



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2014
OF THE CONDITION AND AFFAIRS OF THE

Golden Rule Insurance Company

NAIC Group Code 0707 0707 NAIC Company Code 62286 Employer's ID Number 37-6028756
(Current) (Prior)

Organized under the Laws of Indiana, State of Domicile or Port of Entry Indiana

Country of Domicile United States of America

Incorporated/Organized 06/17/1959 Commenced Business 06/23/1961

Statutory Home Office 7440 Woodland Drive, Indianapolis, IN, US 46278
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 7440 Woodland Drive
(Street and Number)
Indianapolis, IN, US 46278, 317-290-8100
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 7440 Woodland Drive, Indianapolis, IN, US 46278
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 7440 Woodland Drive
(Street and Number)
Indianapolis, IN, US 46278, 317-290-8100
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address goldenrule.com

Statutory Statement Contact Brian Leon Davis, 317-715-7910
(Name) (Area Code) (Telephone Number)
bdavis@unitedhealthone.com, 317-298-0875
(E-mail Address) (FAX Number)

OFFICERS

President, Chief Executive Officer, Chair Patrick Francis Carr Treasurer Robert Worth Oberrender
Secretary Richard Charles Sullivan # Vice President, Chief Financial Officer Brian Leon Davis

OTHER

Michael Lee Corne Vice President James Mark Gabriel Senior Vice President, Chief Actuary Michelle Marie Huntley # Assistant Secretary
Juanita Bolland Luis # Assistant Secretary Timothy Allen Luker Appointed Actuary

DIRECTORS OR TRUSTEES

Patrick Francis Carr Michael Lee Corne James Mark Gabriel
Darrell Steven Richey Richard Charles Sullivan #

State of Indiana SS:
County of Marion

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.

Patrick Francis Carr
President, Chief Executive Officer, Chair

Richard Charles Sullivan
Secretary

Brian Leon Davis
Vice President, Chief Financial Officer

Subscribed and sworn to before me this _____ day of _____

- 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.....



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	399,997		48,912		448,909
2. Annuity considerations	22,808				22,808
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	422,805	0	48,912	0	471,717
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	703,034		12,000		715,034
10. Matured endowments					0
11. Annuity benefits	128,640				128,640
12. Surrender values and withdrawals for life contracts	296,361				296,361
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,128,034	0	12,000	0	1,140,034
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	15	963,616			1	12,000			16	975,616
Settled during current year:										
18.1 By payment in full	13	703,034			1	12,000			14	715,034
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	703,034	0	0	1	12,000	0	0	14	715,034
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	703,034	0	0	1	12,000	0	0	14	715,034
19. Unpaid Dec. 31, current year (16+17-18.6)	2	260,582	0	0	0	0	0	0	2	260,582
POLICY EXHIBIT										
20. In force December 31, prior year	305	47,767,771	0 (a)	0	0	30,983,000	0	0	305	78,750,771
21. Issued during year									0	0
22. Other changes to in force (Net)	(18)	(3,509,239)			0	(11,976,000)			(18)	(15,485,239)
23. In force December 31 of current year	287	44,258,532	0 (a)	0	0	19,007,000	0	0	287	63,265,532

(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)	19,449,014	19,003,999		11,177,403	11,276,156
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)	28,705	27,165		20,216	19,310
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	548	548		0	0
25.5 All other (b)	1,237,636	1,260,974		495,105	497,309
25.6 Totals (sum of Lines 25.1 to 25.5)	1,266,889	1,288,687	0	515,321	516,619
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	20,715,903	20,292,686	0	11,692,724	11,792,775

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products9,371 and number of persons insured under indemnity only products12 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	56,879			0	0			1	56,879
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)	1	56,879	0	0	0	0	0	0	1	56,879
POLICY EXHIBIT										
20. In force December 31, prior year	45	13,188,218	0 (a)	0	No. of Policies	0	0	0	45	13,188,218
21. Issued during year									0	0
22. Other changes to in force (Net)	(8)	(2,822,641)			0	0			(8)	(2,822,641)
23. In force December 31 of current year	37	10,365,577	0 (a)	0	0	0	0	0	37	10,365,577

(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)	5,396	4,864		6,241	6,538
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)	38,481	35,556		9,683	(173,101)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	(22)	(22)		0	0
25.5 All other (b)	46,455	47,992		18,782	37,195
25.6 Totals (sum of Lines 25.1 to 25.5)	84,914	83,526	0	28,465	(135,906)
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	90,310	88,390	0	34,706	(129,368)

(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 products13 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona
 NAIC Group Code 0707

DURING THE YEAR 2014
 NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	553,563		203,064		756,627
2. Annuity considerations	54,234				54,234
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	607,797	0	203,064	0	810,861
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,084				1,084
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)	1,084	0	0	0	1,084
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,084	0	0	0	1,084
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,214,408		100,000		1,314,408
10. Matured endowments					0
11. Annuity benefits	282,609				282,609
12. Surrender values and withdrawals for life contracts	490,461				490,461
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,987,478	0	100,000	0	2,087,478
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	481,894	0	0	0	0	0	0	5	481,894
17. Incurred during current year	20	757,514			1	100,000			21	857,514
Settled during current year:										
18.1 By payment in full	24	1,214,408			1	100,000			25	1,314,408
18.2 By payment on compromised claims									0	0
18.3 Totals paid	24	1,214,408	0	0	1	100,000	0	0	25	1,314,408
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	24	1,214,408	0	0	1	100,000	0	0	25	1,314,408
19. Unpaid Dec. 31, current year (16+17-18.6)	1	25,000	0	0	0	0	0	0	1	25,000
POLICY EXHIBIT										
20. In force December 31, prior year	550	116,688,740	0 (a)	0	0	133,643,000	0	0	550	250,331,740
21. Issued during year									0	0
22. Other changes to in force (Net)	(23)	(9,525,839)			0	(44,578,000)			(23)	(54,103,839)
23. In force December 31 of current year	527	107,162,901	0 (a)	0	0	89,065,000	0	0	527	196,227,901

(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)	128,761,216	130,111,408		96,259,082	95,165,182
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	30	27		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	461,117	504,343		286,832	281,371
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,782	2,785		228	206
25.5 All other (b)	3,232,966	3,291,314		1,739,717	1,762,439
25.6 Totals (sum of Lines 25.1 to 25.5)	3,696,865	3,798,442	0	2,026,777	2,044,016
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	132,458,111	133,909,877	0	98,285,859	97,209,198

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products54,327 and number of persons insured under indemnity only products160 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	397,334		50,551		447,885
2. Annuity considerations	17,498				17,498
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	414,832	0	50,551	0	465,383
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	968				968
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)	968	0	0	0	968
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	968	0	0	0	968
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,001,301		18,000		1,019,301
10. Matured endowments					0
11. Annuity benefits	167,574				167,574
12. Surrender values and withdrawals for life contracts	323,017				323,017
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,491,891	0	18,000	0	1,509,891
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	189,377	0	0	0	0	0	0	2	189,377
17. Incurred during current year	10	811,924			1	18,000			11	829,924
Settled during current year:										
18.1 By payment in full	12	1,001,301			1	18,000			13	1,019,301
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	1,001,301	0	0	1	18,000	0	0	13	1,019,301
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	1,001,301	0	0	1	18,000	0	0	13	1,019,301
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	531	91,430,277	0 (a)	0	0	29,256,000	0	0	531	120,686,277
21. Issued during year									0	0
22. Other changes to in force (Net)	(50)	(8,154,753)			9	(10,244,000)			(41)	(18,398,753)
23. In force December 31 of current year	481	83,275,524	0 (a)	0	9	19,012,000	0	0	490	102,287,524

(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)	17,593,774	18,049,301		12,977,297	13,416,236
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)	381,601	369,414		273,578	265,935
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	546,761	566,587		210,746	215,590
25.6 Totals (sum of Lines 25.1 to 25.5)	928,362	936,001	0	484,324	481,525
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,522,136	18,985,302	0	13,461,621	13,897,761

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8,351 and number of persons insured under indemnity only products 184 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,623,625		250		1,623,875
2. Annuity considerations	204,659				204,659
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,828,284	0	250	0	1,828,534
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,113				1,113
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	216				216
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,329	0	0	0	1,329
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,329	0	0	0	1,329
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,165,396		0		2,165,396
10. Matured endowments					0
11. Annuity benefits	1,395,269				1,395,269
12. Surrender values and withdrawals for life contracts	2,433,976				2,433,976
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,994,641	0	0	0	5,994,641
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	217,598	0	0	0	0	0	0	2	217,598
17. Incurred during current year	55	2,162,871			0	0			55	2,162,871
Settled during current year:										
18.1 By payment in full	53	2,165,396			0	0			53	2,165,396
18.2 By payment on compromised claims									0	0
18.3 Totals paid	53	2,165,396	0	0	0	0	0	0	53	2,165,396
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	53	2,165,396	0	0	0	0	0	0	53	2,165,396
19. Unpaid Dec. 31, current year (16+17-18.6)	4	215,073	0	0	0	0	0	0	4	215,073
POLICY EXHIBIT										
20. In force December 31, prior year	964	201,485,628	0 (a)	0	0	475,000	0	0	964	201,960,628
21. Issued during year									0	0
22. Other changes to in force (Net)	(40)	(8,574,799)			0	(475,000)			(40)	(9,049,799)
23. In force December 31 of current year	924	192,910,829	0 (a)	0	0	0	0	0	924	192,910,829

(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)	175,708	198,334		182,049	136,002
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)	39,960	41,144		31,294	26,957
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	946	947		0	0
25.5 All other (b)	1,596,828	1,597,696		850,418	844,377
25.6 Totals (sum of Lines 25.1 to 25.5)	1,637,734	1,639,787	0	881,712	871,334
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,813,442	1,838,121	0	1,063,761	1,007,336

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products79 and number of persons insured under indemnity only products25 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	697,039		10,871		707,910
2. Annuity considerations	30,722				30,722
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	727,761	0	10,871	0	738,632
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	449				449
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)	449	0	0	0	449
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	449	0	0	0	449
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,234,381		6,000		2,240,381
10. Matured endowments					0
11. Annuity benefits	482,585				482,585
12. Surrender values and withdrawals for life contracts	935,804				935,804
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,652,769	0	6,000	0	3,658,769
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	700,881	0	0	0	0	0	0	5	700,881
17. Incurred during current year	29	1,792,920			1	6,000			30	1,798,920
Settled during current year:										
18.1 By payment in full	32	2,234,381			1	6,000			33	2,240,381
18.2 By payment on compromised claims									0	0
18.3 Totals paid	32	2,234,381	0	0	1	6,000	0	0	33	2,240,381
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	32	2,234,381	0	0	1	6,000	0	0	33	2,240,381
19. Unpaid Dec. 31, current year (16+17-18.6)	2	259,420	0	0	0	0	0	0	2	259,420
POLICY EXHIBIT										
20. In force December 31, prior year	1,236	205,831,535	0 (a)	0	0	3,992,000	0	0	1,236	209,823,535
21. Issued during year									0	0
22. Other changes to in force (Net)	(227)	(38,370,450)			0	(987,000)			(227)	(39,357,450)
23. In force December 31 of current year	1,009	167,461,085	0 (a)	0	0	3,005,000	0	0	1,009	170,466,085

(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)	20,603,142	20,734,573		17,638,387	16,882,097
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)	764,381	763,916		572,086	490,662
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	722,588	723,194		520,068	436,474
25.5 All other (b)	57,590,065	58,164,462		42,694,593	40,866,169
25.6 Totals (sum of Lines 25.1 to 25.5)	59,077,034	59,651,572	0	43,786,747	41,793,305
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	79,680,176	80,386,145	0	61,425,134	58,675,402

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products25,098 and number of persons insured under indemnity only products278 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	832,502		142		832,644
2. Annuity considerations	128,622				128,622
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	961,124	0	142	0	961,266
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,701,211		0		1,701,211
10. Matured endowments					0
11. Annuity benefits	376,580				376,580
12. Surrender values and withdrawals for life contracts	1,236,482				1,236,482
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,314,273	0	0	0	3,314,273
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	413,311	0	0	0	0	0	0	5	413,311
17. Incurred during current year	17	1,287,900			0	0			17	1,287,900
Settled during current year:										
18.1 By payment in full	22	1,701,211			0	0			22	1,701,211
18.2 By payment on compromised claims									0	0
18.3 Totals paid	22	1,701,211	0	0	0	0	0	0	22	1,701,211
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	22	1,701,211	0	0	0	0	0	0	22	1,701,211
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	1,260	223,854,157	0 (a)	0	0	230,000	0	0	1,260	224,084,157
21. Issued during year									0	0
22. Other changes to in force (Net)	(240)	(36,795,711)			0	(200,000)			(240)	(36,995,711)
23. In force December 31 of current year	1,020	187,058,446	0 (a)	0	0	30,000	0	0	1,020	187,088,446

(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)	450,208	456,252		220,985	201,564
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)	0	0		0	5,207
25.2 Guaranteed renewable (b)	81,268	85,093		61,948	65,752
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	123,380	123,484		36,593	33,273
25.5 All other (b)	46,684,403	48,212,312		42,552,076	40,166,222
25.6 Totals (sum of Lines 25.1 to 25.5)	46,889,051	48,420,889	0	42,650,617	40,270,454
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	47,339,259	48,877,141	0	42,871,602	40,472,018

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products11,508 and number of persons
 insured under indemnity only products32



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	118,581		590		119,171
2. Annuity considerations	12,939				12,939
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	131,520	0	590	0	132,110
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	4,916				4,916
12. Surrender values and withdrawals for life contracts	92,235				92,235
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	97,151	0	0	0	97,151
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	171,505			0	0			1	171,505
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)	1	171,505	0	0	0	0	0	0	1	171,505
POLICY EXHIBIT										
20. In force December 31, prior year	171	27,572,208	0 (a)	0	0	418,000	0	0	171	27,990,208
21. Issued during year									0	0
22. Other changes to in force (Net)	(38)	(5,263,030)			0	(300,000)			(38)	(5,563,030)
23. In force December 31 of current year	133	22,309,178	0 (a)	0	0	118,000	0	0	133	22,427,178

(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)	280,246	287,998		245,099	242,265
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)	8,326	8,299		7,371	7,355
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	7,006	7,012		1,413	1,450
25.5 All other (b)	5,298,410	5,533,294		4,543,841	4,331,188
25.6 Totals (sum of Lines 25.1 to 25.5)	5,313,742	5,548,605	0	4,552,625	4,339,993
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,593,988	5,836,603	0	4,797,724	4,582,258

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,362 and number of persons
 insured under indemnity only products2 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	80,960		1,246		82,206
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	80,960	0	1,246	0	82,206
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	11,544		0		11,544
10. Matured endowments					0
11. Annuity benefits	48,323				48,323
12. Surrender values and withdrawals for life contracts	127,730				127,730
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	187,597	0	0	0	187,597
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	1	11,544			0	0			1	11,544
Settled during current year:										
18.1 By payment in full	1	11,544			0	0			1	11,544
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	11,544	0	0	0	0	0	0	1	11,544
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	11,544	0	0	0	0	0	0	1	11,544
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	22	5,669,055	0 (a)	0	0	750,000	0	0	22	6,419,055
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(703,145)			0	(500,000)			(3)	(1,203,145)
23. In force December 31 of current year	19	4,965,910	0 (a)	0	0	250,000	0	0	19	5,215,910

(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)	1,089,429	1,131,333		1,288,491	1,292,477
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	96	96		0	0
25.5 All other (b)	134,627	136,905		73,608	74,906
25.6 Totals (sum of Lines 25.1 to 25.5)	134,723	137,001	0	73,608	74,906
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,224,152	1,268,334	0	1,362,099	1,367,383

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products384 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,543,100		444,073		2,987,173
2. Annuity considerations	252,303				252,303
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,795,403	0	444,073	0	3,239,476
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,289				2,289
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)	2,289	0	0	0	2,289
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,289	0	0	0	2,289
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,951,661		330,000		5,281,661
10. Matured endowments					0
11. Annuity benefits	1,700,928				1,700,928
12. Surrender values and withdrawals for life contracts	3,104,052				3,104,052
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	9,756,642	0	330,000	0	10,086,642
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	260,303	0	0	0	0	0	0	7	260,303
17. Incurred during current year	80	4,846,881			3	330,000			83	5,176,881
Settled during current year:										
18.1 By payment in full	86	4,951,661			3	330,000			89	5,281,661
18.2 By payment on compromised claims									0	0
18.3 Totals paid	86	4,951,661	0	0	3	330,000	0	0	89	5,281,661
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	86	4,951,661	0	0	3	330,000	0	0	89	5,281,661
19. Unpaid Dec. 31, current year (16+17-18.6)	1	155,523	0	0	0	0	0	0	1	155,523
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,329	394,601,798	0 (a)	0	0	252,902,000	0	0	2,329	647,503,798
21. Issued during year									0	0
22. Other changes to in force (Net)	(110)	(17,086,322)			0	(77,989,000)			(110)	(95,075,322)
23. In force December 31 of current year	2,219	377,515,476	0 (a)	0	0	174,913,000	0	0	2,219	552,428,476

(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)	296,914,816	291,516,222		217,329,993	210,891,106
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)	0	0		0	1,901
25.2 Guaranteed renewable (b)	1,376,517	1,386,919		1,227,798	1,090,464
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,210	5,212		0	0
25.5 All other (b)	10,385,933	10,556,671		5,524,176	5,461,957
25.6 Totals (sum of Lines 25.1 to 25.5)	11,767,660	11,948,802	0	6,751,974	6,554,322
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	308,682,476	303,465,024	0	224,081,967	217,445,428

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products98,103 and number of persons
 insured under indemnity only products611 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	951,612		3,679		955,291
2. Annuity considerations	38,859				38,859
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	990,471	0	3,679	0	994,150
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	612				612
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	482				482
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,095	0	0	0	1,095
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,095	0	0	0	1,095
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	686,125		0		686,125
10. Matured endowments					0
11. Annuity benefits	126,342				126,342
12. Surrender values and withdrawals for life contracts	1,219,118				1,219,118
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	2,031,585	0	0	0	2,031,585
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	15	686,125			0	0			15	686,125
Settled during current year:										
18.1 By payment in full	15	686,125			0	0			15	686,125
18.2 By payment on compromised claims									0	0
18.3 Totals paid	15	686,125	0	0	0	0	0	0	15	686,125
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	15	686,125	0	0	0	0	0	0	15	686,125
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	848	152,997,900	0 (a)	0	No. of Policies 0	1,639,000	0	0	848	154,636,900
21. Issued during year									0	0
22. Other changes to in force (Net)	(114)	(16,037,083)			0	20,000			(114)	(16,017,083)
23. In force December 31 of current year	734	136,960,817	0 (a)	0	0	1,659,000	0	0	734	138,619,817

(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)	5,438,323	6,435,784		4,316,969	4,222,369
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)	78,133	78,973		66,745	38,477
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	124,294	124,399		64,304	57,208
25.5 All other (b)	29,710,659	28,598,305		22,836,747	21,930,247
25.6 Totals (sum of Lines 25.1 to 25.5)	29,913,086	28,801,677	0	22,967,796	22,025,932
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,351,409	35,237,461	0	27,284,765	26,248,301

