expenses	101,342,023	0	0	101,342,023

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

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													
86258	13-2572994	01/01/1996	GENERAL RE LIFE CORP	CT	CO/I	CMM	10,885,141	985,122	3,250,924				
22667	95-2371728	01/01/2009	ACE AMER INS CO	PA	DTH/I	CMM	0						
22667	95-2371728	01/01/2009	ACE AMER INS CO	PA	DTH/G	CMM	0						
11835	04-1590940	01/01/2014	PARTNERRE AMER INS CO	DE	DTH/I	CMM	732,282						
11835	04-1590940	01/01/2014	PARTNERRE AMER INS CO	DE	DTH/G	CMM	0						
11835	04-1590940	01/01/2014	PARTNERRE AMER INS CO	DE	CO/I	CMM	2,514,870						
00000	AA-9990032	01/01/2014	US Dept of Hlth & Human Serv	DC	DTH/I	CMM	1,190,794						
0899999 - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							15,323,087	985,122	3,250,924	0	0	0	0
1099999 - General Account - Authorized - Non-Affiliates - Total Authorized Non-Affiliates							15,323,087	985,122	3,250,924	0	0	0	0
1199999 - General Account - Authorized - Total General Account Authorized							15,323,087	985,122	3,250,924	0	0	0	0
3499999 - General Account - Total General Account Authorized, Unauthorized and Certified							15,323,087	985,122	3,250,924	0	0	0	0
6999999 - Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							15,323,087	985,122	3,250,924	0	0	0	0
9999999 Totals							15,323,087	985,122	3,250,924	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business (000 OMITTED)

	1 2014	2 2013	3 2012	4 2011	5 2010
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	15,437	15,461	13,946	14,489	15,623
2. Commissions and reinsurance expense allowances771	1,038	1,139	1,263	1,278
3. Contract claims	17,081	21,598	18,328	11,916	12,102
4. Surrender benefits and withdrawals for life contracts		0	0	0	0
5. Dividends to policyholders		0	0	0	0
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserves for life and accident and health contracts	(286)	(228)	(230)	(174)	(59)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	0	0	0	0
9. Aggregate reserves for life and accident and health contracts	4,774	5,061	5,289	5,519	5,693
10. Liability for deposit-type contracts		0	0	0	0
11. Contract claims unpaid769	.692	1,032	1,112	1,292
12. Amounts recoverable on reinsurance	4,607	2,927	.206	.89	118
13. Experience rating refunds due or unpaid	1,174,263	3,632	4,380	1,649	.588
14. Policyholders' dividends (not included in Line 10)		0	0	0	0
15. Commissions and reinsurance expense allowances due		0	0	0	0
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers	0	0	0	XXX	XXX
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust	0	0	0	XXX	XXX
23. Funds deposited by and withheld from (F)	0	0	0	XXX	XXX
24. Letters of credit (L)	0	0	0	XXX	XXX
25. Trust agreements (T)	0	0	0	XXX	XXX
26. Other (O)	0	0	0	XXX	XXX

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)	126,427,733		126,427,733
2. Reinsurance (Line 16)	5,781,335	(5,781,335)	0
3. Premiums and considerations (Line 15)	1,131,344	23,674	1,155,018
4. Net credit for ceded reinsurance	XXX	11,643,001	11,643,001
5. All other admitted assets (balance)	3,259,071		3,259,071
6. Total assets excluding Separate Accounts (Line 26)	136,599,483	5,885,340	142,484,823
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	136,599,483	5,885,340	142,484,823
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	5,139,031	4,773,865	9,912,896
10. Liability for deposit-type contracts (Line 3)	0		0
11. Claim reserves (Line 4)	19,987,567	769,336	20,756,903
12. Policyholder dividends/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	131,849	342,139	473,988
14. Other contract liabilities (Line 9)	1,912,362		1,912,362
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0	0	0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)	0		0
19. All other liabilities (balance)	80,068,015		80,068,015
20. Total liabilities excluding Separate Accounts (Line 26)	107,238,824	5,885,340	113,124,164
21. Separate Account liabilities (Line 27)	0		0
22. Total liabilities (Line 28)	107,238,824	5,885,340	113,124,164
23. Capital & surplus (Line 38)	29,360,659	XXX	29,360,659
24. Total liabilities, capital & surplus (Line 39)	136,599,483	5,885,340	142,484,823
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	4,773,865		
26. Claim reserves	769,336		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	342,139		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	5,781,335		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	11,666,675		
34. Premiums and considerations	23,674		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	23,674		
41. Total net credit for ceded reinsurance	11,643,001		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

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

Allocated By States and Territories

States, Etc.	Direct Business Only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama	AL	6,480	0	0	0	6,480
2. Alaska	AK	0	0	0	0	0
3. Arizona	AZ	154	0	0	0	154
4. Arkansas	AR	2,522	0	0	0	2,522
5. California	CA	0	0	0	0	0
6. Colorado	CO	252	0	0	0	252
7. Connecticut	CT	5,640	0	0	0	5,640
8. Delaware	DE	399	0	0	0	399
9. District of Columbia	DC	0	0	0	0	0
10. Florida	FL	11,781	0	0	0	11,781
11. Georgia	GA	2,694	0	0	0	2,694
12. Hawaii	HI	0	0	0	0	0
13. Idaho	ID	0	0	0	0	0
14. Illinois	IL	10,066	0	0	0	10,066
15. Indiana	IN	5,796	0	0	0	5,796
16. Iowa	IA	513	0	0	0	513
17. Kansas	KS	0	0	0	0	0
18. Kentucky	KY	305	0	0	0	305
19. Louisiana	LA	0	0	0	0	0
20. Maine	ME	754	0	0	0	754
21. Maryland	MD	0	0	0	0	0
22. Massachusetts	MA	6,700	0	0	0	6,700
23. Michigan	MI	461	0	0	0	461
24. Minnesota	MN	0	0	0	0	0
25. Mississippi	MS	686	0	0	0	686
26. Missouri	MO	0	0	0	0	0
27. Montana	MT	0	0	0	0	0
28. Nebraska	NE	2,638	0	0	0	2,638
29. Nevada	NV	0	0	0	0	0
30. New Hampshire	NH	0	0	0	0	0
31. New Jersey	NJ	0	0	0	0	0
32. New Mexico	NM	6,214	0	0	0	6,214
33. New York	NY	0	0	0	0	0
34. North Carolina	NC	3,881	0	0	0	3,881
35. North Dakota	ND	0	0	0	0	0
36. Ohio	OH	7,085	0	0	0	7,085
37. Oklahoma	OK	144	0	0	0	144
38. Oregon	OR	0	0	0	215	215
39. Pennsylvania	PA	0	0	0	0	0
40. Rhode Island	RI	0	0	0	0	0
41. South Carolina	SC	5,912	0	0	0	5,912
42. South Dakota	SD	308	0	0	0	308
43. Tennessee	TN	6,422	0	0	0	6,422
44. Texas	TX	13,636	0	0	0	13,636
45. Utah	UT	0	0	0	0	0
46. Vermont	VT	0	0	0	0	0
47. Virginia	VA	9,118	0	0	0	9,118
48. Washington	WA	0	0	0	0	0
49. West Virginia	WV	8	0	0	0	8
50. Wisconsin	WI	2,019	0	0	0	2,019
51. Wyoming	WY	1,443	0	0	0	1,443
52. American Samoa	AS	0	0	0	0	0
53. Guam	GU	0	0	0	0	0
54. Puerto Rico	PR	0	0	0	0	0
55. US Virgin Islands	VI	0	0	0	0	0
56. Northern Mariana Islands	MP	0	0	0	0	0
57. Canada	CAN	0	0	0	0	0
58. Aggregate Other Alien	OT	0	0	0	0	0
59. Totals		114,031	0	0	215	114,246

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

**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
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01295	Centene Corporation	00000	42-1406317		0001071739	New York Stock Exchange	Centene Corporation	DE	UIP	Shareholders/Board of Directors	Shareholders/Board of Directors	100.0	Shareholders/Board of Directors	.0
01295	Centene Corporation	00000	39-1864073				Centene Management Company LLC	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-0057283				CMC Real Estate Co. LLC	DE	NIA	Centene Management Company LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4094682				Centene Center LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4234827				CMC Hanley, LLC	MO	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	36-4783005				Cantina Laredo Clayton, LP	DE	NIA	CMC Real Estate Co. LLC	Ownership	51.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5431787				GPT Acquisition LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4372065				Clayton Property Investment LLC	DE	NIA	CMC Real Estate Co. LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	71013	39-0993433				Bankers Reserve Life Insurance Company of Wisconsin	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	22-3889471				CenCorp Health Solutions, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	42-1565805				Cenphiny Mgmt, LLC	DE	NIA	CenCorp Health Solutions, Inc.	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	42-1565807				NurseWise Holdings LLC	DE	NIA	CenCorp Health Solutions, Inc.	Ownership	99.0	Centene Corporation	.0
01295	Centene Corporation	00000	52-2379566				NurseWise LP	DE	NIA	NurseWise Holdings LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4730372				Nurse Response, Inc.	DE	NIA	NurseWise Holdings LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4980875				Bridgeway Health Solutions, LLC	DE	NIA	CenCorp Health Solutions, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4980818				Bridgeway Health Solutions of Arizona, LLC	AZ	NIA	Bridgeway Health Solutions, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	06-1476380				Nurtur Health, Inc.	DE	NIA	CenCorp Health Solutions, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	06-1404277				Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	CT	NIA	Nurtur Health, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	16-1686991				Wellness By Choice, LLC	NY	NIA	Family Care & Workforce Diversity Consultants LLC d/b/a Worklife Innovations	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	68-0461584				Cenpatico Behavioral Health, LLC	CA	NIA	CenCorp Health Solutions, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	12525	74-3018565				Cenpatico Behavioral Health of TX, Inc.	TX	IA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	86-0782736				CBHSP Arizona, Inc.	AZ	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	15357	45-2303998				Cenpatico of Louisiana, Inc.	LA	IA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

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

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01295	Centene Corporation	00000	74-2892993				Integrated Mental Health Mgmt, LLC	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2785494				Integrated Mental Health Services	TX	NIA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14704	20-1624120				Cenpatico Behavioral Health of Arizona, LLC	AZ	IA	Cenpatico Behavioral Health, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4730341				OptiCare Managed Vision, Inc	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	36-4520004				OptiCare Vision Insurance Co, Inc	SC	NIA	OptiCare Managed Vision, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95302	75-2592153				AECC Total Vision Health Plan of Texas, Inc	TX	IA	OptiCare Managed Vision, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4773088				OptiCare Vision Company, Inc	DE	NIA	OptiCare Managed Vision, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	65-0094759				Ocucare Systems, Inc	FL	NIA	OptiCare Managed Vision, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4861241				Total Vision, Inc	DE	NIA	OptiCare Managed Vision, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2783884				Dental Health & Wellness, Inc	DE	NIA	CenCorp Health Solutions, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4168814				Dental Health & Wellness of Louisiana, Inc	LA	NIA	Dental Health & Wellness, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	12315	20-3174593				Peach State Health Plan, Inc	GA	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	11834	32-0045282				Buckeye Community Health Plan, Inc	OH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	12959	20-5693998				Absolute Total Care, Inc	SC	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	95831	39-1821211				Coordinated Care Corporation d/b/a Managed Health Services	IN	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-5523218				Healthy Washington Holdings, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	15352	46-2578279				Coordinated Care of Washington, Inc	WA	IA	Healthy Washington Holdings, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	96822	39-1678579				Managed Health Services Insurance Corp	WI	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	60078	86-0819817				Hallmark Life Insurance Co	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	36-2979209				Celtic Group, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	80799	06-0641618				Celtic Insurance Company	IL	IA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-2221367				Novasys Health, Inc	DE	NIA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4278205				CeltiCare Health Plan Holdings LLC	DE	NIA	Celtic Group, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13632	26-4818440				CeltiCare Health Plan of Massachusetts, Inc	MA	IA	CeltiCare Health Plan Holdings LLC	Ownership	100.0	Centene Corporation	.0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295	Centene Corporation	95647	74-2770542				Superior HealthPlan, Inc.	TX	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0916294				Healthy Louisiana Holdings LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13970	27-1287287				Louisiana Healthcare Connections, Inc.	LA	IA	Healthy Louisiana Holdings LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2794037				LSM Holdco, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2798132				Lifeshare Management Group, LLC	NH	NIA	LSM Holdco, Inc.	Ownership	49.0	Centene Corporation	.0
01295	Centene Corporation	13923	20-8570212				Magnolia Health Plan Inc.	MS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2074217				CCTX Holdings, LLC	DE	NIA	Centene Corporation	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2074277				Centene Holdings, LLC	DE	NIA	Centene Corporation	Ownership	99.0	Centene Corporation	.0
01295	Centene Corporation	00000	74-2810404				Centene Company of Texas, LP	TX	NIA	Centene Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	77-0578529				US Script, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	76-0511700				LBB Industries, Inc.	TX	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	75-2612875				RX Direct, Inc.	TX	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2307356				US Script IPA, LLC	NY	NIA	US Script, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14053	27-2186150				IlliniCare Health Plan, Inc.	IL	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-0557093				Sunshine Health Holding LLC	FL	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	13148	20-8937577				Sunshine State Health Plan, Inc.	FL	IA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	56-2384404				Access Health Solutions LLC	FL	NIA	Sunshine Health Holding LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14100	45-1294925				Kentucky Spirit Health Plan, Inc.	KY	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5070230				Healthy Missouri Holdings, Inc.	MO	UDP	Centene Corporation	Ownership	95.0	Centene Corporation	.0
01295	Centene Corporation	14218	45-2798041				Home State Health Plan, Inc.	MO	RE	Healthy Missouri Holdings, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	14345	45-3276702				Sunflower State Health Plan, Inc.	KS	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	90-0636938				Casenet LLC	DE	NIA	Centene Corporation	Ownership	82.2	Centene Corporation	.0
01295	Centene Corporation	14226	45-4792498				Granite State Health Plan, Inc.	NH	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	61-1450727				Centurion Group, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