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13,946 and number of persons insured under indemnity only products39 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	173,990		24		174,014
2. Annuity considerations	9,673				9,673
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	183,663	0	24	0	183,687
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	454,774		0		454,774
10. Matured endowments					0
11. Annuity benefits	1,191,520				1,191,520
12. Surrender values and withdrawals for life contracts	680,641				680,641
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	2,326,935	0	0	0	2,326,935
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	9	454,774			0	0			9	454,774
Settled during current year:										
18.1 By payment in full	9	454,774			0	0			9	454,774
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	454,774	0	0	0	0	0	0	9	454,774
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	454,774	0	0	0	0	0	0	9	454,774
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	147	20,136,966	0 (a)	0	0	0	0	0	147	20,136,966
21. Issued during year									0	0
22. Other changes to in force (Net)	(8)	(875,254)				50,000			(8)	(825,254)
23. In force December 31 of current year	139	19,261,712	0 (a)	0	0	50,000	0	0	139	19,311,712

(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)	5,784	5,319		486	356
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)	5,377	5,355		175	169
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	46	46		0	0
25.5 All other (b)	63,743	64,109		22,682	22,562
25.6 Totals (sum of Lines 25.1 to 25.5)	69,166	69,510	0	22,857	22,731
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	74,950	74,829	0	23,343	23,087

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products4 and number of persons insured under indemnity only products1 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	56,504		(5)		56,499
2. Annuity considerations	8,037				8,037
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	64,541	0	(5)	0	64,536
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	165,700		0		165,700
10. Matured endowments					0
11. Annuity benefits	100,171				100,171
12. Surrender values and withdrawals for life contracts	227,862				227,862
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	493,732	0	0	0	493,732
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	4	165,700			0	0			4	165,700
Settled during current year:										
18.1 By payment in full	4	165,700			0	0			4	165,700
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	165,700	0	0	0	0	0	0	4	165,700
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	165,700	0	0	0	0	0	0	4	165,700
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	78	11,024,504	0 (a)	0	No. of Policies	0	0	0	78	11,024,504
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(591,941)				0	0		(5)	(591,941)
23. In force December 31 of current year	73	10,432,563	0 (a)	0		0	0	0	73	10,432,563

(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)	11,742	11,999		3,692	3,852
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)	7,268	7,394		2,389	2,448
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	7	7		0	0
25.5 All other (b)	33,173	33,049		48,286	51,418
25.6 Totals (sum of Lines 25.1 to 25.5)	40,448	40,450	0	50,675	53,866
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,190	52,449	0	54,367	57,718

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products7 and number of persons insured under indemnity only products2 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	3,168,576		144,139		3,312,715
2. Annuity considerations	236,995				236,995
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,405,571	0	144,139	0	3,549,710
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	82,557				82,557
6.2 Applied to pay renewal premiums	233				233
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	9,843				9,843
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	92,633	0	0	0	92,633
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	92,633	0	0	0	92,633
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,846,756		150,000		5,996,756
10. Matured endowments					0
11. Annuity benefits	2,075,621				2,075,621
12. Surrender values and withdrawals for life contracts	5,134,768				5,134,768
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	13,057,145	0	150,000	0	13,207,145
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	25	891,338	0	0	0	0	0	0	25	891,338
17. Incurred during current year	277	5,902,979			1	150,000			278	6,052,979
Settled during current year:										
18.1 By payment in full	244	5,846,756			1	150,000			245	5,996,756
18.2 By payment on compromised claims									0	0
18.3 Totals paid	244	5,846,756	0	0	1	150,000	0	0	245	5,996,756
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	244	5,846,756	0	0	1	150,000	0	0	245	5,996,756
19. Unpaid Dec. 31, current year (16+17-18.6)	58	947,561	0	0	0	0	0	0	58	947,561
POLICY EXHIBIT										
20. In force December 31, prior year	5,195	520,848,439	0 (a)	0	141	83,859,500	0	0	5,336	604,707,939
21. Issued during year									0	0
22. Other changes to in force (Net)	(411)	(30,030,535)			(16)	(33,894,500)			(427)	(63,925,035)
23. In force December 31 of current year	4,784	490,817,904	0 (a)	0	125	49,965,000	0	0	4,909	540,782,904

(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)	81,734,425	83,253,475		61,704,410	59,022,037
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	523	534		60	66
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,596,729	1,610,712		1,225,418	1,137,246
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	203	203		0	0
25.5 All other (b)	3,905,735	4,015,348		2,037,768	2,036,778
25.6 Totals (sum of Lines 25.1 to 25.5)	5,502,667	5,626,263	0	3,263,186	3,174,024
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	87,237,615	88,880,272	0	64,967,656	62,196,127

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products26,921 and number of persons insured under indemnity only products687 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,446,924		133,344		1,580,268
2. Annuity considerations	210,360				210,360
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,657,284	0	133,344	0	1,790,628
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,978				2,978
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,895				2,895
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	5,873	0	0	0	5,873
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	5,873	0	0	0	5,873
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,831,606		30,232		2,861,838
10. Matured endowments					0
11. Annuity benefits	846,815				846,815
12. Surrender values and withdrawals for life contracts	2,523,765				2,523,765
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,202,185	0	30,232	0	6,232,417
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	273,211	0	0	0	0	0	0	2	273,211
17. Incurred during current year	84	2,764,996				30,232			84	2,795,228
Settled during current year:										
18.1 By payment in full	80	2,831,606				30,232			80	2,861,837
18.2 By payment on compromised claims									0	0
18.3 Totals paid	80	2,831,606	0	0	0	30,232	0	0	80	2,861,837
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	80	2,831,606	0	0	0	30,232	0	0	80	2,861,837
19. Unpaid Dec. 31, current year (16+17-18.6)	6	206,602	0	0	0	0	0	0	6	206,602
POLICY EXHIBIT										
20. In force December 31, prior year	1,746	243,941,576	0 (a)	0	No. of Policies	83,695,000	0	0	1,746	327,636,576
21. Issued during year									0	0
22. Other changes to in force (Net)	(126)	(21,135,059)				(30,113,000)			(126)	(51,248,059)
23. In force December 31 of current year	1,620	222,806,518	0 (a)	0	0	53,582,000	0	0	1,620	276,388,518

(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)	74,402,466	74,895,793		59,720,843	58,869,132
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)	0	0		0	2,469
25.2 Guaranteed renewable (b)	1,125,098	1,121,023		1,095,422	994,970
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	180	180		0	0
25.5 All other (b)	2,659,987	2,750,112		1,376,764	1,393,215
25.6 Totals (sum of Lines 25.1 to 25.5)	3,785,265	3,871,315	0	2,472,186	2,390,654
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	78,187,731	78,767,108	0	62,193,029	61,259,786

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products30,202 and number of persons insured under indemnity only products354 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	766,540		29,843		796,383
2. Annuity considerations	17,537				17,537
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	784,077	0	29,843	0	813,920
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,333,558		0		1,333,558
10. Matured endowments					0
11. Annuity benefits	238,770				238,770
12. Surrender values and withdrawals for life contracts	852,057				852,057
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,424,385	0	0	0	2,424,385
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	89,824	.0	.0	.0	.0	.0	.0	.1	89,824
17. Incurred during current year	48	1,255,584			.0	.0			48	1,255,584
Settled during current year:										
18.1 By payment in full	47	1,333,558			.0	.0			47	1,333,558
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	47	1,333,558	.0	.0	.0	.0	.0	.0	47	1,333,558
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	47	1,333,558	.0	.0	.0	.0	.0	.0	47	1,333,558
19. Unpaid Dec. 31, current year (16+17-18.6)	2	11,850	0	0	0	0	0	0	2	11,850
POLICY EXHIBIT										
20. In force December 31, prior year	1,015	139,373,242	.0 (a)	.0	.0	17,351,000	.0	.0	1,015	156,724,242
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(84)	(10,898,944)			.0	(6,360,000)			(84)	(17,258,944)
23. In force December 31 of current year	931	128,474,299	0 (a)	0	0	10,991,000	0	0	931	139,465,299

(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)	18,886,645	18,850,582		13,654,385	13,412,132
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)	216,274	270,798		149,850	150,925
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	357	357		0	0
25.5 All other (b)	475,172	494,995		313,863	320,875
25.6 Totals (sum of Lines 25.1 to 25.5)	691,803	766,150	0	463,713	471,800
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,578,448	19,616,732	0	14,118,098	13,883,932

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products8,741 and number of persons insured under indemnity only products87 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	204,309		580		204,889
2. Annuity considerations	11,528				11,528
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	215,837	0	580	0	216,417
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	375				375
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)	375	0	0	0	375
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	375	0	0	0	375
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	998,067		0		998,067
10. Matured endowments					0
11. Annuity benefits	102,186				102,186
12. Surrender values and withdrawals for life contracts	387,781				387,781
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,488,033	0	0	0	1,488,033
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	14	1,135,414			0	0			14	1,135,414
Settled during current year:										
18.1 By payment in full	13	998,067			0	0			13	998,067
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	998,067	0	0	0	0	0	0	13	998,067
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	998,067	0	0	0	0	0	0	13	998,067
19. Unpaid Dec. 31, current year (16+17-18.6)	1	137,347	0	0	0	0	0	0	1	137,347
POLICY EXHIBIT										
20. In force December 31, prior year	303	39,103,282	0 (a)	0	0	510,000	0	0	303	39,613,282
21. Issued during year									0	0
22. Other changes to in force (Net)	(53)	(7,757,299)			0	(70,000)			(53)	(7,827,299)
23. In force December 31 of current year	250	31,345,983	0 (a)	0	0	440,000	0	0	250	31,785,983

(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)	640,156	1,317,119		466,688	495,870
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)	55,823	56,813		28,282	33,671
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	10,011	10,019		1,295	1,124
25.5 All other (b)	6,440,159	5,760,768		4,747,296	4,487,155
25.6 Totals (sum of Lines 25.1 to 25.5)	6,505,993	5,827,600	0	4,776,873	4,521,950
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,146,149	7,144,719	0	5,243,561	5,017,820

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,396 and number of persons
insured under indemnity only products30 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	915,723		2,081		917,804
2. Annuity considerations	18,698				18,698
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	934,421	0	2,081	0	936,502
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,270				1,270
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)	1,270	0	0	0	1,270
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,270	0	0	0	1,270
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	472,693		0		472,693
10. Matured endowments					0
11. Annuity benefits	79,675				79,675
12. Surrender values and withdrawals for life contracts	997,101				997,101
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,549,468	0	0	0	1,549,468
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	85,659	.0	.0	.0	.0	.0	.0	.1	85,659
17. Incurred during current year	16	560,389			.0	.0			16	560,389
Settled during current year:										
18.1 By payment in full	14	472,693			.0	.0			14	472,693
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	14	472,693	.0	.0	.0	.0	.0	.0	14	472,693
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	14	472,693	.0	.0	.0	.0	.0	.0	14	472,693
19. Unpaid Dec. 31, current year (16+17-18.6)	3	173,355	0	0	0	0	0	0	3	173,355
POLICY EXHIBIT										
20. In force December 31, prior year	803	111,894,096	.0 (a)	.0	.0	762,000	.0	.0	803	112,656,096
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(101)	(10,475,313)			.0	(567,000)			(101)	(11,042,313)
23. In force December 31 of current year	702	101,418,783	0 (a)	0	0	195,000	0	0	702	101,613,783

(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)	966,932	1,896,704		828,716	813,323
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)	0	0		0	2,550
25.2 Guaranteed renewable (b)	279,982	330,181		246,494	233,535
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	8,876	8,883		172	156
25.5 All other (b)	3,687,722	3,687,085		3,397,855	3,514,071
25.6 Totals (sum of Lines 25.1 to 25.5)	3,976,580	4,026,149	0	3,644,521	3,750,312
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,943,512	5,922,853	0	4,473,237	4,563,635

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,970 and number of persons
 insured under indemnity only products150 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	510,707		427		511,134
2. Annuity considerations	37,760				37,760
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	548,467	0	427	0	548,894
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	209				209
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)	209	0	0	0	209
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	209	0	0	0	209
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	667,825		0		667,825
10. Matured endowments					0
11. Annuity benefits	1,297				1,297
12. Surrender values and withdrawals for life contracts	832,815				832,815
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,501,937	0	0	0	1,501,937
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	31,247	0	0	0	0	0	0	2	31,247
17. Incurred during current year	15	700,342			0	0			15	700,342
Settled during current year:										
18.1 By payment in full	16	667,825			0	0			16	667,825
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	667,825	0	0	0	0	0	0	16	667,825
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	667,825	0	0	0	0	0	0	16	667,825
19. Unpaid Dec. 31, current year (16+17-18.6)	1	63,764	0	0	0	0	0	0	1	63,764
POLICY EXHIBIT										
20. In force December 31, prior year	825	132,985,941	0 (a)	0	0	250,000	0	0	825	133,235,941
21. Issued during year									0	0
22. Other changes to in force (Net)	(84)	(12,843,736)			0	(100,000)			(84)	(12,943,736)
23. In force December 31 of current year	741	120,142,205	0 (a)	0	0	150,000	0	0	741	120,292,205

(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)	448,798	1,277,990		227,520	288,703
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,072,529	1,239,415		691,442	456,014
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	24,444	24,465		3,880	3,225
25.5 All other (b)	9,362,084	8,407,682		6,037,006	5,634,121
25.6 Totals (sum of Lines 25.1 to 25.5)	10,459,057	9,671,562	0	6,732,328	6,093,360
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,907,855	10,949,552	0	6,959,848	6,382,063

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products3,322 and number of persons insured under indemnity only products340 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	238,696		0		238,696
2. Annuity considerations	5,746				5,746
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	244,442	0	0	0	244,442
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	63,210		0		63,210
10. Matured endowments					0
11. Annuity benefits	20,002				20,002
12. Surrender values and withdrawals for life contracts	178,118				178,118
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	261,330	0	0	0	261,330
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	5	63,210			0	0			5	63,210
Settled during current year:										
18.1 By payment in full	5	63,210			0	0			5	63,210
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	63,210	0	0	0	0	0	0	5	63,210
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	63,210	0	0	0	0	0	0	5	63,210
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	207	34,211,985	0 (a)	0	No. of Policies	0	0	0	207	34,211,985
21. Issued during year									0	0
22. Other changes to in force (Net)	(12)	(1,016,848)				0			(12)	(1,016,848)
23. In force December 31 of current year	195	33,195,137	0 (a)	0		0	0	0	195	33,195,137

(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)	6,191	6,328		15,010	15,616
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)	0	0		0	(3)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	16	16		0	0
25.5 All other (b)	21,762	21,600		34,013	23,983
25.6 Totals (sum of Lines 25.1 to 25.5)	21,778	21,616	0	34,013	23,980
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27,969	27,944	0	49,023	39,596

(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 2 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,001,762		157,987		1,159,749
2. Annuity considerations	30,764				30,764
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,032,526	0	157,987	0	1,190,513
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,102,578		30,000		1,132,578
10. Matured endowments					0
11. Annuity benefits	544,356				544,356
12. Surrender values and withdrawals for life contracts	1,580,741				1,580,741
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,227,675	0	30,000	0	3,257,675
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	177,325	0	0	0	0	0	0	2	177,325
17. Incurred during current year	25	1,220,356			2	30,000			27	1,250,356
Settled during current year:										
18.1 By payment in full	22	1,102,578			2	30,000			24	1,132,578
18.2 By payment on compromised claims									0	0
18.3 Totals paid	22	1,102,578	0	0	2	30,000	0	0	24	1,132,578
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	22	1,102,578	0	0	2	30,000	0	0	24	1,132,578
19. Unpaid Dec. 31, current year (16+17-18.6)	5	295,102	0	0	0	0	0	0	5	295,102
POLICY EXHIBIT										
20. In force December 31, prior year	947	172,470,317	0 (a)	0	0	94,805,000	0	0	947	267,275,317
21. Issued during year									0	0
22. Other changes to in force (Net)	(76)	(14,057,203)			0	(84,004,000)			(76)	(98,061,203)
23. In force December 31 of current year	871	158,413,114	0 (a)	0	0	10,801,000	0	0	871	169,214,114

(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)	63,664,547	65,540,954		51,767,550	51,388,217
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	341,679	343,954		207,885	208,560
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	(9)	(9)		0	0
25.5 All other (b)	3,608,993	3,673,722		1,690,709	1,705,395
25.6 Totals (sum of Lines 25.1 to 25.5)	3,950,663	4,017,667	0	1,898,594	1,913,955
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	67,615,210	69,558,621	0	53,666,144	53,302,172

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 27,763 and number of persons insured under indemnity only products 114



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	195,243		16		195,259
2. Annuity considerations	50,972				50,972
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	246,215	0	16	0	246,231
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	285,617		0		285,617
10. Matured endowments					0
11. Annuity benefits	112,016				112,016
12. Surrender values and withdrawals for life contracts	507,494				507,494
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	905,127	0	0	0	905,127
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	8	385,617			0	0			8	385,617
Settled during current year:										
18.1 By payment in full	7	285,617			0	0			7	285,617
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	285,617	0	0	0	0	0	0	7	285,617
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	285,617	0	0	0	0	0	0	7	285,617
19. Unpaid Dec. 31, current year (16+17-18.6)	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT										
20. In force December 31, prior year	287	72,031,336	0 (a)	0	0	250,000	0	0	287	72,281,336
21. Issued during year									0	0
22. Other changes to in force (Net)	(27)	(5,468,673)			0	(250,000)			(27)	(5,718,673)
23. In force December 31 of current year	260	66,562,663	0 (a)	0	0	0	0	0	260	66,562,663

(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)	25,464	28,277		15,857	13,758
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)	8,236	8,228		2,638	1,735
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	78	78		0	0
25.5 All other (b)	35,566	36,136		20,133	17,982
25.6 Totals (sum of Lines 25.1 to 25.5)	43,880	44,442	0	22,771	19,717
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	69,344	72,719	0	38,628	33,475

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products10 and number of persons
 insured under indemnity only products7 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,094,879		201,242		2,296,121
2. Annuity considerations	69,811				69,811
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,164,690	0	201,242	0	2,365,932
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	175				175
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)	175	0	0	0	175
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	175	0	0	0	175
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,107,577		0		3,107,577
10. Matured endowments					0
11. Annuity benefits	1,269,427				1,269,427
12. Surrender values and withdrawals for life contracts	3,548,752				3,548,752
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,925,756	0	0	0	7,925,756
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	284,333	0	0	0	0	0	0	5	284,333
17. Incurred during current year	60	2,970,072							60	2,970,072
Settled during current year:										
18.1 By payment in full	63	3,107,577							63	3,107,577
18.2 By payment on compromised claims									0	0
18.3 Totals paid	63	3,107,577	0	0	0	0	0	0	63	3,107,577
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	63	3,107,577	0	0	0	0	0	0	63	3,107,577
19. Unpaid Dec. 31, current year (16+17-18.6)	2	146,828	0	0	0	0	0	0	2	146,828
POLICY EXHIBIT										
20. In force December 31, prior year	2,168	329,255,052	0 (a)	0	No. of Policies 0	110,739,000	0	0	2,168	439,994,052
21. Issued during year									0	0
22. Other changes to in force (Net)	(151)	(21,516,913)				(36,856,000)			(151)	(58,372,913)
23. In force December 31 of current year	2,017	307,738,139	0 (a)	0	0	73,883,000	0	0	2,017	381,621,139