**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
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01295	Centene Corporation	00000	90-0766502				Centurion LLC	DE	NIA	Centurion Group, Inc	Ownership	51.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-1577742				Centurion of Virginia, LLC	VA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-1686283				Centurion of Vermont, LLC	VT	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	47-1229365				Centurion of Pennsylvania, LLC	PA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	30-0752651				Centurion of Tennessee, LLC	TN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	61-1696004				Massachusetts Partnership for Correctional Healthcare, LLC	MA	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-3590120				Centurion of Idaho, LLC	ID	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1041008				Centurion of Michigan, LLC	MI	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2717814				Centurion of Minnesota, LLC	MN	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4102134				Centurion of Missouri, LLC	MO	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4839132				Centurion of West Virginia, LLC	WV	NIA	Centurion LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	43-1795436				MHS Travel & Charter, Inc	WI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4855483				Health Care Enterprises, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-0907261				California Health and Wellness Plan	CA	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	15447	46-4195563				Bridgeway Advantage Solutions, Inc	AZ	IA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-3617766				Specialty Therapeutic Care Holdings, LLC	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	73-1698807				Specialty Therapeutic Care, GP, LLC	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	73-1698808				Specialty Therapeutic Care, LP	TX	NIA	Specialty Therapeutic Care Holdings, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-2780334				AcariaHealth, Inc	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-1599047				AcariaHealth Pharmacy #14, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-8192615				AcariaHealth Pharmacy #11, Inc	TX	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-2765424				AcariaHealth Pharmacy #12, Inc	NY	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-0226900				AcariaHealth Pharmacy #13, Inc	CA	NIA	AcariaHealth, Inc	Ownership	100.0	Centene Corporation	.0

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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01295	Centene Corporation	00000	13-4262384				AcariaHealth Pharmacy, Inc.	CA	NIA	AcariaHealth, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Home State Health Plan, Inc.	Ownership	5.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Absolute Total Care, Inc.	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Peach State Health Plan, Inc.	Ownership	21.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Superior HealthPlan, Inc.	Ownership	21.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	IlliniCare Health Plan, Inc.	Ownership	5.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Bankers Reserve Life Insurance Company of Wisconsin	Ownership	17.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Managed Health Services Insurance Corp.	Ownership	2.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Buckeye Community Health Plan, Inc.	Ownership	13.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-2860967				Health Plan Real Estate Holding, Inc.	MO	NIA	Coordinated Care Corporation d/b/a Managed Health Services	Ownership	15.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-3707698				HomeScripts, LLC.	MI	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0275614				U.S. Medical Management Holdings, Inc.	DE	NIA	Centene Corporation	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0275730				Phoenix Home Health Care Holdings, Inc.	DE	NIA	U.S. Medical Management Holdings, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC.	DE	NIA	Phoenix Home Health Care Holdings, Inc.	Ownership	4.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0275563				Pinnacle Home Care Holdings, Inc.	DE	NIA	U.S. Medical Management Holdings, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC.	DE	NIA	Pinnacle Home Care Holdings, Inc.	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	27-0275782				ComfortBrook Hospice Holdings, Inc.	DE	NIA	U.S. Medical Management Holdings, Inc.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC.	DE	NIA	ComfortBrook Hospice Holdings, Inc.	Ownership	1.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC.	DE	NIA	U.S. Medical Management Holdings, Inc.	Ownership	14.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-3153946				U.S. Medical Management, LLC.	DE	NIA	Centene Corporation	Ownership	48.0	Centene Corporation	.0
01295	Centene Corporation	00000	31-1733889				RMED, LLC.	FL	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	51-0581762				Heritage Home Hospice, LLC.	MI	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4364776				Rapid Respiratory Services, LLC.	DE	NIA	U.S. Medical Management, LLC.	Ownership	100.0	Centene Corporation	.0

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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
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)	*
01295	Centene Corporation	00000	20-2827613				Grace Hospice of Austin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	26-4435532				Seniorcorps Pensinsula, LLC	VA	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-1530070				ComfortBrook Hospice, LLC	OH	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	33-1179031				R&C Healthcare, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-4996551				Comfort Hospice of Texas, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-0927034				A N J, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-2827526				Grace Hospice of San Antonio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-0861469				Pinnacle Senior Care of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-0679248				Grace Hospice of Grand Rapids, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	03-0556422				Country Style Health Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-0634905				Grace Hospice of Indiana, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	14-1878333				Phoenix Home Health Care, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080637				Grace Hospice of Virginia, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	75-2635025				Traditional Home Health Services, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080567				Comfort Hospice of Missouri, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	38-2751108				Family Nurse Care, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-5080675				Grace Hospice of Colorado, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-5108540				Family Nurse Care II, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1708834				Grace Hospice of Wisconsin, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	20-3920947				Family Nurse Care of Ohio, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-1734288				Hospice DME Company, LLC	MI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	46-4229858				Pinnacle Senior Care of Wisconsin, LLC	WI	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	76-0713516				Pinnacle Home Care, LLC	TX	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0
01295	Centene Corporation	00000	45-4165480				USMM Accountable Care Network, LLC	DE	NIA	U.S. Medical Management, LLC	Ownership	100.0	Centene Corporation	.0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	42-1406317	Centene Corporation	44,100,000	(557,959,794)			59,087,478				(454,772,316)	
00000	39-1864073	Centene Management Company LLC					1,238,514,833				1,238,514,833	
00000	20-0057283	CMC Real Estate Co. LLC									.0	
00000	26-4094682	Centene Center LLC									.0	
00000	46-4234827	CMC Hanley, LLC									.0	
00000	36-4783005	Cantina Laredo Clayton, LP									.0	
00000	45-5431787	GPT Acquisition LLC									.0	
00000	45-4372065	Clayton Property Investment LLC									.0	
71013	39-0993433	Bankers Resv Life Ins Co of Wisconsin		17,200,000			(791,385,751)	6,987,350			(767,198,401)	(15,507,465)
00000	22-3889471	CenCorp Health Solutions, Inc.					675,078				675,078	
00000	42-1565805	Cenphiny Mgmt, LLC									.0	
00000	42-1565807	NurseWise Holdings LLC									.0	
00000	52-2379566	NurseWise LP					31,037,899				31,037,899	
00000	20-4730372	Nurse Response, Inc.					209,381				209,381	
00000	20-4980875	Bridgeway Health Solutions, LLC									.0	
00000	20-4980818	Bridgeway Hlth Solutions of Arizona									.0	
00000	06-1476380	Nurtur Health, Inc.					45,724,882				45,724,882	
00000	06-1404277	Family Care & Workforce Diversity Consul									.0	
00000	16-1686991	Wellness By Choice, LLC									.0	
00000	68-0461584	Cenpatico Behavioral Health, LLC					572,814,265				572,814,265	
12525	74-3018565	Cenpatico Behavioral Health of TX, Inc.									.0	
00000	86-0782736	CBHSP Arizona, Inc.									.0	
15357	45-2303998	Cenpatico of Louisiana, Inc.		9,794							9,794	
00000	74-2892993	Integrated Mental Health Mgmt, LLC									.0	
00000	74-2785494	Integrated Mental Health Services					40,764,215				40,764,215	
14704	20-1624120	Cenpatico Behavioral Health of Arizona									.0	
00000	20-4730341	OptiCare Managed Vision, Inc.					14,093,021				14,093,021	
00000	36-4520004	OptiCare Vision Insurance Co, Inc.									.0	
95302	75-2592153	AECG Total Vision Health Plan of Texas					53,763,555				53,763,555	
00000	20-4773088	OptiCare Vision Company, Inc.					47,073,411				47,073,411	
00000	65-0094759	Ocucare Systems, Inc.					5,103,746				5,103,746	
00000	20-4861241	Total Vision, Inc.									.0	
00000	46-2783884	Dental Health & Wellness, Inc.					9,914,496				9,914,496	
15525	46-4168814	Dental Health & Wellness of Louisiana		3,100,000							3,100,000	
12315	20-3174593	Peach State Health Plan, Inc.					(293,668,022)	2,112,731			(291,555,291)	4,392,660
11834	32-0045282	Buckeye Community Health Plan, Inc.		15,900,000			(380,197,597)	1,587,150			(362,710,447)	1,990,390
12959	20-5693998	Absolute Total Care, Inc.		10,000,000			(117,904,185)	(18,429)			(107,922,614)	557,286
95831	39-1821211	Coordinated Care Corporation	(3,500,000)	20,000,000			(267,085,113)				(250,585,113)	
00000	46-5523218	Healthy Washington Holdings, Inc.									.0	
15352	46-2578279	Coordinated Care of Washington, Inc.		110,500,000							110,500,000	
96822	39-1678579	Managed Health Services Insurance Corp.	(2,600,000)				(45,236,787)	(1,417,194)			(49,253,981)	153,339
60078	86-0819817	HalImark Life Insurance Co.					(1,061,802)				(1,061,802)	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	36-2979209	Celtic Group, Inc.					928,865				928,865	
80799	06-0641618	Celtic Insurance Company	(20,000,000)				(49,715,598)				(69,715,598)	
00000	27-2221367	Novasys Health, Inc.					634,462				634,462	
00000	26-4278205	CeltiCare Health Plan Holdings LLC									.0	
13632	26-4818440	CeltiCare Health Plan of Massachusetts		3,000,000			(83,965,887)				(80,965,887)	
95647	74-2770542	Superior HealthPlan, Inc.	(10,000,000)				(620,552,229)				(630,552,229)	
00000	27-0916294	Healthy Louisiana Holdings LLC									.0	
13970	27-1287287	Louisiana Healthcare Connections, Inc.					(161,606,875)	(2,702,223)			(164,309,098)	1,116,988
00000	46-2794037	LSM Holdco, Inc.									.0	
00000	46-2798132	Lifeshare Management Group, LLC					951,691				951,691	
13923	20-8570212	Magnolia Health Plan Inc.		39,950,000			(242,033,503)	(297,632)			(202,381,135)	178,327
00000	20-2074217	CCTX Holdings, LLC									.0	
00000	20-2074277	Centene Holdings, LLC									.0	
00000	74-2810404	Centene Company of Texas, LP					289,084,177				289,084,177	
00000	77-0578529	US Script, Inc.					1,866,493,073				1,866,493,073	
00000	76-0511700	LBB Industries, Inc.									.0	
00000	75-2612875	RX Direct, Inc.									.0	
00000	46-2307356	US Script IPA, LLC									.0	
14053	27-2186150	IlliniCare Health Plan, Inc.		26,000,000			(221,402,180)	(1,261,302)			(196,663,482)	1,033,071
00000	26-0557093	Sunshine Health Holding LLC									.0	
13148	20-8937577	Sunshine State Health Plan, Inc.		184,250,000			(405,549,005)	(472,823)			(221,771,828)	1,803,216
00000	56-2384404	Access Health Solutions LLC									.0	
14100	45-1294925	Kentucky Spirit Health Plan, Inc.	(8,000,000)				(1,996,866)	(8,000)			(10,004,866)	
00000	45-5070230	Healthy Missouri Holdings, Inc.									.0	
14218	45-2798041	Home State Health Plan, Inc.		25,000,000			(25,728,642)	271,468			(457,174)	1,186,467
14345	45-3276702	Sunflower State Health Plan, Inc.		71,750,000			(338,337,475)	(4,517,278)			(271,104,753)	1,802,326
00000	90-0636938	Casenet LLC									.0	
14226	45-4792498	Granite State Health Plan, Inc.		22,200,000			(111,936,996)	(1,029,706)			(90,766,702)	904,879
00000	61-1450727	Centurion Group, Inc.									.0	
00000	90-0766502	Centurion LLC									.0	
00000	47-1577742	Centurion of Virginia, LLC									.0	
00000	47-1686283	Centurion of Vermont, LLC									.0	
00000	47-1229365	Centurion of Pennsylvania, LLC									.0	
00000	30-0752651	Centurion of Tennessee, LLC									.0	
00000	61-1696004	Massachusetts Prtn Correctional Hlth.									.0	
00000	46-3590120	Centurion of Idaho, LLC									.0	
00000	46-1041008	Centurion of Michigan, LLC									.0	
00000	46-2717814	Centurion of Minnesota, LLC									.0	
00000	46-4102134	Centurion of Missouri, LLC									.0	
00000	46-4839132	Centurion of West Virginia, LLC									.0	
00000	43-1795436	MHS Travel & Charter, Inc.									.0	
00000	46-4855483	Health Care Enterprises, LLC									.0	