(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)	106,995,588	106,987,904		77,960,426	75,752,670
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,354,558	1,208,879		815,566	712,442
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	327	327		0	0
25.5 All other (b)	3,051,114	3,148,620		1,807,887	1,805,446
25.6 Totals (sum of Lines 25.1 to 25.5)	4,405,999	4,357,826	0	2,623,453	2,517,888
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	111,401,587	111,345,730	0	80,583,879	78,270,558

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products47,240 and number of persons insured under indemnity only products442 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota
NAIC Group Code 0707

DURING THE YEAR 2014
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	624,825		573		625,398
2. Annuity considerations	77,199				77,199
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	702,024	0	573	0	702,597
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	962,118		0		962,118
10. Matured endowments					0
11. Annuity benefits	380,009				380,009
12. Surrender values and withdrawals for life contracts	863,104				863,104
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	2,205,231	0	0	0	2,205,231
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	70,914	0	0	0	0	0	0	.1	70,914
17. Incurred during current year	24	948,669			0	0			24	948,669
Settled during current year:										
18.1 By payment in full	24	962,118			0	0			24	962,118
18.2 By payment on compromised claims									0	0
18.3 Totals paid	24	962,118	0	0	0	0	0	0	24	962,118
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	24	962,118	0	0	0	0	0	0	24	962,118
19. Unpaid Dec. 31, current year (16+17-18.6)	1	57,465	0	0	0	0	0	0	1	57,465
POLICY EXHIBIT										
20. In force December 31, prior year	986	180,166,355	0 (a)	0	No. of Policies 1	305,000	0	0	987	180,471,355
21. Issued during year									0	0
22. Other changes to in force (Net)	(85)	(16,467,493)			0	(180,000)			(85)	(16,647,493)
23. In force December 31 of current year	901	163,698,862	0 (a)	0	1	125,000	0	0	902	163,823,862

(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)	309,103	334,126		206,114	203,882
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)	8,004	8,397		7,494	7,289
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	49	49		0	0
25.5 All other (b)	1,113,543	1,191,017		1,311,882	1,278,403
25.6 Totals (sum of Lines 25.1 to 25.5)	1,121,596	1,199,463	0	1,319,376	1,285,692
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,430,699	1,533,589	0	1,525,490	1,489,574

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products325 and number of persons insured under indemnity only products6 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	194,149		74,287		268,436
2. Annuity considerations	25,452				25,452
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	219,601	0	74,287	0	293,888
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	238,100		0		238,100
10. Matured endowments					0
11. Annuity benefits	17,167				17,167
12. Surrender values and withdrawals for life contracts	68,327				68,327
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	323,594	0	0	0	323,594
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	101,352	0	0	0	0	0	0	2	101,352
17. Incurred during current year	4	136,748			0	0			4	136,748
Settled during current year:										
18.1 By payment in full	6	238,100			0	0			6	238,100
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	238,100	0	0	0	0	0	0	6	238,100
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	238,100	0	0	0	0	0	0	6	238,100
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	251	46,447,226	0 (a)	0	0	40,459,000	0	0	251	86,906,226
21. Issued during year									0	0
22. Other changes to in force (Net)	(14)	(2,352,607)			0	(12,010,000)			(14)	(14,362,607)
23. In force December 31 of current year	237	44,094,619	0 (a)	0	0	28,449,000	0	0	237	72,543,619

(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)	32,914,766	31,902,469		20,811,131	19,553,171
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	0	2		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	237,634	129,645		161,602	153,276
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,084,857	1,103,906		486,534	471,922
25.6 Totals (sum of Lines 25.1 to 25.5)	1,322,491	1,233,551	0	648,136	625,198
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,237,257	33,136,022	0	21,459,267	20,178,369

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13,245 and number of persons
insured under indemnity only products81



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,536,533		183,048		1,719,581
2. Annuity considerations	121,306				121,306
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,657,839	0	183,048	0	1,840,887
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,337				1,337
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)	1,337	0	0	0	1,337
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,337	0	0	0	1,337
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,626,856		100,000		2,726,856
10. Matured endowments					0
11. Annuity benefits	909,727				909,727
12. Surrender values and withdrawals for life contracts	1,769,127				1,769,127
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,305,709	0	100,000	0	5,405,709
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	9	540,830	0	0	0	0	0	0	9	540,830
17. Incurred during current year	83	2,701,767			1	100,000			84	2,801,767
Settled during current year:										
18.1 By payment in full	79	2,626,856			1	100,000			80	2,726,856
18.2 By payment on compromised claims									0	0
18.3 Totals paid	79	2,626,856	0	0	1	100,000	0	0	80	2,726,856
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	79	2,626,856	0	0	1	100,000	0	0	80	2,726,856
19. Unpaid Dec. 31, current year (16+17-18.6)	13	615,741	0	0	0	0	0	0	13	615,741
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,776	208,347,282	0 (a)	0	3	107,596,053	0	0	1,779	315,943,335
21. Issued during year									0	0
22. Other changes to in force (Net)	(137)	(14,655,379)			0	(35,745,000)			(137)	(50,400,379)
23. In force December 31 of current year	1,639	193,691,903	0 (a)	0	3	71,851,053	0	0	1,642	265,542,956

(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)	101,520,817	102,289,491		82,633,669	80,060,136
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	99	99		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,168,800	2,174,618		1,650,105	1,394,452
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	9,062	9,070		0	0
25.5 All other (b)	3,254,032	3,371,294		1,935,507	1,903,467
25.6 Totals (sum of Lines 25.1 to 25.5)	5,431,894	5,554,982	0	3,585,612	3,297,919
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	106,952,810	107,844,572	0	86,219,281	83,358,055

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products41,707 and number of persons
insured under indemnity only products902 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana
NAIC Group Code 0707

DURING THE YEAR 2014
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	6,136		(10)		6,126
2. Annuity considerations	618				618
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	6,754	0	(10)	0	6,744
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	311,408		0		311,408
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	311,408	0	0	0	311,408
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	2	311,408			0	0			2	311,408
Settled during current year:										
18.1 By payment in full	2	311,408			0	0			2	311,408
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	311,408	0	0	0	0	0	0	2	311,408
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	311,408	0	0	0	0	0	0	2	311,408
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	17	2,568,389	0 (a)	0	No. of Policies	0	0	0	17	2,568,389
21. Issued during year									0	0
22. Other changes to in force (Net)	1	49,297			0	0			1	49,297
23. In force December 31 of current year	18	2,617,686	0 (a)	0	0	0	0	0	18	2,617,686

(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)	7,973	8,632		2,580	706
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,427	4,403		10,824	10,088
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	98	98		0	0
25.5 All other (b)	39,829	40,394		15,867	9,356
25.6 Totals (sum of Lines 25.1 to 25.5)	44,354	44,895	0	26,691	19,444
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,327	53,527	0	29,271	20,150

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products4 and number of persons insured under indemnity only products2 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	410,166		41,138		451,304
2. Annuity considerations	25,251				25,251
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	435,417	0	41,138	0	476,555
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	489,685		9,000		498,685
10. Matured endowments					0
11. Annuity benefits	25,121				25,121
12. Surrender values and withdrawals for life contracts	285,933				285,933
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	800,739	0	9,000	0	809,739
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	15	489,685			1	9,000			16	498,685
Settled during current year:										
18.1 By payment in full	15	489,685			1	9,000			16	498,685
18.2 By payment on compromised claims									0	0
18.3 Totals paid	15	489,685	0	0	1	9,000	0	0	16	498,685
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	15	489,685	0	0	1	9,000	0	0	16	498,685
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	554	86,474,575	0 (a)	0	0	24,849,000	0	0	554	111,323,575
21. Issued during year									0	0
22. Other changes to in force (Net)	(45)	(8,717,970)			0	(8,447,000)			(45)	(17,164,970)
23. In force December 31 of current year	509	77,756,605	0 (a)	0	0	16,402,000	0	0	509	94,158,605

(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)	37,334,175	37,580,489		30,708,930	29,786,740
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	69	69		0	(1)
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	263,283	274,774		188,100	177,825
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	299	300		0	0
25.5 All other (b)	1,104,912	1,126,168		687,343	716,853
25.6 Totals (sum of Lines 25.1 to 25.5)	1,368,494	1,401,242	0	875,443	894,678
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	38,702,738	38,981,800	0	31,584,373	30,681,417

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products15,357 and number of persons insured under indemnity only products98 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	174,971		2,132		177,103
2. Annuity considerations	20,265				20,265
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	195,236	0	2,132	0	197,368
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	253				253
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)	253	0	0	0	253
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	253	0	0	0	253
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	270,598		0		270,598
10. Matured endowments					0
11. Annuity benefits	86,760				86,760
12. Surrender values and withdrawals for life contracts	115,754				115,754
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	473,111	0	0	0	473,111
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	3	270,598			0	0			3	270,598
Settled during current year:										
18.1 By payment in full	3	270,598			0	0			3	270,598
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	270,598	0	0	0	0	0	0	3	270,598
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	270,598	0	0	0	0	0	0	3	270,598
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	349	49,414,891	0 (a)	0	0	1,068,000	0	0	349	50,482,891
21. Issued during year									0	0
22. Other changes to in force (Net)	(209)	(26,033,868)				(750,000)			(209)	(26,783,868)
23. In force December 31 of current year	140	23,381,023	0 (a)	0	0	318,000	0	0	140	23,699,023

(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)	468,934	476,605		353,683	338,970
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)	51,198	50,428		58,612	57,916
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	282,275	282,512		144,580	126,287
25.5 All other (b)	30,639,464	31,505,434		26,358,500	26,155,386
25.6 Totals (sum of Lines 25.1 to 25.5)	30,972,937	31,838,374	0	26,561,692	26,339,589
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,441,871	32,314,979	0	26,915,375	26,678,559

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products12,210 and number of persons
insured under indemnity only products26 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	188,730		0		188,730
2. Annuity considerations	24,466				24,466
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	213,196	0	0	0	213,196
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	66,354		0		66,354
10. Matured endowments					0
11. Annuity benefits	78,573				78,573
12. Surrender values and withdrawals for life contracts	279,099				279,099
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	424,026	0	0	0	424,026
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	3	66,354			0	0			3	66,354
Settled during current year:										
18.1 By payment in full	3	66,354			0	0			3	66,354
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	66,354	0	0	0	0	0	0	3	66,354
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	66,354	0	0	0	0	0	0	3	66,354
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	234	39,855,035	0 (a)	0	0	0	0	0	234	39,855,035
21. Issued during year									0	0
22. Other changes to in force (Net)	(15)	(3,072,291)			0	0			(15)	(3,072,291)
23. In force December 31 of current year	219	36,782,744	0 (a)	0	0	0	0	0	219	36,782,744

(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)	7,790	7,590		14,948	(8,328)
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)	14,968	16,743		12,908	11,170
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	22,165	21,740		5,396	3,503
25.6 Totals (sum of Lines 25.1 to 25.5)	37,133	38,483	0	18,304	14,673
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	44,923	46,073	0	33,252	6,345

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products4 and number of persons insured under indemnity only products6 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	91,893		113		92,006
2. Annuity considerations	14,359				14,359
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	106,252	0	113	0	106,365
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	179,006		0		179,006
10. Matured endowments					0
11. Annuity benefits	11,850				11,850
12. Surrender values and withdrawals for life contracts	44,768				44,768
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	235,625	0	0	0	235,625
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	70,744	.0	.0	.0	.0	.0	.0	.1	70,744
17. Incurred during current year	.3	108,262			.0	.0			.3	108,262
Settled during current year:										
18.1 By payment in full	.4	179,006			.0	.0			.4	179,006
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.4	179,006	.0	.0	.0	.0	.0	.0	.4	179,006
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.4	179,006	.0	.0	.0	.0	.0	.0	.4	179,006
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	70	17,457,449	.0 (a)	.0	.0	300,000	.0	.0	70	17,757,449
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(4)	(440,795)			.0	(300,000)			(4)	(740,795)
23. In force December 31 of current year	66	17,016,654	0 (a)	0	0	0	0	0	66	17,016,654

(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)	51,394	58,228		65,539	60,502
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)	5,936	5,757		5,174	4,919
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,102,843	1,108,100		499,058	500,279
25.6 Totals (sum of Lines 25.1 to 25.5)	1,108,779	1,113,857	0	504,232	505,198
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,160,173	1,172,085	0	569,771	565,700

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products26 and number of persons
 insured under indemnity only products9 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	138,798		974		139,772
2. Annuity considerations	6,459				6,459
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	145,257	0	974	0	146,231
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	175,349		0		175,349
10. Matured endowments					0
11. Annuity benefits	27,921				27,921
12. Surrender values and withdrawals for life contracts	167,488				167,488
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	370,758	0	0	0	370,758
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	4	175,349			0	0			4	175,349
Settled during current year:										
18.1 By payment in full	4	175,349			0	0			4	175,349
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	175,349	0	0	0	0	0	0	4	175,349
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	175,349	0	0	0	0	0	0	4	175,349
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	125	20,829,337	0 (a)	0	0	575,000	0	0	125	21,404,337
21. Issued during year									0	0
22. Other changes to in force (Net)	(26)	(3,567,053)			0	(575,000)			(26)	(4,142,053)
23. In force December 31 of current year	99	17,262,284	0 (a)	0	0	0	0	0	99	17,262,284

(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)	303,539	318,677		238,141	226,980
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)	70,846	84,538		49,063	41,647
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,179	2,181		1,849	831
25.5 All other (b)	1,007,921	1,146,768		696,583	654,243
25.6 Totals (sum of Lines 25.1 to 25.5)	1,080,946	1,233,487	0	747,495	696,721
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,384,485	1,552,164	0	985,636	923,701

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products392 and number of persons
 insured under indemnity only products22



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	43,631		163		43,794
2. Annuity considerations	8,733				8,733
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	52,364	0	163	0	52,527
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	99,794		0		99,794
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	172,224				172,224
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	272,017	0	0	0	272,017
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	99,794			0	0			6	99,794
Settled during current year:										
18.1 By payment in full	6	99,794			0	0			6	99,794
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	99,794	0	0	0	0	0	0	6	99,794
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	99,794	0	0	0	0	0	0	6	99,794
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	66	11,057,090	0 (a)	0	0	0	0	0	66	11,057,090
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(1,952,669)				200,000			(2)	(1,752,669)
23. In force December 31 of current year	64	9,104,421	0 (a)	0	0	200,000	0	0	64	9,304,421

(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)	61,707	62,154		54,662	38,690
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)	18,065	17,946		13,639	21,487
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	133	133		0	0
25.5 All other (b)	57,454	64,963		16,056	15,631
25.6 Totals (sum of Lines 25.1 to 25.5)	75,652	83,042	0	29,695	37,118
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	137,359	145,196	0	84,357	75,808

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products56 and number of persons
insured under indemnity only products6 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	769,751		29,300		799,051
2. Annuity considerations	42,259				42,259
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	812,010	0	29,300	0	841,310
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	490				490
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	490	0	0	0	490
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	490	0	0	0	490
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,588,051		0		1,588,051
10. Matured endowments					0
11. Annuity benefits	398,527				398,527
12. Surrender values and withdrawals for life contracts	664,165				664,165
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	2,650,743	0	0	0	2,650,743
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	121,861	.0	.0	.0	.0	.0	.0	.1	121,861
17. Incurred during current year	25	1,542,551			.0	.0			25	1,542,551
Settled during current year:										
18.1 By payment in full	25	1,588,051			.0	.0			25	1,588,051
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	25	1,588,051	.0	.0	.0	.0	.0	.0	25	1,588,051
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	25	1,588,051	.0	.0	.0	.0	.0	.0	25	1,588,051
19. Unpaid Dec. 31, current year (16+17-18.6)	1	76,361	0	0	0	0	0	0	1	76,361
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	675	111,324,929	.0 (a)	.0	.0	26,512,000	.0	.0	675	137,836,929
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(38)	(4,898,331)			.0	(10,875,000)			(38)	(15,773,331)
23. In force December 31 of current year	637	106,426,598	0 (a)	0	0	15,637,000	0	0	637	122,063,598

(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)	23,341,106	23,609,737		16,829,181	17,269,591
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)	102,562	103,276		74,786	71,430
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,006	2,007		78	72
25.5 All other (b)	4,564,721	4,671,865		2,156,077	2,229,970
25.6 Totals (sum of Lines 25.1 to 25.5)	4,669,289	4,777,148	0	2,230,941	2,301,472
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,010,395	28,386,885	0	19,060,122	19,571,063

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products10,953 and number of persons
 insured under indemnity only products43 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	111,405		29		111,434
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	111,405	0	29	0	111,434
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	102,036		0		102,036
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	35,276				35,276
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	137,312	0	0	0	137,312
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	23,810	.0	.0	.0	.0	.0	.0	.1	23,810
17. Incurred during current year	.3	78,226			.0	.0			.3	78,226
Settled during current year:										
18.1 By payment in full	.4	102,036			.0	.0			.4	102,036
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.4	102,036	.0	.0	.0	.0	.0	.0	.4	102,036
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.4	102,036	.0	.0	.0	.0	.0	.0	.4	102,036
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	136	21,043,172	.0 (a)	.0	.0	.0	.0	.0	136	21,043,172
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(15)	(3,730,052)			.0	.0			(15)	(3,730,052)
23. In force December 31 of current year	121	17,313,120	0 (a)	0	0	0	0	0	121	17,313,120

(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)	5,058	5,369		74,977	76,228
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	47,631	48,719		32,612	25,047
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	(81)	(81)		0	0
25.5 All other (b)	30,169	32,942		18,355	19,381
25.6 Totals (sum of Lines 25.1 to 25.5)	77,719	81,580	0	50,967	44,428
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	82,777	86,949	0	125,944	120,656

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products14 and number of persons
 insured under indemnity only products18 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,672,568		165,646		1,838,214
2. Annuity considerations	90,940				90,940
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,763,508	0	165,646	0	1,929,154
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	162				162
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	959				959
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,121	0	0	0	1,121
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,121	0	0	0	1,121
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,679,415		180,000		2,859,415
10. Matured endowments					0
11. Annuity benefits	697,219				697,219
12. Surrender values and withdrawals for life contracts	2,814,863				2,814,863
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,191,497	0	180,000	0	6,371,497
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	192,960	0	0	0	0	0	0	3	192,960
17. Incurred during current year	83	3,404,876			3	180,000			86	3,584,876
Settled during current year:										
18.1 By payment in full	80	2,679,415			3	180,000			83	2,859,415
18.2 By payment on compromised claims									0	0
18.3 Totals paid	80	2,679,415	0	0	3	180,000	0	0	83	2,859,415
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	80	2,679,415	0	0	3	180,000	0	0	83	2,859,415
19. Unpaid Dec. 31, current year (16+17-18.6)	6	918,421	0	0	0	0	0	0	6	918,421
POLICY EXHIBIT										
20. In force December 31, prior year	2,263	341,272,225	0 (a)	0	0	93,275,000	0	0	2,263	434,547,225
21. Issued during year									0	0
22. Other changes to in force (Net)	(149)	(20,745,768)			0	(33,700,000)			(149)	(54,445,768)
23. In force December 31 of current year	2,114	320,526,457	0 (a)	0	0	59,575,000	0	0	2,114	380,101,457