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
00000	46-0907261	California Health and Wellness Plan		7,600,000			(117,504,015)	765,888			(109,138,127)	388,516
15447	46-4195563	Bridgeway Advantage Solutions, Inc.		1,500,000							1,500,000	
00000	27-3617766	Specialty Therapeutic Care Holdings, LLC									.0	
00000	73-1698807	Specialty Therapeutic Care, GP, LLC									.0	
00000	73-1698808	Specialty Therapeutic Care, LP									.0	
00000	45-2780334	AcariaHealth, Inc.									.0	
00000	27-1599047	AcariaHealth Pharmacy #14, Inc.									.0	
00000	20-8192615	AcariaHealth Pharmacy #11, Inc.									.0	
00000	27-2765424	AcariaHealth Pharmacy #12, Inc.									.0	
00000	26-0226900	AcariaHealth Pharmacy #13, Inc.									.0	
00000	13-4262384	AcariaHealth Pharmacy, Inc.									.0	
00000	46-2860967	Health Plan Real Estate Holding, Inc.									.0	
00000	27-3707698	HomeScripts, LLC									.0	
00000	27-0275614	U.S. Medical Management Holdings, Inc.									.0	
00000	27-0275730	Phoenix Home Health Care Holdings, Inc.									.0	
00000	38-3153946	U.S. Medical Management, LLC									.0	
00000	27-0275563	Pinnacle Home Care Holdings, Inc.									.0	
00000	27-0275782	ComfortBrook Hospice Holdings, Inc.									.0	
00000	31-1733889	RMED, LLC									.0	
00000	51-0581762	Heritage Home Hospice, LLC									.0	
00000	20-4364776	Rapid Respiratory Services, LLC									.0	
00000	20-2827613	Grace Hospice of Austin, LLC									.0	
00000	26-4435532	Seniorcorps Pensinsula, LLC									.0	
00000	20-1530070	ComfortBrook Hospice, LLC									.0	
00000	33-1179031	R&C Healthcare, LLC									.0	
00000	20-4996551	Comfort Hospice of Texas, LLC									.0	
00000	20-0927034	A N J, LLC									.0	
00000	20-2827526	Grace Hospice of San Antonio, LLC									.0	
00000	46-0861469	Pinnacle Senior Care of Missouri, LLC									.0	
00000	45-0679248	Grace Hospice of Grand Rapids, LLC									.0	
00000	03-0556422	Country Style Health Care, LLC									.0	
00000	45-0634905	Grace Hospice of Indiana, LLC									.0	
00000	14-1878333	Phoenix Home Health Care, LLC									.0	
00000	45-5080637	Grace Hospice of Virginia, LLC									.0	
00000	75-2635025	Traditional Home Health Services, LLC									.0	
00000	45-5080567	Comfort Hospice of Missouri, LLC									.0	
00000	38-2751108	Family Nurse Care, LLC									.0	
00000	45-5080675	Grace Hospice of Colorado, LLC									.0	
00000	20-5108540	Family Nurse Care II, LLC									.0	
00000	46-1708834	Grace Hospice of Wisconsin, LLC									.0	
00000	20-3920947	Family Nurse Care of Ohio, LLC									.0	

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SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING Responses

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

APRIL FILING

- 5. Will Management's Discussion and Analysis be filed by April 1?YES.....
- 6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?YES.....
- 7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?YES.....
- 8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?YES.....

JUNE FILING

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

AUGUST FILING

- 11. Will Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile by August 1?YES.....

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

MARCH FILING

- 12. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?NO.....
- 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?YES.....
- 14. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?NO.....
- 15. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?YES.....
- 16. Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1?YES.....
- 17. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 18. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 19. Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 20. Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 21. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 22. Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 23. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 24. Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 25. Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 26. Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1?NO.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1?NO.....
- 34. Will the Workers' Compensation Carve-Out Supplement be filed by March 1?NO.....
- 35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1?YES.....
- 36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?NO.....
- 37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?SEE EXPLANATION.....
- 38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?SEE EXPLANATION.....
- 39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?SEE EXPLANATION.....
- 40. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15?YES.....

APRIL FILING

- 41. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 42. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1?NO.....
- 43. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1?NO.....
- 44. Will the Accident and Health Policy Experience Exhibit be filed by April 1?YES.....
- 45. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1?YES.....
- 46. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1?YES.....
- 47. 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.....
- 48. 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.....
- 49. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile and the NAIC by April 30?YES.....
- 50. Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1?YES.....