(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)	95,270,084	95,936,019		76,537,918	76,749,582
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)	0	0		0	2,423
25.2 Guaranteed renewable (b)	6,580,807	6,528,395		3,903,268	4,882,346
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,855	5,860		0	0
25.5 All other (b)	3,698,807	3,933,957		2,714,748	2,645,847
25.6 Totals (sum of Lines 25.1 to 25.5)	10,285,469	10,468,212	0	6,618,016	7,530,616
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	105,555,553	106,404,231	0	83,155,934	84,280,198

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products40,212 and number of persons insured under indemnity only products2,233 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	369,717		70,015		439,732
2. Annuity considerations	29,676				29,676
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	399,393	0	70,015	0	469,408
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	354				354
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)	354	0	0	0	354
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	354	0	0	0	354
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	804,420		0		804,420
10. Matured endowments					0
11. Annuity benefits	76,471				76,471
12. Surrender values and withdrawals for life contracts	485,150				485,150
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,366,041	0	0	0	1,366,041
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	16	833,697			0	0			16	833,697
Settled during current year:										
18.1 By payment in full	15	804,420			0	0			15	804,420
18.2 By payment on compromised claims									0	0
18.3 Totals paid	15	804,420	0	0	0	0	0	0	15	804,420
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	15	804,420	0	0	0	0	0	0	15	804,420
19. Unpaid Dec. 31, current year (16+17-18.6)	1	29,277	0	0	0	0	0	0	1	29,277
POLICY EXHIBIT										
20. In force December 31, prior year	557	95,242,087	0 (a)	0	0	39,498,000	0	0	557	134,740,087
21. Issued during year									0	0
22. Other changes to in force (Net)	(51)	(7,098,547)			0	(13,963,000)			(51)	(21,061,547)
23. In force December 31 of current year	506	88,143,540	0 (a)	0	0	25,535,000	0	0	506	113,678,540

(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)	35,595,077	37,263,752		31,108,045	30,281,549
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	49	50		0	0
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	628,643	747,884		370,014	360,728
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	735	736		45	41
25.5 All other (b)	1,014,601	1,045,517		450,392	466,905
25.6 Totals (sum of Lines 25.1 to 25.5)	1,643,979	1,794,137	0	820,451	827,674
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,239,105	39,057,939	0	31,928,496	31,109,223

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13,246 and number of persons
insured under indemnity only products251 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	149,869		77		149,946
2. Annuity considerations	11,867				11,867
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	161,736	0	77	0	161,813
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	341				341
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)	341	0	0	0	341
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	341	0	0	0	341
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	430,312		0		430,312
10. Matured endowments					0
11. Annuity benefits	275,121				275,121
12. Surrender values and withdrawals for life contracts	106,703				106,703
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	812,137	0	0	0	812,137
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	7	430,312			0	0			7	430,312
Settled during current year:										
18.1 By payment in full	7	430,312			0	0			7	430,312
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	430,312	0	0	0	0	0	0	7	430,312
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	430,312	0	0	0	0	0	0	7	430,312
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	204	35,605,508	0 (a)	0	No. of Policies	100,000	0	0	204	35,705,508
21. Issued during year									0	0
22. Other changes to in force (Net)	(9)	(699,992)				100,000			(9)	(599,992)
23. In force December 31 of current year	195	34,905,516	0 (a)	0		200,000	0	0	195	35,105,516

(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)	20,821	21,557		24,187	22,604
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)	15,804	15,700		2,586	2,570
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	118	118		0	0
25.5 All other (b)	41,220	43,910		22,396	18,510
25.6 Totals (sum of Lines 25.1 to 25.5)	57,142	59,728	0	24,982	21,080
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	77,963	81,285	0	49,169	43,684

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13 and number of persons insured under indemnity only products8 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,321,486		53,817		1,375,303
2. Annuity considerations	15,261				15,261
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,336,747	0	53,817	0	1,390,564
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,324,991		0		1,324,991
10. Matured endowments					0
11. Annuity benefits	442,185				442,185
12. Surrender values and withdrawals for life contracts	1,609,938				1,609,938
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,377,114	0	0	0	3,377,114
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	79,030	0	0	0	0	0	0	2	79,030
17. Incurred during current year	30	1,679,914			0	0			30	1,679,914
Settled during current year:										
18.1 By payment in full	27	1,324,991			0	0			27	1,324,991
18.2 By payment on compromised claims									0	0
18.3 Totals paid	27	1,324,991	0	0	0	0	0	0	27	1,324,991
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	27	1,324,991	0	0	0	0	0	0	27	1,324,991
19. Unpaid Dec. 31, current year (16+17-18.6)	5	433,952	0	0	0	0	0	0	5	433,952
POLICY EXHIBIT										
20. In force December 31, prior year	800	112,322,066	0 (a)	0	0	31,949,000	0	0	800	144,271,066
21. Issued during year									0	0
22. Other changes to in force (Net)	(22)	(3,402,696)			0	(9,842,000)			(22)	(13,244,696)
23. In force December 31 of current year	778	108,919,370	0 (a)	0	0	22,107,000	0	0	778	131,026,370

(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)	41,021,837	41,181,720		28,531,663	28,841,595
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	36,791	37,698		22,787	25,018
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	404	404		0	0
25.5 All other (b)	1,290,223	1,280,496		514,285	520,467
25.6 Totals (sum of Lines 25.1 to 25.5)	1,327,418	1,318,598	0	537,072	545,485
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	42,349,255	42,500,318	0	29,068,735	29,387,080

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products15,993 and number of persons insured under indemnity only products18 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	53,650		7		53,657
2. Annuity considerations	5,372				5,372
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	59,022	0	7	0	59,029
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	48,142		0		48,142
10. Matured endowments					0
11. Annuity benefits	4,395				4,395
12. Surrender values and withdrawals for life contracts	180,012				180,012
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	232,549	0	0	0	232,549
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	5	162,293			0	0			5	162,293
Settled during current year:										
18.1 By payment in full	4	48,142			0	0			4	48,142
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	48,142	0	0	0	0	0	0	4	48,142
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	48,142	0	0	0	0	0	0	4	48,142
19. Unpaid Dec. 31, current year (16+17-18.6)	1	114,151	0	0	0	0	0	0	1	114,151
POLICY EXHIBIT										
20. In force December 31, prior year	64	11,470,445	0 (a)	0	0	30,000	0	0	64	11,500,445
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(214,369)			0	(30,000)			(2)	(244,369)
23. In force December 31 of current year	62	11,256,076	0 (a)	0	0	0	0	0	62	11,256,076

(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)	2,577	2,414		(10,620)	(10,922)
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	110	110		0	0
25.5 All other (b)	9,789	9,310		2,733	2,262
25.6 Totals (sum of Lines 25.1 to 25.5)	9,899	9,420	0	2,733	2,262
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,476	11,834	0	(7,887)	(8,660)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products6 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	497,177		79,931		577,108
2. Annuity considerations	53,558				53,558
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	550,735	0	79,931	0	630,666
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,031,075		0		1,031,075
10. Matured endowments					0
11. Annuity benefits	242,286				242,286
12. Surrender values and withdrawals for life contracts	519,702				519,702
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,793,063	0	0	0	1,793,063
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	350,556	0	0	0	0	0	0	3	350,556
17. Incurred during current year	18	876,794			0	0			18	876,794
Settled during current year:										
18.1 By payment in full	18	1,031,075			0	0			18	1,031,075
18.2 By payment on compromised claims									0	0
18.3 Totals paid	18	1,031,075	0	0	0	0	0	0	18	1,031,075
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	18	1,031,075	0	0	0	0	0	0	18	1,031,075
19. Unpaid Dec. 31, current year (16+17-18.6)	3	196,275	0	0	0	0	0	0	3	196,275
POLICY EXHIBIT										
20. In force December 31, prior year	496	87,952,254	0 (a)	0	0	49,967,000	0	0	496	137,919,254
21. Issued during year									0	0
22. Other changes to in force (Net)	(38)	(7,322,900)			0	(18,049,000)			(38)	(25,371,900)
23. In force December 31 of current year	458	80,629,354	0 (a)	0	0	31,918,000	0	0	458	112,547,354

(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)	51,403,122	52,656,656		39,464,750	37,758,137
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)	0	0		0	22,848
25.2 Guaranteed renewable (b)	445,467	290,054		274,743	227,336
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,256	1,257		722	0
25.5 All other (b)	4,146,450	4,175,869		2,530,799	2,796,415
25.6 Totals (sum of Lines 25.1 to 25.5)	4,593,173	4,467,180	0	2,806,264	3,046,599
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	55,996,295	57,123,836	0	42,271,014	40,804,736

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products19,429 and number of persons insured under indemnity only products147 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	264,963		168		265,131
2. Annuity considerations	6,180				6,180
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	271,143	0	168	0	271,311
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,054,090		0		1,054,090
10. Matured endowments					0
11. Annuity benefits	53,728				53,728
12. Surrender values and withdrawals for life contracts	233,698				233,698
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,341,515	0	0	0	1,341,515
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	21	1,224,125			0	0			21	1,224,125
Settled during current year:										
18.1 By payment in full	17	1,054,090			0	0			17	1,054,090
18.2 By payment on compromised claims									0	0
18.3 Totals paid	17	1,054,090	0	0	0	0	0	0	17	1,054,090
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	17	1,054,090	0	0	0	0	0	0	17	1,054,090
19. Unpaid Dec. 31, current year (16+17-18.6)	4	170,035	0	0	0	0	0	0	4	170,035
POLICY EXHIBIT										
20. In force December 31, prior year	425	76,350,127	0 (a)	0	0	100,000	0	0	425	76,450,127
21. Issued during year									0	0
22. Other changes to in force (Net)	(41)	(5,168,181)			0	(100,000)			(41)	(5,268,181)
23. In force December 31 of current year	384	71,181,946	0 (a)	0	0	0	0	0	384	71,181,946

(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)	163,243	165,454		564,395	564,948
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)	70,462	74,633		55,240	51,118
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,029	1,030		0	0
25.5 All other (b)	1,360,667	1,433,444		1,198,385	1,107,923
25.6 Totals (sum of Lines 25.1 to 25.5)	1,432,158	1,509,107	0	1,253,625	1,159,041
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,595,401	1,674,561	0	1,818,020	1,723,989

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 367 and number of persons
 insured under indemnity only products 23 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,416,083		96,277		1,512,360
2. Annuity considerations	34,573				34,573
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,450,656	0	96,277	0	1,546,933
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	214				214
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)	214	0	0	0	214
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	214	0	0	0	214
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,304,492		0		2,304,492
10. Matured endowments					0
11. Annuity benefits	209,393				209,393
12. Surrender values and withdrawals for life contracts	1,740,101				1,740,101
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,253,985	0	0	0	4,253,985
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	588,934	0	0	0	0	0	0	5	588,934
17. Incurred during current year	45	1,931,123			1	50,000			46	1,981,123
Settled during current year:										
18.1 By payment in full	47	2,304,492			0	0			47	2,304,492
18.2 By payment on compromised claims									0	0
18.3 Totals paid	47	2,304,492	0	0	0	0	0	0	47	2,304,492
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	47	2,304,492	0	0	0	0	0	0	47	2,304,492
19. Unpaid Dec. 31, current year (16+17-18.6)	3	215,565	0	0	1	50,000	0	0	4	265,565
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,511	242,009,771	0 (a)	0	0	56,506,000	0	0	1,511	298,515,771
21. Issued during year									0	0
22. Other changes to in force (Net)	(97)	(14,515,404)			0	(17,499,000)			(97)	(32,014,404)
23. In force December 31 of current year	1,414	227,494,368	0 (a)	0	0	39,007,000	0	0	1,414	266,501,368

(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)	39,600,427	40,587,572		31,179,154	31,002,388
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)	606,500	476,491		439,247	395,251
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	219	220		0	0
25.5 All other (b)	1,434,524	1,481,452		636,568	659,403
25.6 Totals (sum of Lines 25.1 to 25.5)	2,041,243	1,958,163	0	1,075,815	1,054,654
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	41,641,670	42,545,735	0	32,254,969	32,057,042

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products17,488 and number of persons insured under indemnity only products244 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas
 NAIC Group Code 0707

DURING THE YEAR 2014
 NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,876,281		226,774		3,103,055
2. Annuity considerations	218,973				218,973
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,095,254	0	226,774	0	3,322,028
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,813				1,813
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	504				504
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,317	0	0	0	2,317
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,317	0	0	0	2,317
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	5,090,345		0		5,090,345
10. Matured endowments					0
11. Annuity benefits	1,473,945				1,473,945
12. Surrender values and withdrawals for life contracts	3,823,760				3,823,760
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	10,388,050	0	0	0	10,388,050
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	428,759	0	0	0	0	0	0	5	428,759
17. Incurred during current year	107	6,634,522			1	100,000			108	6,734,522
Settled during current year:										
18.1 By payment in full	96	5,090,345			0	0			96	5,090,345
18.2 By payment on compromised claims									0	0
18.3 Totals paid	96	5,090,345	0	0	0	0	0	0	96	5,090,345
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	96	5,090,345	0	0	0	0	0	0	96	5,090,345
19. Unpaid Dec. 31, current year (16+17-18.6)	16	1,972,936	0	0	1	100,000	0	0	17	2,072,936
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,977	544,645,758	0 (a)	0	0	141,575,000	0	0	2,977	686,220,758
21. Issued during year									0	0
22. Other changes to in force (Net)	(213)	(39,333,668)			0	(48,441,000)			(213)	(87,774,668)
23. In force December 31 of current year	2,764	505,312,090	0 (a)	0	0	93,134,000	0	0	2,764	598,446,090

(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)	127,170,980	128,858,347		106,271,253	104,215,454
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)	2,892,313	3,056,746		2,218,221	2,201,627
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,560	2,562		108	98
25.5 All other (b)	7,321,527	7,510,358		4,015,051	4,049,264
25.6 Totals (sum of Lines 25.1 to 25.5)	10,216,400	10,569,666	0	6,233,380	6,250,989
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	137,387,380	139,428,013	0	112,504,633	110,466,443

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products45,458 and number of persons insured under indemnity only products1,134



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	131,692		79		131,771
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	131,692	0	79	0	131,771
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	326,467		0		326,467
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	93,770				93,770
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	420,237	0	0	0	420,237
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	326,467			0	0			6	326,467
Settled during current year:										
18.1 By payment in full	6	326,467			0	0			6	326,467
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	326,467	0	0	0	0	0	0	6	326,467
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	326,467	0	0	0	0	0	0	6	326,467
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	112	21,428,517	0 (a)	0	No. of Policies 0	0	0	0	112	21,428,517
21. Issued during year									0	0
22. Other changes to in force (Net)	(7)	(1,633,770)			0	0			(7)	(1,633,770)
23. In force December 31 of current year	105	19,794,747	0 (a)	0	0	0	0	0	105	19,794,747

(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)	156,604	159,014		98,300	113,957
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)	13,206	13,273		4,657	4,844
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	(3)	(3)		0	0
25.5 All other (b)	191,157	190,623		141,664	144,716
25.6 Totals (sum of Lines 25.1 to 25.5)	204,360	203,893	0	146,321	149,560
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	360,964	362,907	0	244,621	263,517

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products149 and number of persons insured under indemnity only products3 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	59,051		0		59,051
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	59,051	0	0	0	59,051
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	138,867		0		138,867
10. Matured endowments					0
11. Annuity benefits	(105,316)				(105,316)
12. Surrender values and withdrawals for life contracts	91,191				91,191
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	124,742	0	0	0	124,742
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	138,867			0	0			2	138,867
Settled during current year:										
18.1 By payment in full	2	138,867			0	0			2	138,867
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	138,867	0	0	0	0	0	0	2	138,867
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	138,867	0	0	0	0	0	0	2	138,867
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	92	15,610,576	0 (a)	0	No. of Policies	0	0	0	92	15,610,576
21. Issued during year									0	0
22. Other changes to in force (Net)	(19)	(2,972,159)				0	0	0	(19)	(2,972,159)
23. In force December 31 of current year	73	12,638,417	0 (a)	0	0	0	0	0	73	12,638,417

(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)	4,968	5,226		6,018	6,184
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)	12,672	12,667		28,109	30,677
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	16,688	18,817		7,087	6,444
25.6 Totals (sum of Lines 25.1 to 25.5)	29,360	31,484	0	35,196	37,121
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,328	36,710	0	41,214	43,305

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products8 and number of persons insured under indemnity only products15 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,192,399		86,251		1,278,650
2. Annuity considerations	52,626				52,626
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,245,025	0	86,251	0	1,331,276
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,014,166		0		2,014,166
10. Matured endowments					0
11. Annuity benefits	1,284,225				1,284,225
12. Surrender values and withdrawals for life contracts	914,811				914,811
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,213,202	0	0	0	4,213,202
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	315,039	0	0	1	50,000	0	0	3	365,039
17. Incurred during current year	42	1,703,127			0	0			42	1,703,127
Settled during current year:										
18.1 By payment in full	43	2,014,166			0	0			43	2,014,166
18.2 By payment on compromised claims									0	0
18.3 Totals paid	43	2,014,166	0	0	0	0	0	0	43	2,014,166
18.4 Reduction by compromise									0	0
18.5 Amount rejected	0	0			1	50,000			1	50,000
18.6 Total settlements	43	2,014,166	0	0	1	50,000	0	0	44	2,064,166
19. Unpaid Dec. 31, current year (16+17-18.6)	1	4,000	0	0	0	0	0	0	1	4,000
POLICY EXHIBIT										
20. In force December 31, prior year	1,290	220,354,733	0 (a)	0	0	61,700,000	0	0	1,290	282,054,733
21. Issued during year									0	0
22. Other changes to in force (Net)	(98)	(18,522,863)			0	(26,454,000)			(98)	(44,976,863)
23. In force December 31 of current year	1,192	201,831,870	0 (a)	0	0	35,246,000	0	0	1,192	237,077,870

(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)	44,644,062	45,849,291		35,228,916	35,103,916
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)	711,698	725,204		549,741	510,724
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,012	1,013		2,349	2,127
25.5 All other (b)	319,083	348,286		302,895	298,629
25.6 Totals (sum of Lines 25.1 to 25.5)	1,031,793	1,074,503	0	854,985	811,480
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45,675,855	46,923,794	0	36,083,901	35,915,396