AUGUST FILING

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

Explanation:

- 12.
- 14.
- 17.
- 18.
- 19.
- 20.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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37. Not Applicable

38. Not Applicable

39. Not Applicable

41.

42.

43.

Bar code:

12. 
8 0 7 9 9 2 0 1 4 4 2 0 0 0 0 0 0

14. 
8 0 7 9 9 2 0 1 4 4 9 0 0 0 0 0 0

17. 
8 0 7 9 9 2 0 1 4 4 4 2 0 0 0 0 0

18. 
8 0 7 9 9 2 0 1 4 4 4 3 0 0 0 0 0

19. 
8 0 7 9 9 2 0 1 4 4 4 4 0 0 0 0 0

20. 
8 0 7 9 9 2 0 1 4 4 4 5 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. 
8 0 7 9 9 2 0 1 4 4 4 6 0 0 0 0 0

22. 
8 0 7 9 9 2 0 1 4 4 4 7 0 0 0 0 0

23. 
8 0 7 9 9 2 0 1 4 4 4 8 0 0 0 0 0

24. 
8 0 7 9 9 2 0 1 4 4 4 9 0 0 0 0 0

25. 
8 0 7 9 9 2 0 1 4 4 5 0 0 0 0 0 0

26. 
8 0 7 9 9 2 0 1 4 4 5 1 0 0 0 0 0

27. 
8 0 7 9 9 2 0 1 4 4 5 2 0 0 0 0 0

28. 
8 0 7 9 9 2 0 1 4 4 5 3 0 0 0 0 0

29. 
8 0 7 9 9 2 0 1 4 4 3 6 0 0 0 0 0

30. 
8 0 7 9 9 2 0 1 4 4 3 7 0 0 0 0 0

31. 
8 0 7 9 9 2 0 1 4 4 3 8 0 0 0 0 0

32. 
8 0 7 9 9 2 0 1 4 4 3 9 0 0 0 0 0

33. 
8 0 7 9 9 2 0 1 4 4 5 4 0 0 0 0 0

34. 
8 0 7 9 9 2 0 1 4 4 9 5 0 0 0 0 0

36. 
8 0 7 9 9 2 0 1 4 3 6 5 0 0 0 0 0

41. 
8 0 7 9 9 2 0 1 4 3 0 6 0 0 0 0 0

42. 
8 0 7 9 9 2 0 1 4 2 8 0 0 0 0 0 0

43. 
8 0 7 9 9 2 0 1 4 2 3 0 5 9 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Alabama

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60606-6393, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.AL

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Alaska

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual and group policies.

360.AK

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: NA1, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NA1, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF American Samoa

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit Telephone Number
 Title

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

360.AS

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Arizona

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes rows for individual and group policies.

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

360.AZ



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Arkansas

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.AR

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF California

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.CA

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Colorado

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2011), 15-18 (Policies Issued in 2012, 2013, 2014). Includes rows for individual policies and summary rows for 0199999 and 0299999.

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
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"

360.CO



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Connecticut

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
 Title Controller

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 2011				Policies Issued in 2012, 2013, 2014			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
Yes	MS POL A-IN	A	No	0030560	07/12/1992				CELTIC MED SUPP	4,456	2,911	65.3	1	0	0	0.0	0
Yes	MS POL C-IN	C	No	0030560	12/21/1993				CELTIC MED SUPP	41,141	14,765	35.9	6	0	0	0.0	0
Yes	MS POL D-IN	D	No	0030560	02/07/1995				CELTIC MED SUPP	99,535	48,441	48.7	30	0	0	0.0	0
Yes	MS POL F-IN	F	No	0030560	07/12/1992				CELTIC MED SUPP	124,491	71,403	57.4	33	0	0	0.0	0
Yes	MS POL I-IN	I	No	0034000	07/12/1992				CELTIC MED SUPP	8,827	1,170	13.3	2	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										278,450	138,690	49.8	72	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"

360.CT



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Delaware

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.DE

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF District of Columbia

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual and group policies.

360.DC

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Florida

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.FL

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Georgia

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

360.GA



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Guam

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit Telephone Number
 Title

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

360.GU

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:
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Hawaii

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.HI

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Idaho

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and totals for individual and group policies.

360.ID

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Illinois

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
 Title Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
												.00				.00	
												.00				.00	
Yes	MS POL D-IN	D	No	0034000	12/09/1991				CELTIC MED SUPP.	3,617	2,279	63.0	1	0	0	.00	0
Yes	MS POL F-IN	F	No	0034000	12/09/1991				CELTIC MED SUPP.	41,004	19,232	46.9	10	0	0	.00	0
Yes	MS POL I-IN	I	No	0034000	02/21/1992				CELTIC MED SUPP.	23,749	7,442	31.3	3	0	0	.00	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										68,370	28,953	42.3	14	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"

360.JL



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Indiana

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.IN

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Iowa

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.IA

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Kansas

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
 Title Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes	MS POL A-KS	A	No	0034060	.06/29/1992				CELTIC MED SUPP.	2,003	74	3.7	1	0	0	0.0	0
Yes	MS POL B-KS	B	No	0034060	.06/29/1992				CELTIC MED SUPP.	1,557	1,371	88.1	0	0	0	0.0	0
Yes	MS POL C-KS	C	No	0034060	.08/03/1993				CELTIC MED SUPP.	6,146	1,397	22.7	2	0	0	0.0	0
Yes	MS POL F-KS	F	No	0034060	.06/29/1992				CELTIC MED SUPP.	10,682	8,017	75.1	3	0	0	0.0	0
Yes	MS POL I-KS	I	No	0034060	.06/29/1992				CELTIC MED SUPP.	6,020	7,048	117.1	2	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										26,408	17,907	67.8	8	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

360.KS

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: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Kentucky

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60606-6393, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.KY

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Louisiana

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.LA

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Maine

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Policy details), 11-14 (Policies Issued Through 2011), 15-18 (Policies Issued in 2012, 2013, 2014). Includes rows for individual policies and summary rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.ME

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
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Maryland

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.MD

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Massachusetts

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
Title Controller

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.MA

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Michigan

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
 Title Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
												.00				.00	
												.00				.00	
												.00				.00	
Yes	MS POL F-IN	F	No	0034060	06/07/1994				CELTIC MED SUP	16,313	19,063	116.9	3	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										16,313	19,063	116.9	3	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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: NA1, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: NA1, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"

360.MI



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Minnesota

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60606-6393, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.MN

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Mississippi

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
 Title Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
												.0				.0	
Yes	MS POL C-IN	C	No	0034000	.04/02/1993				CELTIC MED SUPP.	25,882	9,723	37.6	.8	.0	.0	.0	.0
Yes	MS POL D-IN	D	No	0034000	.10/18/1994				CELTIC MED SUPP.	2,707	.288	10.6	.1	.0	.0	.0	.0
Yes	MS POL F-IN	F	No	0034000	.09/02/1992				CELTIC MED SUPP.	88,520	38,598	43.6	22	.0	.0	.0	.0
Yes	MS POL I-IN	I	No	0034000	.09/02/1992				CELTIC MED SUPP.	3,397	.893	26.3	.1	.0	.0	.0	.0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										120,506	49,502	41.1	32	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"

360.MS



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Missouri

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.MO

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Montana

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and totals for individual and group policies.

360.MT

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Nebraska

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.NE

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Nevada

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60606-6393, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.NV

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF New Hampshire

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.NH

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF New Jersey

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.NJ

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF New Mexico

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
 Title Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
												.00				.00	
												.00				.00	
												.00				.00	
												.00				.00	
Yes	MS POL F-IN	F	No	0034000	11/20/1991				CELTIC MED SUP	54,894	10,564	19.2	16	0	0	0.0	0
Yes	MS POL I-IN	I	No	0034000	02/03/1992				CELTIC MED SUP	7,053	765	10.8	1	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										61,947	11,329	18.3	17	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

360.NM

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: NA1, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: NA1, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF New York

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60606-6393, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.NY

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF North Carolina

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and summary rows for total experience on individual and group policies.

360.NC

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF North Dakota

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
 Title Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
												.00				.00	
												.00				.00	
												.00				.00	
												.00				.00	
Yes	MS POL F-IN	F	No	0034000	03/03/1992				CELTIC MED SUP	10,311	2,587	25.1	3	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										10,311	2,587	25.1	3	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

360.ND

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: NA1, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: NA1, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Northern Mariana Islands

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit Telephone Number
 Title

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

360.MP

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:
 - Contact Person and Phone Number:
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address:
 - Contact Person and Phone Number:
- Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Ohio

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.OH

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Oklahoma

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and totals for 0199999 and 0299999.

360.OK

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Oregon

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes summary rows for individual and group policies.

360. OR

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and totals for individual and group policies.

360.PA

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Puerto Rico

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit Telephone Number
 Title

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										0	0	0.0	0	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

360.PR

GENERAL INTERROGATORIES

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

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SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Rhode Island

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
 Title Controller

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011			Policies Issued in 2012, 2013, 2014				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
Yes.....	MS POL C -IN.....	C.....	No.....	0034000	12/18/1992				CELTIC MED SUP	3,762	1,605	42.7	1	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										3,762	1,605	42.7	1	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"

360.RI



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF South Carolina

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.SC

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF South Dakota

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Rows include individual policies and summary rows for 0199999 and 0299999.

360.SD

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Tennessee

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60606-6393, Person Completing This Exhibit David J. Burke, Title Controller, NAIC Company Code 80799, Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.TN

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Texas

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.TX

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF U.S. Virgin Islands

NAIC Group Code 1295, Address (City, State and Zip Code) Chicago, IL 60606-6393, NAIC Company Code 80799, Person Completing This Exhibit, Title, Telephone Number

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for 'TOTAL EXPERIENCE ON INDIVIDUAL POLICIES' and 'TOTAL EXPERIENCE ON GROUP POLICIES'.

360.VI

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Utah

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: Compliance with OBRA, Policy Form Number, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name, Policies Issued Through 2011 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives), Policies Issued in 2012, 2013, 2014 (Premiums Earned, Incurred Claims Amount, Percent of Premiums Earned, Number of Covered Lives). Includes rows for individual policies and totals for 0199999 and 0299999.

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"

360.UJ



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Vermont

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.VT

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014
(To Be Filed by March 1)

FOR THE STATE OF Virginia

NAIC Group Code 1295 NAIC Company Code 80799
 Address (City, State and Zip Code) Chicago, IL 60606-6393
 Person Completing This Exhibit David J. Burke Telephone Number 312-332-5401
 Title Controller

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2011				Policies Issued in 2012, 2013, 2014			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											Amount	Percent of Premiums Earned			Amount	Percent of Premiums Earned	
Yes	MS POL A-IN	A	No	0034000	.07/12/1992				CELTIC MED SUPP	2,421	1,235	51.0	2	0	0	0.0	0
												0.0				0.0	
												0.0				0.0	
Yes	MS POL D - IN	D	No	0034000	.07/12/1992				CELTIC MED SUP	19,973	21,306	106.7	9	0	0	0.0	0
Yes	MS POL F-IN	F	No	0034000	.07/12/1992				CELTIC MED SUPP	65,800	79,398	120.7	25	0	0	0.0	0
Yes	MS POL I-IN	I	No	0034000	.07/12/1992				CELTIC MED SUPP	16,542	12,166	73.5	4	0	0	0.0	0
0199999 TOTAL EXPERIENCE ON INDIVIDUAL POLICIES										104,736	114,105	108.9	40	0	0	0.0	0
0299999 TOTAL EXPERIENCE ON GROUP POLICIES										0	0	0.0	0	0	0	0.0	0

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: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: JACKIE MYERS 608-662-1232
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
 - Address: NAI, P.O. BOX 4 MADISON, WI 53744
 - Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
- Explain any policies identified above as policy type "O"

360.VA



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Washington

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.WA

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF West Virginia

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Incurred Claims Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Incurred Claims Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.WV

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin

NAIC Group Code 1295 NAIC Company Code 80799
Address (City, State and Zip Code) Chicago, IL 60606-6393
Person Completing This Exhibit David J. Burke
Title Controller Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11 Premiums Earned, 12 Amount, 13 Percent of Premiums Earned, 14 Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15 Premiums Earned, 16 Amount, 17 Percent of Premiums Earned, 18 Number of Covered Lives). Includes summary rows for individual and group policies.