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products19,300 and number of persons insured under indemnity only products234 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	311,535		43		311,578
2. Annuity considerations	1,916				1,916
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	313,451	0	43	0	313,494
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	174				174
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)	174	0	0	0	174
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	174	0	0	0	174
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	358,320		0		358,320
10. Matured endowments					0
11. Annuity benefits	531,777				531,777
12. Surrender values and withdrawals for life contracts	795,887				795,887
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,685,983	0	0	0	1,685,983
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	13	546,371			0	0			13	546,371
Settled during current year:										
18.1 By payment in full	11	358,320			0	0			11	358,320
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	358,320	0	0	0	0	0	0	11	358,320
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	358,320	0	0	0	0	0	0	11	358,320
19. Unpaid Dec. 31, current year (16+17-18.6)	2	188,051	0	0	0	0	0	0	2	188,051
POLICY EXHIBIT										
20. In force December 31, prior year	283	57,219,877	0 (a)	0	0	0	0	0	283	57,219,877
21. Issued during year									0	0
22. Other changes to in force (Net)	(27)	(5,857,756)				80,000			(27)	(5,777,756)
23. In force December 31 of current year	256	51,362,121	0 (a)	0	0	80,000	0	0	256	51,442,121

(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)	35,971	37,435		79,833	81,810
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)	15,300	15,327		12,870	12,800
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	51	51		0	0
25.5 All other (b)	172,988	168,805		76,135	85,991
25.6 Totals (sum of Lines 25.1 to 25.5)	188,339	184,183	0	89,005	98,791
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	224,310	221,618	0	168,838	180,601

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products22 and number of persons insured under indemnity only products5 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	285,893		18,893		304,786
2. Annuity considerations	27,617				27,617
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	313,510	0	18,893	0	332,403
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	401,942		250,000		651,942
10. Matured endowments					0
11. Annuity benefits	229,615				229,615
12. Surrender values and withdrawals for life contracts	367,596				367,596
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	999,153	0	250,000	0	1,249,153
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	1	100,000	0	0	1	100,000
17. Incurred during current year	7	401,942			2	150,000			9	551,942
Settled during current year:										
18.1 By payment in full	7	401,942			3	250,000			10	651,942
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	401,942	0	0	3	250,000	0	0	10	651,942
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	401,942	0	0	3	250,000	0	0	10	651,942
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	262	34,780,324	0 (a)	0	0	12,565,000	0	0	262	47,345,324
21. Issued during year									0	0
22. Other changes to in force (Net)	(18)	(2,378,847)			0	(5,301,000)			(18)	(7,679,847)
23. In force December 31 of current year	244	32,401,477	0 (a)	0	0	7,264,000	0	0	244	39,665,477

(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)	12,074,290	12,210,628		10,030,691	9,941,168
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)	300,913	312,240		209,366	182,247
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	167,157	179,699		70,356	69,409
25.6 Totals (sum of Lines 25.1 to 25.5)	468,070	491,939	0	279,722	251,656
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,542,360	12,702,567	0	10,310,413	10,192,824

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products4,010 and number of persons insured under indemnity only products111 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,680,517		91,115		1,771,632
2. Annuity considerations	52,434				52,434
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,732,951	0	91,115	0	1,824,066
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,271,708		150,000		2,421,708
10. Matured endowments					0
11. Annuity benefits	707,524				707,524
12. Surrender values and withdrawals for life contracts	2,147,242				2,147,242
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,126,474	0	150,000	0	5,276,474
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	367,944	0	0	0	0	0	0	3	367,944
17. Incurred during current year	67	2,024,408			1	150,000			68	2,174,408
Settled during current year:										
18.1 By payment in full	68	2,271,708			1	150,000			69	2,421,708
18.2 By payment on compromised claims									0	0
18.3 Totals paid	68	2,271,708	0	0	1	150,000	0	0	69	2,421,708
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	68	2,271,708	0	0	1	150,000	0	0	69	2,421,708
19. Unpaid Dec. 31, current year (16+17-18.6)	2	120,644	0	0	0	0	0	0	2	120,644
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,172	365,572,741	0 (a)	0	0	49,077,000	0	0	2,172	414,649,741
21. Issued during year									0	0
22. Other changes to in force (Net)	(139)	(20,620,211)			0	(17,000,000)			(139)	(37,620,211)
23. In force December 31 of current year	2,033	344,952,530	0 (a)	0	0	32,077,000	0	0	2,033	377,029,530

(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)	80,472,805	81,724,666		67,925,472	65,636,923
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)	0	0		0	500
25.2 Guaranteed renewable (b)	37,637	37,025		21,015	21,263
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	594	594		0	0
25.5 All other (b)	277,464	277,581		35,373	35,304
25.6 Totals (sum of Lines 25.1 to 25.5)	315,695	315,200	0	56,388	57,067
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	80,788,500	82,039,866	0	67,981,860	65,693,990

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products27,490 and number of persons
insured under indemnity only products19



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming
NAIC Group Code 0707

DURING THE YEAR 2014
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	72,476		17		72,493
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	72,476	0	17	0	72,493
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	13,174		0		13,174
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	80,815				80,815
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	93,989	0	0	0	93,989
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	13,174			0	0			1	13,174
Settled during current year:										
18.1 By payment in full	1	13,174			0	0			1	13,174
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	13,174	0	0	0	0	0	0	1	13,174
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	13,174	0	0	0	0	0	0	1	13,174
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	139	19,703,332	0 (a)	0	0	50,000	0	0	139	19,753,332
21. Issued during year									0	0
22. Other changes to in force (Net)	(36)	(4,416,926)			0	30,000			(36)	(4,386,926)
23. In force December 31 of current year	103	15,286,406	0 (a)	0	0	80,000	0	0	103	15,366,406

(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)	334,451	812,645		431,291	399,027
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,513	4,925		10,216	6,356
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	18,605	18,621		5,563	4,762
25.5 All other (b)	7,357,066	6,965,658		4,646,532	4,689,368
25.6 Totals (sum of Lines 25.1 to 25.5)	7,380,184	6,989,204	0	4,662,311	4,700,486
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	7,714,635	7,801,849	0	5,093,602	5,099,513

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,636 and number of persons
insured under indemnity only products2



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	0 (a)	0	0	0	0	0	0	0
21. Issued during year									0	0
22. Other changes to in force (Net)									0	0
23. In force December 31 of current year	0	0	0 (a)	0	0	0	0	0	0	0

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	143	143			
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)	143	143	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 Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	42,549	0	0	0	42,549
2. Annuity considerations	6,681	0	0	0	6,681
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	49,230	0	0	0	49,230
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 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	276,039	0	0	0	276,039
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	64,596	0	0	0	64,596
12. Surrender values and withdrawals for life contracts	5,793	0	0	0	5,793
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	346,428	0	0	0	346,428
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	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	364,084	0	0	0	0	0	0	2	364,084
Settled during current year:										
18.1 By payment in full	1	276,039	0	0	0	0	0	0	1	276,039
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1	276,039	0	0	0	0	0	0	1	276,039
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	1	276,039	0	0	0	0	0	0	1	276,039
19. Unpaid Dec. 31, current year (16+17-18.6)	1	88,045	0	0	0	0	0	0	1	88,045
POLICY EXHIBIT										
20. In force December 31, prior year	24	5,189,558	0 (a)	0	No. of Policies	0	0	0	24	5,189,558
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(4)	(823,386)	0	0	0	0	0	0	(4)	(823,386)
23. In force December 31 of current year	20	4,366,172	0 (a)	0	0	0	0	0	20	4,366,172

(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)	11,616	14,716	0	1,632	(588)
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)	(225)	(225)	0	0	(5)
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	0	0	0	0	0
25.5 All other (b)	2,600	2,330	0	40	40
25.6 Totals (sum of Lines 25.1 to 25.5)	2,375	2,105	0	40	35
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,991	16,821	0	1,672	(553)

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 10 and number of persons insured under indemnity only products 0 .



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2014

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	35,661,060	0	2,653,923	0	38,314,983
2. Annuity considerations	2,444,566	0	0	0	2,444,566
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	38,105,626	0	2,653,923	0	40,759,549
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	98,727	0	0	0	98,727
6.2 Applied to pay renewal premiums	233	0	0	0	233
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	15,389	0	0	0	15,389
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	114,349	0	0	0	114,349
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	114,349	0	0	0	114,349
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	59,676,338	0	1,365,232	0	61,041,570
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	19,418,438	0	0	0	19,418,438
12. Surrender values and withdrawals for life contracts	48,187,425	0	0	0	48,187,425
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	127,282,201	0	1,365,232	0	128,647,433
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	102	7,349,036	0	0	2	150,000	0	0	104	7,499,036
17. Incurred during current year Settled during current year:	1,456	60,754,615	0	0	20	1,415,232	0	0	1,476	62,169,846
18.1 By payment in full	1,407	59,676,338	0	0	19	1,365,232	0	0	1,426	61,041,569
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1,407	59,676,338	0	0	19	1,365,232	0	0	1,426	61,041,569
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	1	50,000	0	0	1	50,000
18.6 Total settlements	1,407	59,676,338	0	0	20	1,415,232	0	0	1,427	61,091,569
19. Unpaid Dec. 31, current year (16+17-18.6)	151	8,427,313	0	0	2	150,000	0	0	153	8,577,313
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	40,892	6,390,079,651	0 (a)	0	145	1,584,565,553	0	0	41,037	7,974,645,204
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(3,568)	(525,077,384)	0	0	(7)	(598,244,500)	0	0	(3,575)	(1,123,321,884)
23. In force December 31 of current year	37,324	5,865,002,267	0 (a)	0	138	986,321,053	0	0	37,462	6,851,323,320

(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)	1,562,859,450	1,576,143,334	0	1,207,474,032	1,182,122,658
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)	770	781	0	60	65
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:	0	0	0	0	0
25.1 Non-cancelable (b)	0	0	0	0	37,898
25.2 Guaranteed renewable (b)	24,687,897	24,770,855	0	17,410,111	16,936,340
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	1,359,929	1,361,069	0	783,247	667,334
25.5 All other (b)	262,653,874	264,510,441	0	194,626,668	188,755,891
25.6 Totals (sum of Lines 25.1 to 25.5)	288,701,700	290,642,365	0	212,820,026	206,397,463
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,851,561,920	1,866,786,480	0	1,420,294,118	1,388,520,186

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 672,246 and number of persons insured under indemnity only products 9,238

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	10,346,817
2. Current year's realized pre-tax capital gains/(losses) of \$1,979,179 transferred into the reserve net of taxes of \$692,713	1,286,467
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)	11,633,284
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	2,691,801
6. Reserve as of December 31, current year (Line 4 minus Line 5)	8,941,484

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	2,438,371	253,429	0	2,691,801
2. 2015	2,091,676	318,713	0	2,410,389
3. 2016	1,678,147	269,376	0	1,947,523
4. 2017	1,266,244	204,701	0	1,470,945
5. 2018	853,111	138,374	0	991,485
6. 2019	590,742	68,569	0	659,311
7. 2020	465,846	29,012	0	494,858
8. 2021	343,728	22,175	0	365,903
9. 2022	222,141	14,809	0	236,949
10. 2023	123,875	7,519	0	131,393
11. 2024	69,363	(300)	0	69,063
12. 2025	44,296	(4,570)	0	39,727
13. 2026	19,582	(4,798)	0	14,784
14. 2027	8,861	(4,951)	0	3,910
15. 2028	14,017	(5,331)	0	8,686
16. 2029	29,385	(5,484)	0	23,901
17. 2030	35,377	(5,179)	0	30,198
18. 2031	30,051	(4,113)	0	25,938
19. 2032	22,286	(2,970)	0	19,316
20. 2033	8,743	(1,904)	0	6,839
21. 2034	(5,586)	(609)	0	(6,196)
22. 2035	(5,240)	0	0	(5,240)
23. 2036	(306)	0	0	(306)
24. 2037	1,584	0	0	1,584
25. 2038	526	0	0	526
26. 2039	0	0	0	0
27. 2040	0	0	0	0
28. 2041	0	0	0	0
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)	10,346,818	1,286,467	0	11,633,285

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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	1,605,909	0	1,605,909	0	293,672	293,672	1,899,581
2. Realized capital gains/(losses) net of taxes - General Account			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	344,123	0	344,123	0	5,905	5,905	350,028
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	1,950,032	0	1,950,032	0	299,577	299,577	2,249,609
9. Maximum reserve	2,211,799	0	2,211,799	0	258,977	258,977	2,470,776
10. Reserve objective	1,618,372	0	1,618,372	0	251,104	251,104	1,869,476
11. 20% of (Line 10 - Line 8)	(66,332)	0	(66,332)	0	(9,694)	(9,694)	(76,027)
12. Balance before transfers (Lines 8 + 11)	1,883,700	0	1,883,700	0	289,882	289,882	2,173,583
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero			0		(30,906)	(30,906)	(30,906)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,883,700	0	1,883,700	0	258,976	258,976	2,142,677

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.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	30,458,981	XXX	XXX	30,458,981	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality	472,528,016	XXX	XXX	472,528,016	0.0004	189,011	0.0023	1,086,814	0.0030	1,417,584
3.	2	High Quality	67,615,894	XXX	XXX	67,615,894	0.0019	128,470	0.0058	392,172	0.0090	608,543
4.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
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	0	XXX	0	XXX	0
9.		Total Bonds (Sum of Lines 1 through 8)	570,602,891	XXX	XXX	570,602,891	XXX	317,481	XXX	1,478,987	XXX	2,026,127
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	11,400,796	XXX	XXX	11,400,796	0.0000	0	0.0000	0	0.0000	0
19.	1	Highest Quality	53,809,661	XXX	XXX	53,809,661	0.0004	21,524	0.0023	123,762	0.0030	161,429
20.	2	High Quality	2,693,613	XXX	XXX	2,693,613	0.0019	5,118	0.0058	15,623	0.0090	24,243
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)	67,904,070	XXX	XXX	67,904,070	XXX	26,642	XXX	139,385	XXX	185,672
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)	638,506,961	XXX	XXX	638,506,961	XXX	344,123	XXX	1,618,372	XXX	2,211,799

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. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
MORTGAGE LOANS												
In Good Standing:												
35.		Farm Mortgages - CM1 - Highest Quality			XXX	0	0.0010	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 (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
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	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1300 (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 and 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)	3,190,599			3,190,599	0.0000	0	0.0750	239,295	0.0750	239,295
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)	3,190,599	0	0	3,190,599	XXX	0	XXX	239,295	XXX	239,295
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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		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	(c)	0	(c)	0	(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	0.0010	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 (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
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	19,682,374			19,682,374	0.0003	5,905	0.0006	11,809	0.0010	19,682
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)	19,682,374	0	0	19,682,374	XXX	5,905	XXX	11,809	XXX	19,682
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		XXX		0	0.0000	0	0.1300	0	0.1300	0
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)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	19,682,374	0	0	19,682,374	XXX	5,905	XXX	11,809	XXX	19,682

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

ASSET VALUATION RESERVE (Continued)

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS REPLICATIONS (SYNTHETIC) ASSETS

1 RSAT Number	2 Type	3 CUSIP	4 Description of Asset(s)	5 NAIC Designation or Other Description of Asset	6 Value of Asset	7 AVR Basic Contribution	8 AVR Reserve Objective	9 AVR Maximum Reserve
NONE								
0599999 - Total								

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	1,854,379,988	XXX	1,564,659,534	XXX		XXX	773	XXX	0	XXX	24,689,604	XXX		XXX	1,349,642	XXX	263,680,434	XXX
2. Premiums earned	1,866,719,626	XXX	1,576,053,444	XXX		XXX	781	XXX	0	XXX	24,770,855	XXX		XXX	1,350,147	XXX	264,544,399	XXX
3. Incurred claims	1,389,630,664	74.4	1,182,253,762	75.0	0	0.0	65	8.3	0	0.0	17,855,453	72.1	0	0.0	698,425	51.7	188,822,959	71.4
4. Cost containment expenses	16,746,857	0.9	14,130,399	0.9		0.0	7	0.9	0	0.0	222,971	0.9		0.0	12,189	0.9	2,381,291	0.9
5. Incurred claims and cost containment expenses (Lines 3 and 4)	1,406,377,521	75.3	1,196,384,161	75.9	0	0.0	72	9.2	0	0.0	18,078,424	73.0	0	0.0	710,614	52.6	191,204,250	72.3
6. Increase in contract reserves	(1,018,685)	(0.1)	(99,018)	0.0	0	0.0	0	0.0	0	0.0	(919,112)	(3.7)	0	0.0	0	0.0	(555)	0.0
7. Commissions (a)	84,341,129	4.5	70,208,468	4.5		0.0	3	0.3	0	0.0	1,026,572	4.1		0.0	282,353	20.9	12,823,733	4.8
8. Other general insurance expenses	160,537,151	8.6	136,412,359	8.7		0.0	60	7.6	0	0.0	1,910,508	7.7		0.0	102,683	7.6	22,111,542	8.4
9. Taxes, licenses and fees	99,950,263	5.4	88,716,143	5.6		0.0	27	3.5	0	0.0	584,537	2.4		0.0	32,740	2.4	10,616,815	4.0
10. Total other expenses incurred	344,828,543	18.5	295,336,969	18.7	0	0.0	90	11.5	0	0.0	3,521,617	14.2	0	0.0	417,776	30.9	45,552,091	17.2
11. Aggregate write-ins for deductions	40,343	0.0	34,196	0.0	0	0.0	0	0.0	0	0.0	524	0.0	0	0.0	29	0.0	5,594	0.0
12. Gain from underwriting before dividends or refunds	116,491,905	6.2	84,397,136	5.4	0	0.0	619	79.3	0	0.0	4,089,402	16.5	0	0.0	221,729	16.4	27,783,019	10.5
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	116,491,905	6.2	84,397,136	5.4	0	0.0	619	79.3	0	0.0	4,089,402	16.5	0	0.0	221,729	16.4	27,783,019	10.5
DETAILS OF WRITE-INS																		
1101. Fines and Penalties	40,343	0.0	34,196	0.0		0.0	0	0.0	0	0.0	524	0.0		0.0	29	0.0	5,594	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	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	40,343	0.0	34,196	0.0	0	0.0	0	0.0	0	0.0	524	0.0	0	0.0	29	0.0	5,594	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (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	69,429,853	58,894,766		38	0	1,390,714		394	9,143,941
2. Advance premiums	18,738,771	15,781,801		89	0	472,262		213	2,484,406
3. Reserve for rate credits	37,209,994	29,982,678		0	0	3,154,000		0	4,073,316
4. Total premium reserves, current year	125,378,619	104,659,246	0	127	0	5,016,976	0	607	15,701,664
5. Total premium reserves, prior year	142,177,235	119,157,936	0	138	0	5,116,855	0	1,112	17,901,194
6. Increase in total premium reserves	(16,798,616)	(14,498,690)	0	(11)	0	(99,880)	0	(504)	(2,199,530)
B. Contract Reserves:									
1. Additional reserves (a)	10,791,976	111,751		0	0	10,677,658		0	2,567
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	10,791,976	111,751	0	0	0	10,677,658	0	0	2,567
4. Total contract reserves, prior year	11,810,661	210,768	0	0	0	11,596,770	0	0	3,123
5. Increase in contract reserves	(1,018,685)	(99,018)	0	0	0	(919,112)	0	0	(555)
C. Claim Reserves and Liabilities:									
1. Total current year	170,170,960	145,758,825	0	15	0	3,775,798	0	71,278	20,565,044
2. Total prior year	200,819,209	170,904,095	0	10	0	3,330,456	0	156,100	26,428,548
3. Increase	(30,648,250)	(25,145,270)	0	5	0	445,342	0	(84,822)	(5,863,504)

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	179,166,062	152,952,909	0	36	0	3,538,317		0	22,674,801
1.2 On claims incurred during current year	1,241,112,852	1,054,446,123	0	24	0	13,871,794		783,248	172,011,663
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	502,696	403,110	0		0	32,358		0	67,227
2.2 On claims incurred during current year	169,668,264	145,355,714	0	15	0	3,743,440		71,278	20,497,816
3. Test:									
3.1 Lines 1.1 and 2.1	179,668,758	153,356,019	0	36	0	3,570,675	0	0	22,742,028
3.2 Claim reserves and liabilities, December 31, prior year	200,819,209	170,904,095	0	10	0	3,330,456	0	156,100	26,428,548
3.3 Line 3.1 minus Line 3.2	(21,150,451)	(17,548,075)	0	25	0	240,219	0	(156,100)	(3,686,520)

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0	0	0						
B. Reinsurance Ceded:									
1. Premiums written	64,285	87,864			0	0		10,598	(34,177)
2. Premiums earned	66,854	89,890			0	0		10,922	(33,957)
3. Incurred claims	(129,690)	(32,087)			0	0		(31,091)	(66,513)
4. Commissions	(8,680)	13,025	0		0	0		1,512	(23,216)

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims	1,346,108,382	31,896,954	11,495,638	1,389,500,974
2. Beginning Claim Reserves and Liabilities	195,556,605	3,207,947	2,265,792	201,030,345
3. Ending Claim Reserves and Liabilities	167,555,594	1,280,473	1,401,133	170,237,201
4. Claims Paid	1,374,109,393	33,824,429	12,360,297	1,420,294,118
B. Assumed Reinsurance:				
5. Incurred Claims.....				0
6. Beginning Claim Reserves and Liabilities				0
7. Ending Claim Reserves and Liabilities				0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....	(59,795)	0	(69,895)	(129,690)
10. Beginning Claim Reserves and Liabilities	328,870	0	211,136	540,006
11. Ending Claim Reserves and Liabilities	0	0	66,241	66,241
12. Claims Paid	269,074	0	75,000	344,074
D. Net:				
13. Incurred Claims.....	1,346,168,177	31,896,954	11,565,533	1,389,630,664
14. Beginning Claim Reserves and Liabilities	195,227,736	3,207,947	2,054,656	200,490,340
15. Ending Claim Reserves and Liabilities	167,555,594	1,280,473	1,334,892	170,170,960
16. Claims Paid	1,373,840,319	33,824,429	12,285,297	1,419,950,044
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	1,362,915,034	31,896,954	11,565,533	1,406,377,521
18. Beginning Reserves and Liabilities	195,664,440	3,207,947	2,054,656	200,927,043
19. Ending Reserves and Liabilities	167,799,012	1,280,473	1,334,892	170,414,378
20. Paid Claims and Cost Containment Expenses	1,390,780,461	33,824,429	12,285,297	1,436,890,186

Schedule S - Part 1 - Section 1

N O N E

Schedule S - Part 1 - Section 2

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
0699999	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
0799999	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	XXXL	1,704,379,000	35,291,051	36,316,724	4,216,317	1,755,610	1,956,251		
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	SC		2,269,173	2,269,173					
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	QL	4,060,403,217	1,268,362,242	1,272,748,283	32,810,865	13,661,941	15,223,305		
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	FL		518,531,022	551,152,819	781,405	325,365	362,549		
66346	58-0828824	01/01/2008	Munich American Reassurance Company	GA	CO/I	QL	318,158,000	41,220	59,484	849,837				
0899999	General Account - Authorized U.S. Non-Affiliates						6,082,940,217	1,824,494,708	1,862,546,483	38,658,424	15,742,916	17,542,105	0	0
1099999	Total General Account - Authorized Non-Affiliates						6,082,940,217	1,824,494,708	1,862,546,483	38,658,424	15,742,916	17,542,105	0	0
1199999	Total General Account Authorized						6,082,940,217	1,824,494,708	1,862,546,483	38,658,424	15,742,916	17,542,105	0	0
1499999	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
1799999	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
1899999	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0	0
2199999	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
2299999	Total General Account Unauthorized						0	0	0	0	0	0	0	0
2599999	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
2899999	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
2999999	Total General Account - Certified Affiliates						0	0	0	0	0	0	0	0
3299999	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0	0
3399999	Total General Account Certified						0	0	0	0	0	0	0	0
3499999	Total General Account Authorized, Unauthorized and Certified						6,082,940,217	1,824,494,708	1,862,546,483	38,658,424	15,742,916	17,542,105	0	0
3799999	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
4099999	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
4199999	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0	0
4499999	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0	0
4599999	Total Separate Accounts Authorized						0	0	0	0	0	0	0	0
4899999	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
5199999	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
5299999	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0	0
5599999	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
5699999	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0	0
5999999	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
6299999	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
6399999	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0	0
6699999	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0	0
6799999	Total Separate Accounts Certified						0	0	0	0	0	0	0	0
6899999	Total Separate Accounts Authorized, Unauthorized and Certified						0	0	0	0	0	0	0	0
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						6,082,940,217	1,824,494,708	1,862,546,483	38,658,424	15,742,916	17,542,105	0	0
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						0	0	0	0	0	0	0	0
9999999	- Totals						6,082,940,217	1,824,494,708	1,862,546,483	38,658,424	15,742,916	17,542,105	0	0

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 Domi- ciliary Juris- diction	6 Type	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		
0399999. Total General Account - Authorized U.S. Affiliates							0	0	0	0	0	0	0
0699999. Total General Account - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
0799999. Total General Account - Authorized Affiliates							0	0	0	0	0	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	LTC	0	0	782,222	0	0	0	0
66346	58-0828824	01/01/2008	Munich American Reassurance Company	GA	CO/I	A	98,462	5,590	0	0	0	0	0
86258	13-2572994	01/01/2011	General Re Life Corporation	CT	CO/I	LTDI	(34,177)	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							64,285	5,590	782,222	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							64,285	5,590	782,222	0	0	0	0
1199999. Total General Account Authorized							64,285	5,590	782,222	0	0	0	0
1499999. Total General Account - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
1799999. Total General Account - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
1899999. Total General Account - Unauthorized Affiliates							0	0	0	0	0	0	0
2199999. Total General Account - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
2299999. Total General Account Unauthorized							0	0	0	0	0	0	0
2599999. Total General Account - Certified U.S. Affiliates							0	0	0	0	0	0	0
2899999. Total General Account - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
2999999. Total General Account - Certified Affiliates							0	0	0	0	0	0	0
3299999. Total General Account - Certified Non-Affiliates							0	0	0	0	0	0	0
3399999. Total General Account Certified							0	0	0	0	0	0	0
3499999. Total General Account Authorized, Unauthorized and Certified							64,285	5,590	782,222	0	0	0	0
3799999. Total Separate Accounts - Authorized U.S. Affiliates							0	0	0	0	0	0	0
4099999. Total Separate Accounts - Authorized Non-U.S. Affiliates							0	0	0	0	0	0	0
4199999. Total Separate Accounts - Authorized Affiliates							0	0	0	0	0	0	0
4499999. Total Separate Accounts - Authorized Non-Affiliates							0	0	0	0	0	0	0
4599999. Total Separate Accounts Authorized							0	0	0	0	0	0	0
4899999. Total Separate Accounts - Unauthorized U.S. Affiliates							0	0	0	0	0	0	0
5199999. Total Separate Accounts - Unauthorized Non-U.S. Affiliates							0	0	0	0	0	0	0
5299999. Total Separate Accounts - Unauthorized Affiliates							0	0	0	0	0	0	0
5599999. Total Separate Accounts - Unauthorized Non-Affiliates							0	0	0	0	0	0	0
5699999. Total Separate Accounts Unauthorized							0	0	0	0	0	0	0
5999999. Total Separate Accounts - Certified U.S. Affiliates							0	0	0	0	0	0	0
6299999. Total Separate Accounts - Certified Non-U.S. Affiliates							0	0	0	0	0	0	0
6399999. Total Separate Accounts - Certified Affiliates							0	0	0	0	0	0	0
6699999. Total Separate Accounts - Certified Non-Affiliates							0	0	0	0	0	0	0
6799999. Total Separate Accounts Certified							0	0	0	0	0	0	0
6899999. Total Separate Accounts Authorized, Unauthorized and Certified							0	0	0	0	0	0	0
6999999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							64,285	5,590	782,222	0	0	0	0
7099999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)							0	0	0	0	0	0	0
9999999 - Totals							64,285	5,590	782,222	0	0	0	0

Schedule S - Part 4

N O N E

Schedule S - Part 4 - Bank Footnote

N O N E

Schedule S - Part 5

N O N E

Schedule S - Part 5 - Bank Footnote

N O N E

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

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	38,723	42,978	46,608	48,681	52,538
2. Commissions and reinsurance expense allowances	3,416	3,919	4,249	4,319	4,010
3. Contract claims	78,123	90,109	84,345	73,001	66,138
4. Surrender benefits and withdrawals for life contracts	48,187	49,904	49,076	54,416	58,985
5. Dividends to policyholders	114	113	112	129	156
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts	(38,016)	(38,160)	(17,341)	(31,359)	(17,200)
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	1,825,283	1,860,360	1,901,459	1,918,801	1,950,159
10. Liability for deposit-type contracts	2,788	2,939	3,277	3,782	4,879
11. Contract claims unpaid	9,998	11,445	9,159	11,020	9,003
12. Amounts recoverable on reinsurance	75	329	835	445	266
13. Experience rating refunds due or unpaid	752	760	771	797	807
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers				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	XXX	XXX
23. Funds deposited by and withheld from (F)			0	XXX	XXX
24. Letters of credit (L)			0	XXX	XXX
25. Trust agreements (T)			0	XXX	XXX
26. Other (O)			0	XXX	XXX

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

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)	659,107,022		659,107,022
2. Reinsurance (Line 16)	826,586	(826,586)	0
3. Premiums and considerations (Line 15)	16,398,985	0	16,398,985
4. Net credit for ceded reinsurance	XXX	1,836,106,837	1,836,106,837
5. All other admitted assets (balance)	41,875,858		41,875,858
6. Total assets excluding Separate Accounts (Line 26)	718,208,451	1,835,280,251	2,553,488,702
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	718,208,451	1,835,280,251	2,553,488,702
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	84,172,931	1,822,494,998	1,906,667,929
10. Liability for deposit-type contracts (Line 3)	0	2,787,521	2,787,521
11. Claim reserves (Line 4)	166,870,381	9,997,732	176,868,113
12. Policyholder dividends/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	18,760,442		18,760,442
14. Other contract liabilities (Line 9)	46,151,477		46,151,477
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)	0		0
19. All other liabilities (balance)	89,070,593		89,070,593
20. Total liabilities excluding Separate Accounts (Line 26)	405,025,824	1,835,280,251	2,240,306,075
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	405,025,824	1,835,280,251	2,240,306,075
23. Capital & surplus (Line 38)	313,182,627	XXX	313,182,627
24. Total liabilities, capital & surplus (Line 39)	718,208,451	1,835,280,251	2,553,488,702
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	1,822,494,998		
26. Claim reserves	9,997,732		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	2,787,521		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	826,586		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	1,836,106,837		
34. Premiums and considerations	0		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	0		
41. Total net credit for ceded reinsurance	1,836,106,837		

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

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

Allocated by States and Territories

		Direct Business Only					6 Totals
		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	
States, Etc.							
1. Alabama	AL	448,909	22,808			.0	471,717
2. Alaska	AK	10	.0			.0	10
3. Arizona	AZ	756,627	54,234	12,007		.0	822,868
4. Arkansas	AR	447,885	17,498			.0	465,383
5. California	CA	1,623,875	204,659			.0	1,828,534
6. Colorado	CO	707,910	30,722			.0	738,632
7. Connecticut	CT	832,644	128,622			.0	961,266
8. Delaware	DE	119,171	12,939			.0	132,110
9. District of Columbia	DC	82,206	.0			.0	82,206
10. Florida	FL	2,987,173	252,303	18,415		.0	3,257,891
11. Georgia	GA	955,291	38,859			.0	994,150
12. Hawaii	HI	174,014	9,673			.0	183,687
13. Idaho	ID	56,499	8,037			.0	64,536
14. Illinois	IL	3,312,715	236,995			.0	3,549,710
15. Indiana	IN	1,580,268	210,360	741		.0	1,791,369
16. Iowa	IA	796,383	17,537			.0	813,920
17. Kansas	KS	204,889	11,528			.0	216,417
18. Kentucky	KY	917,804	18,698			.0	936,502
19. Louisiana	LA	511,134	37,760			.0	548,894
20. Maine	ME	238,696	5,746			.0	244,442
21. Maryland	MD	1,159,749	30,764			.0	1,190,513
22. Massachusetts	MA	195,259	50,972			.0	246,231
23. Michigan	MI	2,296,121	69,811	8,696		.0	2,374,628
24. Minnesota	MN	625,398	77,199			.0	702,597
25. Mississippi	MS	268,436	25,452			.0	293,888
26. Missouri	MO	1,719,581	121,306	7,892		.0	1,848,779
27. Montana	MT	6,126	618			.0	6,744
28. Nebraska	NE	451,304	25,251			.0	476,555
29. Nevada	NV	177,103	20,265			.0	197,368
30. New Hampshire	NH	188,730	24,466			.0	213,196
31. New Jersey	NJ	92,006	14,359			.0	106,365
32. New Mexico	NM	139,772	6,459			.0	146,231
33. New York	NY	43,794	8,733			.0	52,527
34. North Carolina	NC	799,051	42,259			.0	841,310
35. North Dakota	ND	111,434	.0			.0	111,434
36. Ohio	OH	1,838,214	90,940			.0	1,929,154
37. Oklahoma	OK	439,732	29,676			.0	469,408
38. Oregon	OR	149,946	11,867			.0	161,813
39. Pennsylvania	PA	1,375,303	15,261	7,764		.0	1,398,328
40. Rhode Island	RI	53,657	5,372			.0	59,029
41. South Carolina	SC	577,108	53,558			.0	630,666
42. South Dakota	SD	265,131	6,180			.0	271,311
43. Tennessee	TN	1,512,360	34,573			.0	1,546,933
44. Texas	TX	3,103,055	218,973	18,388		.0	3,340,416
45. Utah	UT	131,771	.0			.0	131,771
46. Vermont	VT	59,051	.0			.0	59,051
47. Virginia	VA	1,278,650	52,626			.0	1,331,276
48. Washington	WA	311,578	1,916			.0	313,494
49. West Virginia	WV	304,786	27,617			.0	332,403
50. Wisconsin	WI	1,771,632	52,434	8,429		.0	1,832,495
51. Wyoming	WY	72,493	.0			.0	72,493
52. American Samoa	AS	.0	.0			.0	.0
53. Guam	GU	.0	.0			.0	.0
54. Puerto Rico	PR	.0	.0			.0	.0
55. U.S. Virgin Islands	VI	.0	.0			.0	.0
56. Northern Mariana Islands	MP	.0	.0			.0	.0
57. Canada	CAN	.0	.0			.0	.0
58. Aggregate Other Alien	OT	42,549	6,681			.0	49,230
59. Total		38,314,983	2,444,566	82,332	0	0	40,841,881