360.WI

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: NAI, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NAI, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2014 (To Be Filed by March 1)

FOR THE STATE OF Wyoming

NAIC Group Code 1295 Address (City, State and Zip Code) Chicago, IL 60606-6393 Person Completing This Exhibit David J. Burke Title Controller NAIC Company Code 80799 Telephone Number 312-332-5401

Table with 18 columns: 1-10 (Compliance, Policy Form, Standardized Medicare Supplement Benefit Plan, Medicare Select, Plan Characteristics, Date Approved, Date Approval Withdrawn, Date Last Amended, Date Closed, Policy Marketing Trade Name), 11-14 (Policies Issued Through 2011: 11-Premiums Earned, 12-Incurred Claims Amount, 13-Percent of Premiums Earned, 14-Number of Covered Lives), 15-18 (Policies Issued in 2012, 2013, 2014: 15-Premiums Earned, 16-Incurred Claims Amount, 17-Percent of Premiums Earned, 18-Number of Covered Lives). Includes rows for individual policies and summary rows for 0199999 and 0299999.

360.WY

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: NA1, P.O. BOX 4 MADISON, WI 53744
2.2 Contact Person and Phone Number: JACKIE MYERS 608-662-1232
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h) (3) (B).
3.1 Address: NA1, P.O. BOX 4 MADISON, WI 53744
3.2 Contact Person and Phone Number: ANDREA DLUGAS 608-662-1232
4. Explain any policies identified above as policy type "O"



SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

SCHEDULE O SUPPLEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014

(To Be Filed By March 1)

Of The CELTIC INSURANCE COMPANY

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

NAIC Group Code 1295 NAIC Company Code 80799 Employer's ID Number 06-0641618

SUPPLEMENTAL SCHEDULE O – PART 1

**Development of Incurred Losses
(\$000 OMITTED)**

Section A—Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid Policyholders				
	1 2010	2 2011	3 2012	4 2013	5 2014(a)
1. Prior					
2. 2010	21,628	6,400	5	0	
3. 2011	XXX	29,418	10,046	310	
4. 2012	XXX	XXX	56,549	12,645	20
5. 2013	XXX	XXX	XXX	48,910	3,525
6. 2014	XXX	XXX	XXX	XXX	12,285

Section B—Other Accident and Health

1. Prior					
2. 2010	22,199	7,169	5	0	
3. 2011	XXX	32,222	12,777	324	
4. 2012	XXX	XXX	67,683	13,190	933
5. 2013	XXX	XXX	XXX	51,020	12,399
6. 2014	XXX	XXX	XXX	XXX	74,854

Section C—Credit Accident and Health

1. Prior					
2. 2010	0	0	0	0	
3. 2011	XXX	0	0	0	
4. 2012	XXX	XXX	0	0	
5. 2013	XXX	XXX	XXX	0	
6. 2014	XXX	XXX	XXX	XXX	

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

**SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 2**

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior.....		.0	.0	.0	.0
2. 2010.....	164	.0	.0	.0	.0
3. 2011.....	XXX	142	.0	.0	.0
4. 2012.....	XXX	XXX	159	.0	.0
5. 2013.....	XXX	XXX	XXX	50	.0
6. 2014.....	XXX	XXX	XXX	XXX	1

Section B - Other Accident and Health

1. Prior.....		.0	.0	.0	.0
2. 2010.....	165	.0	.0	.0	.0
3. 2011.....	XXX	150	.0	.0	.0
4. 2012.....	XXX	XXX	186	.0	.0
5. 2013.....	XXX	XXX	XXX	53	.0
6. 2014.....	XXX	XXX	XXX	XXX	47

Section C - Credit Accident and Health

1. Prior.....		.0	.0	.0	.0
2. 2010.....	0	.0	.0	.0	.0
3. 2011.....	XXX	.0	.0	.0	.0
4. 2012.....	XXX	XXX	.0	.0	.0
5. 2013.....	XXX	XXX	XXX	.0	.0
6. 2014.....	XXX	XXX	XXX	XXX	.0

**SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 3**

**Development of Incurred Losses
(\$000 OMITTED)**

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. 2010	31,213	6,332	5	XXX	XXX
2. 2011	XXX	41,097	10,275	310	XXX
3. 2012	XXX	XXX	74,628	12,887	20
4. 2013	XXX	XXX	XXX	59,853	3,954
5. 2014	XXX	XXX	XXX	XXX	12,443

Section B - Other Accident and Health

1. 2010	30,900	7,368	5	XXX	XXX
2. 2011	XXX	46,169	13,099	324	XXX
3. 2012	XXX	XXX	87,168	13,497	933
4. 2013	XXX	XXX	XXX	62,237	12,947
5. 2014	XXX	XXX	XXX	XXX	93,706

Section C - Credit Accident and Health

1. 2010	0	0	0	XXX	XXX
2. 2011	XXX	0	0	0	XXX
3. 2012	XXX	XXX	0	0	0
4. 2013	XXX	XXX	XXX	0	0
5. 2014	XXX	XXX	XXX	XXX	0

SUPPLEMENT FOR THE YEAR ANNUAL STATEMENT FOR THE YEAR 2014 OF THE CELTIC INSURANCE COMPANY

**SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O – PART 4**

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Year in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at the End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. 2010.....	31,851	6,600	5	0	
2. 2011.....	XXX	41,264	10,275	310	
3. 2012.....	XXX	XXX	74,810	12,887	20
4. 2013.....	XXX	XXX	XXX	59,928	3,954
5. 2014.....	XXX	XXX	XXX	XXX	12,945

Section B – Other Accident and Health

1. 2010.....	31,544	7,650	5	0	
2. 2011.....	XXX	46,344	13,099	324	
3. 2012.....	XXX	XXX	87,382	13,497	933
4. 2013.....	XXX	XXX	XXX	62,315	12,947
5. 2014.....	XXX	XXX	XXX	XXX	93,803

Section C - Credit Accident and Health

1. 2010.....	0	0	0	0	
2. 2011.....	XXX	0	0	0	
3. 2012.....	XXX	XXX	0	0	
4. 2013.....	XXX	XXX	XXX	0	
5. 2014.....	XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial life		
2. Ordinary life		
3. Individual annuity		
4. Supplementary contracts		
5. Credit life		
6. Group life		
7. Group annuities		
8. Group accident and health	Development.....	588
9. Credit accident and health		
10. Other accident and health	Development.....	19,399
11. Total		19,988

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