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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
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)	*
		.0000	27-2624551				310 Canyon Medical, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	41-1913523				ACN Group IPA of New York, Inc.	NY	NIA	OptumHealth Care Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	27-0015861				ACN Group of California, Inc.	CA	IA	OptumHealth Care Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	38-3849068				AHJV MSO, Inc.	DE	NIA	AHJV, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	38-3849066				AHJV, Inc.	CA	NIA	NAMM Holdings, Inc.	Ownership	.75.000	UnitedHealth Group Incorporated	1
.0707	UnitedHealth Group Incorporated	.82406	35-1665915				All Savers Insurance Company	IN	IA	Golden Rule Financial Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
							All Savers Life Insurance Company of California	CA	IA	Golden Rule Financial Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.73130	35-1744596				AmeriChoice Corporation	DE	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	54-1743136				AmeriChoice Health Services, Inc.	DE	NIA	AmeriChoice Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	54-1743141				AmeriChoice of Connecticut, Inc.	CT	IA	AmeriChoice Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.13178	26-2481299				AmeriChoice of Georgia, Inc.	GA	IA	AmeriChoice Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.13168	26-2688274				AmeriChoice of New Jersey, Inc.	NJ	IA	AmeriChoice Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.95497	22-3368602											
		.0000	98-1108620				Amico Saúde Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.99.998	UnitedHealth Group Incorporated	2
		.0000					Amil Assistência Médica Internacional S.A.	BRA	NIA	Polar II Fundo de Investimento em Participações	Ownership	.90.230	UnitedHealth Group Incorporated	3
		.0000	98-1109085				Amil Clinical Research Participações Ltda.	BRA	NIA	Amil Lifesciences Participações Ltda.	Ownership	.99.950	UnitedHealth Group Incorporated	2
		.0000	98-1138212				AMIL Internacional S.á.r.l.	LUX	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1110579				Amil Lifesciences Participações Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.99.999	UnitedHealth Group Incorporated	2
		.0000					Angiografia e Hemodinâmica Madre Theodora Ltda.	BRA	NIA	Hospital Geral e Maternidade Madre Maria Theodora Ltda.	Ownership	.50.000	UnitedHealth Group Incorporated	4
		.0000	86-0813232				Arizona Physicians IPA, Inc.	AZ	IA	UnitedHealthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	90-0369702				ASI Global, LLC	TX	NIA	FrontierMEDEX, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	47-0990056				Audax Health Solutions, LLC	DE	NIA	Rally Health, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	80-0368187				Aveta Arizona, Inc.	AZ	NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	90-0632302				Aveta Health Solutions Inc.	DE	NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	20-4057813				Aveta Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	27-2823524				Aveta Kansas City, Inc.	KS	NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	36-4704309				Aveta Tennessee, Inc.	DE	NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	84-1544013				bConnected Software, Inc.	DE	NIA	Connexions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	88-0267857				Behavioral Healthcare Options, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1112673				Bosque Medical Center S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.94.920	UnitedHealth Group Incorporated	
		.0000	98-1112673				Bosque Medical Center S.A.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	.5.080	UnitedHealth Group Incorporated	
		.0000					Cardio Management, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	20-8375685				Care Improvement Plus Group Management, LLC	MD	NIA	XLHealth Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.12313	20-2412936				Care Improvement Plus of Maryland, Inc.	MD	IA	XLHealth Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.12558	45-4976934				Care Improvement Plus of Texas Insurance Company	TX	IA	XLHealth Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.0000	27-3536376				Care Improvement Plus Practitioners, LLC	MD	NIA	XLHealth Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.12567	20-3888112				Care Improvement Plus South Central Insurance Company	AR	IA	XLHealth Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.14041	27-5038136				Care Improvement Plus Wisconsin Insurance Company	WI	IA	XLHealth Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	20-5807941				Catalyst360, LLC	DE	NIA	Optum Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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
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)	*
		.00000	98-1111491				Cemed Care Empresa de Atendimento Clínico Geral Ltda.	.BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.99.990	UnitedHealth Group Incorporated	2
		.00000					ChinaGate (Hong Kong) Limited	.HKG	NIA	Optum, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1094627				ChinaGate Company Limited	.CHN	NIA	ChinaGate (Hong Kong) Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	56-2674371				Coachella Valley Physicians of PrimeCare, Inc.	.CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	27-2337616				Collaborative Care Holdings, LLC	.DE	NIA	OptumHealth Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	27-2337487				Collaborative Care Services, Inc.	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	27-3470466				Collaborative Care Solutions, LLC	.DE	NIA	Collaborative Care Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	45-2614005				Collaborative Realty, LLC	.NY	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	11-3647007				Comfort Care Transportation, LLC	.TX	NIA	WellMed Medical Management, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	61-1351358				Commonwealth Administrators, LLC	.KY	NIA	UMR, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-1825933				Connexions HCI, LLC	.FL	NIA	Connexions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	59-3684411				Connexions, Inc.	.FL	NIA	OptumHealth Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	52-1811176				DBP Services of New York IPA, Inc.	.NY	NIA	Dental Benefit Providers, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	52-1452809				Dental Benefit Providers of California, Inc.	.CA	IA	Dental Benefit Providers, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	52053	36-4008355				Dental Benefit Providers of Illinois, Inc.	.IL	IA	Dental Benefit Providers, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	41-2014834				Dental Benefit Providers, Inc.	.DE	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1203407				Dental Center Serviços Odontológicos Ltda.	.BRA	NIA	Seisa Serviços Integrados de Saúde Ltda.	Ownership	.65.280	UnitedHealth Group Incorporated	
		.00000	98-1203407				Dental Center Serviços Odontológicos Ltda.	.BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.34.720	UnitedHealth Group Incorporated	
		.00000	30-0238641				Distance Learning Network, Inc.	.DE	NIA	OptumHealth Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	80-0947972				DPCA, Inc.	.DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Duncan Printing Services, LLC	.SC	NIA	UnitedHealthcare Insurance Company	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	84-1162764				Electronic Network Systems, Inc.	.DE	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1103713				ELG FZE	.ARE	NIA	FrontierMEDEX Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1111172				Esho – Empresa de Serviços Hospitalares S.A.	.BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.98.890	UnitedHealth Group Incorporated	5
		.00000					Etho – Empresa de Tecnologia Hospitalar Ltda.	.BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.50.010	UnitedHealth Group Incorporated	5
		.00000	86-0964571				Evercare Collaborative Solutions, Inc.	.DE	NIA	Ovations, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	5
		.00000	98-1111239				Excellion Serviços Biomédicos S.A.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	.99.990	UnitedHealth Group Incorporated	5
		.00000	11-3669765				Executive Health Resources, Inc.	.PA	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Exploration for Mine Clearance LLC	.IRQ	NIA	FrontierMEDEX Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1113428				Exploration Logistics BC Ltd.	.CAN	NIA	FrontierMEDEX Canada Limited	Ownership	.100.000	UnitedHealth Group Incorporated	6
		.00000	88-0223385				Family Health Care Services	.NV	NIA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	88-0257036				Family Home Hospice, Inc.	.NV	NIA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	35-2456267				FMG Holdings, LLC	.DE	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	86-0908902				FOR HEALTH OF ARIZONA, INC.	.AZ	NIA	For Health, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-0766617				For Health, Inc.	.DE	NIA	Inspiris, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1101521				Frontier MEDEX Limited	.IRQ	NIA	FrontierMEDEX Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Frontier Medex Tanzania Limited	.TZA	NIA	FrontierMEDEX Limited	Ownership	.99.000	UnitedHealth Group Incorporated	2
		.00000	68-0679514				FrontierMEDEX (RMS), Inc.	.DE	NIA	FMG Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1103497				FrontierMEDEX Canada Holdings Ltd.	.CAN	NIA	UnitedHealthcare International I B.V.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1104429				FrontierMEDEX Canada Limited	.CAN	NIA	FrontierMEDEX Canada Holdings Ltd.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	45-5339512				FrontierMEDEX Government Services, LLC	.DE	NIA	FMG Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1147103				FrontierMedex Kenya Limited	.KEN	NIA	FrontierMEDEX Limited	Ownership	.99.900	UnitedHealth Group Incorporated	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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
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)	*
		.0000	98-1147103				FrontierMedex Kenya Limited	.KEN	NIA	UnitedHealthcare International I B.V.	Ownership	.0.100	UnitedHealth Group Incorporated	
		.0000					FrontierMEDEX Limited	.GBR	NIA	UnitedHealthcare International I B.V.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	33-1219808				FrontierMEDEX US, Inc.	.DE	NIA	FMG Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	52-2230470				FrontierMEDEX, Inc.	.MN	NIA	FrontierMEDEX US, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.0000	37-0855360				Golden Rule Financial Corporation	.DE	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
		.62286	37-6028756		3057283		Golden Rule Insurance Company	.IN	.IA	Golden Rule Financial Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-0213198				H&W Indemnity (SPC), Ltd.	.CYM	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.43893	13-3584296				Health Net Insurance of New York, Inc.	.NY	.IA	Oxford Health Plans LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-0153069				Health Net Services (Bermuda) Ltd.	.BMU	NIA	Oxford Health Plans LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.96342	88-0201035				Health Plan of Nevada, Inc.	.NV	.IA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1098167				Health Technology Analysts Pty Limited	.AUS	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	95-4763349				HealthAllies, Inc.	.DE	NIA	OptumHealth Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	20-8910978				Hospice Inspiris Holdings, Inc.	.TN	NIA	Inspiris, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1111920				Hospital Alvorada de Taguatinga Ltda.	.BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.99.990	UnitedHealth Group Incorporated	2
		.0000	98-1202916				Hospital AMA S.A.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	.50.480	UnitedHealth Group Incorporated	
		.0000	98-1202916				Hospital AMA S.A.	.BRA	NIA	Seisa Serviços Integrados de Saúde Ltda.	Ownership	.49.520	UnitedHealth Group Incorporated	
		.0000	98-1203135				Hospital Carlos Chagas S.A.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000					Hospital e Maternidade Saint-Vivant Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000					Hospital e Maternidade Saint-Vivant Ltda.	.BRA	NIA	Cemed Care Empresa de Atendimento Clínico Geral Ltda.	Ownership	.0.000	UnitedHealth Group Incorporated	
		.0000	98-1209342				Hospital Geral e Maternidade Madre Maria Theodora Ltda.	.BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1209342				Hospital Geral e Maternidade Madre Maria Theodora Ltda.	.BRA	NIA	Cemed Care Empresa de Atendimento Clínico Geral Ltda.	Ownership	.0.000	UnitedHealth Group Incorporated	
		.0000					HPP – Medicina Molecular, S.A.	.PRT	NIA	Unipessoal, Lda.	Ownership	.59.999	UnitedHealth Group Incorporated	
		.0000					HPP – Medicina Molecular, S.A.	.PRT	NIA	Lusíadas, S.A.	Ownership	.40.001	UnitedHealth Group Incorporated	
		.0000	98-1139169				HPP Visou, S.A.	.PRT	NIA	Lusíadas, SGPS, S.A.	Ownership	.65.000	UnitedHealth Group Incorporated	7
		.0000	26-2912304				Humedica, Inc.	.DE	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	36-4331825				Hygeia Corporation	.DE	NIA	UnitedHealth International, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1099968				Hygeia Corporation (Ontario)	.CAN	NIA	UnitedHealth Group International L.P.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000					Imed Star – Serviços de Desempenho Organizacional Ltda.	.BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.99.920	UnitedHealth Group Incorporated	
		.0000					Imed Star – Serviços de Desempenho Organizacional Ltda.	.BRA	NIA	Amico Saúde Ltda.	Ownership	.0.080	UnitedHealth Group Incorporated	
		.0000	62-1641102				Ingram & Associates, LLC	.TN	NIA	Optum360, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	13-4138668				INSPIRIS of New York IPA, Inc.	.NY	NIA	Inspiris, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	13-4138665				INSPIRIS of New York Management, Inc.	.NY	NIA	Inspiris, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	20-5355196				Inspiris of Tennessee, Inc.	.TN	NIA	Inspiris, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	26-2885572				INSPIRIS of Texas Physician Group	.TX	NIA	Inspiris Services Company	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	26-0683057				Inspiris Services Company	.TN	NIA	Inspiris, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	33-0766366				Inspiris, Inc.	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1097022				International Psychological Services Pty Limited	.AUS	NIA	Optum Health & Technology (Australia) Pty. Ltd.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	32-0409538				Lifeprint Accountable Care Organization, LLC	.DE	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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
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)	*
		.0000	45-3143218				Lifeprint East, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	27-2309024				LifePrint Health, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000					LMN – Laboratório de Medicina Nuclear, Unipessoal, Lda.	PRT	NIA	Lusíadas, S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	39-1974851				Logistics Health, Inc.	WI	NIA	OptumHealth Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1139095				Lusíadas A.C.E.	PRT	NIA	Lusíadas, SGPS, S.A.	Ownership	.67.000	UnitedHealth Group Incorporated	
		.0000	98-1139095				Lusíadas A.C.E.	PRT	NIA	Lusíadas, S.A.	Ownership	.10.000	UnitedHealth Group Incorporated	
		.0000	98-1139095				Lusíadas A.C.E.	PRT	NIA	Lusíadas-Parcerias Cascais, S.A.	Ownership	.10.000	UnitedHealth Group Incorporated	
		.0000	98-1139095				Lusíadas A.C.E.	PRT	NIA	HPP – Medicina Molecular, S.A.	Ownership	.5.000	UnitedHealth Group Incorporated	
		.0000	98-1139095				Lusíadas A.C.E.	PRT	NIA	LMN – Laboratório de Medicina Nuclear, Unipessoal, Lda.	Ownership	.5.000	UnitedHealth Group Incorporated	
		.0000	98-1139095				Lusíadas A.C.E.	PRT	NIA	HPP Viseu, S.A.	Ownership	.3.000	UnitedHealth Group Incorporated	
		.0000	98-1139089				Lusíadas, S.A.	PRT	NIA	Lusíadas, SGPS, S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1138570				Lusíadas, SGPS, S.A.	PRT	NIA	Amil International S.á.r.l.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1137620				Lusíadas-Parcerias Cascais, S.A.	PRT	NIA	Lusíadas, SGPS, S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	52-2129787				MAISI Insurance Resources, LLC	MD	NIA	OneNet PPO, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.60321	52-1803283				MAISI Life and Health Insurance Company	MD	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	14-1782475				Managed Physical Network, Inc.	NY	NIA	OptumHealth Care Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	42-1741594				MD Ops, Inc.	CA	NIA	North American Medical Management California, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.96310	52-1169135				MD-Individual Practice Association, Inc.	MD	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	52-2178531				MEDEX Insurance Services, Inc.	MD	NIA	FrontierMEDEX, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.12756	20-3391186				Medica Health Plans of Florida, Inc.	FL	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.12155	01-0788576				Medica HealthCare Plans, Inc.	FL	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	26-4808018				Medical Preparatory School of Allied Health, LLC	TX	NIA	WellMed Medical Management, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	32-0037402				Medical Transportation Services, LLC	FL	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000					MedSynergies North Texas, Inc.	TX	NIA	MedSynergies, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	75-2515691				MedSynergies, Inc.	DE	NIA	Mustang Razorback Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	27-2252446				MHC Real Estate Holdings, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.79480	35-1279304				Midwest Security Life Insurance Company	WI	RE	UnitedHealthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	46-2881462				Minnesota Waypoint Physical Therapy, Inc.	DE	NIA	Orthology, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	46-3949765				MN Waypoint Sports Physical Therapy, Inc.	DE	NIA	Orthology, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	27-1799346				Monarch Financial Services, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	45-3142852				Monarch Management Services, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	47-1935798				Mustang Razorback Holdings, Inc.	DE	NIA	Optuminsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	20-3236839				NAMM Holdings, Inc.	DE	NIA	Aveta Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.95251	76-0196559				National Pacific Dental, Inc.	TX	IA	Dental Benefit Providers, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.95123	65-0996107				Neighborhood Health Partnership, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	20-4755277				Netwerkes, LLC	TN	NIA	Payment Resolution Services, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	46-3584152				Nevada Medical Services LLC	NV	NIA	Collaborative Care Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.95758	88-0228572				Nevada Pacific Dental	NV	IA	Dental Benefit Providers, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	36-3984647				North American Medical Management – Illinois, Inc.	IL	NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000					North American Medical Management California, Inc.	TN	NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	33-0673955				Northern Nevada Health Network, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	88-0245121				OneNet PPO, LLC	MD	NIA	UnitedHealthcare Insurance Company	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.96940	52-1518174				Optimum Choice, Inc.	MD	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1104898				Optum (Spain), S.A.U.	ESP	NIA	Optum Clinical Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	47-0858534	3202702			Optum Bank, Inc.	UT	NIA	OptumHealth Financial Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.00000	36-3437660				Optum Biometrics, Inc.	IL	NIA	OptumHealth Care Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	45-3142512				Optum Clinical Services, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	36-4375169	3886791			Optum Clinical Solutions, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1094849				Optum Clinical Solutions, Ltd.	GBR	NIA	Optum Clinical Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Optum Global Solutions International B.V.	NLD	NIA	Optum Technology, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	04-3574101				Optum Government Solutions, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Optum Health & Technology (Australia) Pty Ltd	AUS	NIA	Optum Health & Technology (UK) Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1095799				Optum Health & Technology (India) Private Limited	IND	NIA	OptumHealth International B.V.	Ownership	.99.996	UnitedHealth Group Incorporated	
		.00000	98-1095799				Optum Health & Technology (India) Private Limited	IND	NIA	United Behavioral Health	Ownership	.0.004	UnitedHealth Group Incorporated	
		.00000					Optum Health & Technology (Singapore) Pte. Ltd.	SGP	NIA	OptumHealth International B.V.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1095879				Optum Health & Technology (UK) Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-2149493				Optum Health & Technology (US), LLC	MO	NIA	United Behavioral Health	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	43-1747235				Optum Health & Technology Holdings (US), LLC	MO	NIA	Optum, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1184561				Optum Health & Technology Serviços Do Brasil Ltda.	BRA	NIA	OptumHealth International B.V.	Ownership	.99.000	UnitedHealth Group Incorporated	
		.00000	98-1184561				Optum Health & Technology Serviços Do Brasil Ltda.	BRA	NIA	OptumInsight, Inc.	Ownership	.1.000	UnitedHealth Group Incorporated	
		.00000	98-1097921				Optum Health Services (Canada) Ltd.	CAN	NIA	Optum Health & Technology Holdings (US), LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1147355				Optum Health Solutions (UK) Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-4734521				Optum Labs Dimensions, Inc.	DE	NIA	Optum Labs, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-1615964				Optum Labs, Inc.	DE	NIA	Optum, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1209730				Optum Life Sciences (Canada) Inc.	CAN	NIA	OptumInsight Life Sciences, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1098190				Optum Management Consulting (Shanghai) Co., Ltd.	CHN	NIA	Optum Health & Technology Holdings (US), LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	90-1001805				Optum Nevada Accountable Care Organization LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-8911466				Optum Palliative and Hospice Care of Pennsylvania, Inc.	TN	NIA	Hospice Inspiris Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-8911303				Optum Palliative and Hospice Care of Texas, Inc.	TN	NIA	Hospice Inspiris Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	30-0226127				Optum Palliative and Hospice Care, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-4581265				Optum Public Sector Solutions, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-3328009				Optum Rocket, Inc.	DE	NIA	Optum Clinical Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	45-4683454				Optum Services, Inc.	DE	NIA	Optum, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-0644599				Optum Solutions UK Holdings Limited	GBR	NIA	Optum, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-5713629				Optum Technology, Inc.	DE	NIA	Optum, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	6
		.00000	98-1097769				Optum UK Solutions Group Limited	GBR	NIA	Optum Solutions UK Holdings Limited	Ownership	.100.000	UnitedHealth Group Incorporated	6
		.00000	30-0580620	3119994			Optum, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-3983926				Optum360 Services, Inc.	DE	NIA	Optum Rocket, Inc.	Ownership	.75.000	UnitedHealth Group Incorporated	6
		.00000	46-3328307				Optum360, LLC	DE	NIA	Optum Rocket, Inc.	Ownership	.75.000	UnitedHealth Group Incorporated	6
		.00000	41-1591944				OptumHealth Care Solutions, Inc.	MIN	NIA	OptumHealth Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	47-0858530				OptumHealth Financial Services, Inc.	DE	NIA	OptumHealth Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	47-1192395				OptumHealth Holdings, LLC	DE	NIA	Optum, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1106868				OptumHealth International B.V.	NLD	NIA	Optum, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					OptumInsight Holdings, LLC	DE	NIA	Optum, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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
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)	*
		.00000	04-3383745				OptumInsight Life Sciences, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	41-1858498				OptumInsight, Inc.	DE	NIA	OptumInsight Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					OptumRx Holdings, LLC	DE	NIA	Optum, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-0151096				OptumRx NY IPA, Inc.	NY	NIA	OptumRx, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-0441200				OptumRx, Inc.	CA	NIA	OptumRx Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					OrthoNet Holdings, Inc.	DE	NIA	OptumHealth Care Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					OrthoNet LLC	NY	NIA	OrthoNet Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					OrthoNet New York IPA, Inc.	NY	NIA	OrthoNet Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					OrthoNet of the Mid-Atlantic, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					OrthoNet of the South, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					OrthoNet Services, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					OrthoNet West, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	41-1921007				Ovations, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	06-1587795				Oxford Benefit Management, Inc.	CT	NIA	Oxford Health Plans LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.78026	22-2797560				Oxford Health Insurance, Inc.	NY	IA	UnitedHealthcare Insurance Company	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.96798	06-1181201				Oxford Health Plans (CT), Inc.	CT	IA	Oxford Health Plans LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.95506	22-2745725				Oxford Health Plans (NJ), Inc.	NJ	IA	Oxford Health Plans LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.95479	06-1181200				Oxford Health Plans (NY), Inc.	NY	IA	Oxford Health Plans LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	52-2443751				Oxford Health Plans LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.70785	35-1137395				PacificCare Life and Health Insurance Company	IN	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.84506	95-2829463				PacificCare Life Assurance Company	CO	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.95617	94-3267522				PacificCare of Arizona, Inc.	AZ	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.95434	84-1011378				PacificCare of Colorado, Inc.	CO	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.95685	86-0875231				PacificCare of Nevada, Inc.	NV	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	62-1451147				Payment Resolution Services, LLC	TN	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	75-3265056				PCCCV, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	35-2288416				PHC Subsidiary Holdings, LLC	TX	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					PHYS Holding Corp.	DE	NIA	MedSynergies, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					PhyServe Holdings, Inc.	DE	NIA	MedSynergies, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	80-0654665				Physician Care Partners, Inc.	IL	NIA	North American Medical Management - Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.11494	04-367255				Physicians Health Choice of Texas, LLC	TX	IA	PHC Subsidiary Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	52-1162824				Physicians Health Plan of Maryland, Inc.	MD	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Plus One Health Management Puerto Rico, Inc.	PR	NIA	Plus One Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	13-3613705				Plus One Holdings, Inc.	DE	NIA	OptumHealth Care Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1083164				Polar II Fundo de Investimento em Participações	BRA	NIA	UnitedHealthcare International IV S.á.r.l.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	75-2741619				ppoONE, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	65-0683927				Preferred Care Partners Holding, Corp.	FL	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	26-1845018				Preferred Care Partners Medical Group, Inc.	FL	NIA	Preferred Care Partners Holding, Corp.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.11176	65-0885893				Preferred Care Partners, Inc.	FL	IA	Preferred Care Partners Holding, Corp.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	75-3265059				Premier Choice ACO, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	88-0253112				Prime Health, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-0607478				PrimeCare Medical Network, Inc.	CA	IA	NAMI Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	87-0757397				PrimeCare of Citrus Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.80.000	UnitedHealth Group Incorporated	1
		.00000	33-0674407				PrimeCare of Corona, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-0674401				PrimeCare of Hemet Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-0674408				PrimeCare of Inland Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.00000	33-0674402				PrimeCare of Moreno Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-0674400				PrimeCare of Redlands, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-0674404				PrimeCare of Riverside, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	14-1915328				PrimeCare of San Bernardino, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-0698439				PrimeCare of Sun City, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-0674409				PrimeCare of Temecula, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	32-0229091				ProHealth Fitness of Lake Success, LLC	NY	NIA	ProHealth Medical Management, LLC	Ownership	.82.620	UnitedHealth Group Incorporated	6
		.00000	47-1049961				ProHealth Medical Management, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	.80.000	UnitedHealth Group Incorporated	1
		.00000	98-1112304				Promarket Propaganda e Marketing Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.99.790	UnitedHealth Group Incorporated	
		.00000	98-1112304				Promarket Propaganda e Marketing Ltda.	BRA	NIA	Amico Saúde Ltda.	Ownership	.0.210	UnitedHealth Group Incorporated	
		.00000	98-1103015				QSSI Technologies India Private Limited	IND	NIA	Quality Software Services, Inc.	Ownership	.99.900	UnitedHealth Group Incorporated	6
		.00000	52-2016292				Quality Software Services, Inc.	MD	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	26-3168754				R&H Family Fitness Unlimited LLC	TX	NIA	WellMed Medical Management, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	35-2493256				Rally Health, Inc.	DE	NIA	Optum Services, Inc.	Ownership	.74.000	UnitedHealth Group Incorporated	6
		.00000					ScriptSwitch Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1202716				Seisa Serviços Integrados de Saúde Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.99.990	UnitedHealth Group Incorporated	
		.00000	98-1202716				Seisa Serviços Integrados de Saúde Ltda.	BRA	NIA	Dental Center Serviços Odontológicos Ltda.	Ownership	.0.010	UnitedHealth Group Incorporated	
		.00000	20-4763091				Senior Care Partners, Inc.	IL	NIA	North American Medical Management - Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.71420	94-0734860				Sierra Health and Life Insurance Company, Inc.	NV	IA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	88-0200415				Sierra Health Services, Inc.	NV	NIA	UnitedHealthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	88-0254322				Sierra Health-Care Options, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	88-0385705				Sierra Home Medical Products, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	88-0264562				Sierra Nevada Administrators, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	88-0201420				Southwest Medical Associates, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	38-2609888				Southwest Michigan Health Network Inc.	MI	NIA	UnitedHealthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	41-1921983				Specialty Benefits, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	71-0886811				Spectera of New York, IPA, Inc.	NY	NIA	Spectera, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	52-1260282				Spectera, Inc.	MD	NIA	Specialty Benefits, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Spotlite, Inc.	DE	NIA	Rally Health, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	56-1970224				The Lewin Group, Inc.	NC	NIA	Optum Public Sector Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	25-1825549				Three Rivers Holdings, Inc.	DE	NIA	AmeriChoice Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	52-1431155				Travel Express Incorporated	MD	NIA	FrontierMEDEX, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	94-3077084				U.S. Behavioral Health Plan, California	CA	IA	United Behavioral Health	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	41-1913059				UHC International Services, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	95-2931460				UHC of California	CA	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					UHG Brasil Participações S.A.	BRA	NIA	Polar II Fundo de Investimento em Participações	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	41-1921008				UHC Holdings, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	14-1892398				Ultima Rx, LLC	FL	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	39-1995276				UMR, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.91529	52-1996029				Unimerica Insurance Company	WI	IA	OptumHealth Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.11596	01-0637149				Unimerica Life Insurance Company of New York	NY	IA	UnitedHealthcare Insurance Company	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	25-1877716				Unison Administrative Services, LLC	PA	NIA	Three Rivers Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-5917714				Unison Health Plan of Delaware, Inc.	DE	IA	Three Rivers Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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...0707	UnitedHealth Group Incorporated	...13032 ...00000	26-0651931 94-2649097				Unison Health Plan of the Capital Area, Inc.	...DC	...IA	Three Rivers Holdings, Inc.	Ownership	...100.000	UnitedHealth Group Incorporated	
							United Behavioral Health	...CA	...NIA	OptumHealth Holdings, LLC	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	41-1868911				United Behavioral Health of New York, I.P.A., Inc.	...NY	...NIA	United Behavioral Health	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	41-1941615				United Health Foundation	...MN	...NIA	UnitedHealth Group Incorporated	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	41-1289245	3410132			United HealthCare Services, Inc.	...MN	...UIP	UnitedHealth Group Incorporated	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	30-0318238				United Resource Networks IPA of New York, Inc.	...NY	...NIA	OptumHealth Care Solutions, Inc.	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	01-0538317				UnitedHealth Advisors, LLC	...ME	...NIA	United HealthCare Services, Inc.	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	98-1097761				UnitedHealth Group Global Healthcare Services Limited	...IRL	...NIA	Optum Global Solutions International B.V.	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	98-1097776				UnitedHealth Group Global Services, Inc.	...PHL	...NIA	Optum Global Solutions International B.V.	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	41-1321939		0000731766	New York Stock Exchange	UnitedHealth Group Incorporated	...MN	...UIP					
		...00000	98-1093259				UnitedHealth Group Information Services Private Limited	...JND	...NIA	Optum Global Solutions International B.V.	Ownership	...99.370	UnitedHealth Group Incorporated	
		...00000	98-1093259				UnitedHealth Group Information Services Private Limited	...JND	...NIA	UnitedHealth International, Inc.	Ownership	...0.630	UnitedHealth Group Incorporated	
		...00000	98-1079826				UnitedHealth Group International GP	...CYM	...NIA	UnitedHealth Group Incorporated	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	98-1080118				UnitedHealth Group International L.P.	...CYM	...NIA	UnitedHealth Group Incorporated	Ownership	...84.868	UnitedHealth Group Incorporated	...7
		...00000	98-1080118				UnitedHealth Group International L.P.	...CYM	...NIA	FMG Holdings, LLC	Ownership	...14.929	UnitedHealth Group Incorporated	...7
		...00000	98-1080118				UnitedHealth Group International L.P.	...CYM	...NIA	Hygeia Corporation	Ownership	...0.203	UnitedHealth Group Incorporated	...7
		...00000	46-3311984				UnitedHealth Group Ventures, LLC	...DE	...NIA	UnitedHealth Group Incorporated	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	41-1917398				UnitedHealth International, Inc.	...DE	...NIA	UnitedHealth Group Incorporated	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	26-2574977				UnitedHealth Military & Veterans Services, LLC	...DE	...NIA	United HealthCare Services, Inc.	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	98-0559902				UnitedHealth UK Limited	...GBR	...NIA	Optum UK Solutions Group Limited	Ownership	...100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	...95174	33-0115163				UnitedHealthcare Benefits of Texas, Inc.	...TX	...IA	United HealthCare Services, Inc.	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	46-4348775				UnitedHealthcare Community Plan of California, Inc.	...CA	...NIA	AmeriChoice Corporation	Ownership	...100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	...12323	56-2451429				UnitedHealthcare Community Plan of Ohio, Inc.	...OH	...IA	Three Rivers Holdings, Inc.	Ownership	...100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	...11141	91-2008361				UnitedHealthcare Community Plan of Texas, L.L.C.	...TX	...IA	Ovations, Inc.	Ownership	...100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	...95467	38-3204052				UnitedHealthcare Community Plan, Inc.	...MI	...IA	AmeriChoice Corporation	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000					UnitedHealthcare Consulting & Assistance Service (Beijing) Co., Ltd.	...CHN	...NIA	UnitedHealthcare International I B.V.	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	98-1199879				UnitedHealthcare Europe S.á.r.l.	...LUX	...NIA	UnitedHealthcare International IV S.á.r.l.	Ownership	...100.000	UnitedHealth Group Incorporated	
		...00000	98-1099116				UnitedHealthcare India Private Limited	...JND	...NIA	UnitedHealthcare International II B.V.	Ownership	...99.994	UnitedHealth Group Incorporated	
		...00000	98-1099116				UnitedHealthcare India Private Limited	...JND	...NIA	UnitedHealth International, Inc.	Ownership	...0.007	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	...79413	36-2739571				UnitedHealthcare Insurance Company	...CT	...IA	UHC Holdings, Inc.	Ownership	...100.000	UnitedHealth Group Incorporated	
		...60318	36-3800349				UnitedHealthcare Insurance Company of Illinois	...IL	...IA	UnitedHealthcare Insurance Company	Ownership	...100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	...60093	11-3283886				UnitedHealthcare Insurance Company of New York	...NY	...IA	UnitedHealthcare Insurance Company	Ownership	...100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	...12231	20-1902768				UnitedHealthcare Insurance Company of the River Valley	...IL	...IA	UnitedHealthcare Services Company of the River Valley, Inc.	Ownership	...100.000	UnitedHealth Group Incorporated	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		00000	86-0618309				UnitedHealthcare Integrated Services, Inc.	AZ	IA	Ovations, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	41-1988797				UnitedHealthcare International Asia, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1100512				UnitedHealthcare International I B.V.	NLD	NIA	UnitedHealth Group International L.P.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1079595				UnitedHealthcare International I S.á.r.l.	LUX	NIA	UnitedHealth Group International L.P.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1100980				UnitedHealthcare International II B.V.	NLD	NIA	UnitedHealthcare International I B.V.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1100980				UnitedHealthcare International II S.á.r.l.	LUX	NIA	UnitedHealthcare International I S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1079459				UnitedHealthcare International III S.á.r.l.	LUX	NIA	UnitedHealthcare International II S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1077436				UnitedHealthcare International IV S.á.r.l.	LUX	NIA	UnitedHealthcare International II S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1080926				UnitedHealthcare Life Insurance Company	WI	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	97179	86-0207231				UnitedHealthcare of Alabama, Inc.	AL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95784	63-0899562				UnitedHealthcare of Arizona, Inc.	AZ	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	96016	86-0507074				UnitedHealthcare of Arkansas, Inc.	AR	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95446	63-1036819				UnitedHealthcare of Colorado, Inc.	CO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95090	84-1004639				UnitedHealthcare of Florida, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95264	59-1293865				UnitedHealthcare of Georgia, Inc.	GA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	8
.0707	UnitedHealth Group Incorporated	95850	58-1653544				UnitedHealthcare of Illinois, Inc.	IL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	8
.0707	UnitedHealth Group Incorporated	95776	36-3280214				UnitedHealthcare of Kentucky, Ltd.	KY	IA	UnitedHealthCare Services, Inc.	Ownership	94.180	UnitedHealth Group Incorporated	9
.0707	UnitedHealth Group Incorporated	96644	62-1240316				UnitedHealthcare of Kentucky, Ltd.	KY	IA	UnitedHealthcare, Inc.	Ownership	5.820	UnitedHealth Group Incorporated	9
.0707	UnitedHealth Group Incorporated	96644	62-1240316				UnitedHealthcare of Louisiana, Inc.	LA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95833	72-1074008				UnitedHealthcare of Mississippi, Inc.	MS	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95716	63-1036817				UnitedHealthcare of New England, Inc.	RI	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95149	05-0413469				UnitedHealthcare of New Mexico, Inc.	NM	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	13214	26-2697886				UnitedHealthcare of New York, Inc.	NY	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95085	06-1172891				UnitedHealthcare of North Carolina, Inc.	NC	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95103	56-1461010				UnitedHealthcare of Ohio, Inc.	OH	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95186	31-1142815				UnitedHealthcare of Oklahoma, Inc.	OK	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	96903	33-0115166				UnitedHealthcare of Oregon, Inc.	OR	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95893	93-0938819				UnitedHealthcare of Pennsylvania, Inc.	PA	IA	Three Rivers Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95220	25-1756858				UnitedHealthcare of Texas, Inc.	TX	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95765	95-3939697				UnitedHealthcare of the Mid-Atlantic, Inc.	MD	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95025	52-1130183				UnitedHealthcare of the Midlands, Inc.	NE	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95591	47-0676824				UnitedHealthcare of the Midwest, Inc.	MO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	96385	43-1361841				UnitedHealthcare of Utah, Inc.	UT	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95501	41-1488563				UnitedHealthcare of Washington, Inc.	WA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	48038	91-1312551				UnitedHealthcare of Wisconsin, Inc.	WI	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95710	39-1555888				UnitedHealthcare Plan of the River Valley, Inc.	IL	IA	River Valley, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95378	36-3379945				UnitedHealthcare Service LLC	DE	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	47-0854646				UnitedHealthcare Services Company of the River Valley, Inc.	DE	NIA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	36-3355110				UnitedHealthcare Specialty Benefits, LLC	ME	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	01-0518346				UnitedHealthcare, Inc.	DE	UDP	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	41-1922511				UnitedHealthOne Agency, Inc.	IN	NIA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	37-0920164				Valley Physicians Network, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	87-0757396				WellMed Medical Management of Florida, Inc.	FL	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	74-2797745											

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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
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)	*
		00000	74-2786364				WellMed Medical Management, Inc.	TX	NIA	Collaborative Care Holdings, LLC	Ownership	.80.000	UnitedHealth Group Incorporated	.1
		00000	45-0636596				WESTMED Practice Partners LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	.86.150	UnitedHealth Group Incorporated	.1
		00000	52-2102846				XLHealth Corporation	MD	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		00000	98-1107695				XLHealth Corporation India Private Limited	JND	NIA	XLHealth Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		00000	11-3764012				Your Health Options Insurance Services, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		00000	27-0172594				Your Partner in Health Services, Inc.	IL	NIA	North American Medical Management - Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	

Asterisk	Explanation
1	The remaining percentage is owned by a non-affiliated company.
2	The remaining percentage is owned by an officer of the company.
3	The remaining percentage is owned by the former majority shareholders of the company.
4	The remaining 50% is owned by 28 individual partners.
5	The remaining 1.070% owned by external shareholders and 0.042571% owned by Treasury Shares.
6	The remaining percentage is owned by an external shareholder(s).
7	The remaining 35% is owned jointly and equally by five (5) non-affiliated companies.
8	The limited partners of UnitedHealth Group International, L.P. include FMG Holdings, LLC (14.9292%), Hygeia Corporation (DE) (0.2028%) and UnitedHealth Group Incorporated (84.8680%). UnitedHealth Group International GP is the general partner of UnitedHealth Group International, L.P.
9	The general partnership interest of 89.77% is held by United HealthCare Services, Inc. (UHS) and 10.23% is held by UnitedHealthcare, Inc. (UHC). UHS also holds 100% of the limited partnership interests. When combining general and limited partner interests, UHS owns 94.18% and UHC owns 5.83%.

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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)
	41-1913523	ACN Group IPA of New York, Inc.					3,046,712				3,046,712	
	27-0015861	ACN Group of California, Inc.	(1,100,000)				5,656,865				4,556,865	
82406	35-1665915	All Savers Insurance Company		10,000,000			(11,577,455)				(1,577,455)	
73130	35-1744596	All Savers Life Insurance Company of California	(3,000,000)				(26,471)				(3,026,471)	
13178	26-2481299	AmeriChoice of Connecticut, Inc.					109,095				109,095	
13168	26-2688274	AmeriChoice of Georgia, Inc.					777				777	
95497	22-3368602	AmeriChoice of New Jersey, Inc.	(54,000,000)				(226,155,178)				(280,155,178)	
	86-0813232	APIPA	(25,000,000)	14,000,000			(174,407,008)				(185,407,008)	
	88-0267857	Behavioral Healthcare Options, Inc.					14,846,871				14,846,871	
12313	20-2412936	Care Improvement Plus of Maryland, Inc.					(277,847)				(277,847)	
12558	45-4976934	Care Improvement Plus of Texas Insurance Company	(13,000,000)				(154,895,622)				(167,895,622)	
12567	20-3888112	Care Improvement Plus South Central Insurance Company	(81,000,000)				(418,029,381)				(499,029,381)	
14041	27-5038136	Care Improvement Plus Wisconsin Insurance Company		7,000,000			(6,369,580)				630,420	
11836	13-4247706	Citrus Health Care, Inc.					(28)				(28)	
	52-1452809	Dental Benefit Providers of California, Inc.	(10,000,000)				(3,111,848)				(13,111,848)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.					(406,842)				(406,842)	
	41-2014834	Dental Benefit Providers, Inc.					48,179,787				48,179,787	
	88-0223385	Family Health Care Services					27,449,654				27,449,654	
	88-0257036	Family Home Hospice, Inc.					784,353				784,353	
	37-0855360	Golden Rule Financial Corporation		(37,000,000)							(37,000,000)	
62286	37-6028756	Golden Rule Insurance Company	(75,000,000)				(236,503,904)				(311,503,904)	
	98-0213198	H&W Indemnity (SPC), Ltd.						(3,657,712)			(3,657,712)	10,387,148
43893	13-3584296	Health Net Insurance of New York, Inc.					211,770				211,770	
96342	88-0201035	Health Plan of Nevada	(96,000,000)				(720,938,485)	(606,317)			(817,544,802)	141,676
	13-4138668	INSPIRIS of New York IPA, Inc.					223,046,027				223,046,027	
	45-3143218	Lifepoint East, Inc.					49,703,140				49,703,140	
	27-2309024	Lifepoint Health, Inc.					859,027,615				859,027,615	
60321	52-1803283	MAMSI Life and Health Insurance Company					(5,913,248)	115,280			(5,797,968)	234,284
96310	52-1169135	MD-Individual Practice Association, Inc.	(20,000,000)				(47,220,003)	(138,022)			(67,358,025)	1,047,436
12756	20-3391186	Medica Health Plans of Florida, Inc.					(457,514)				(457,514)	
12155	01-0788576	Medica HealthCare Plans, Inc.		15,000,000			(30,950,131)				(15,950,131)	
79480	35-1279304	Midwest Security Life Insurance Company					225,326				225,326	
	45-3142852	Monarch Management Services, Inc.					126,616,324				126,616,324	
95251	76-0196559	National Pacific Dental, Inc.	(2,700,000)				(3,132,694)				(5,832,694)	
95123	65-0996107	Neighborhood Health Partnership, Inc.	(29,500,000)				(52,522,052)				(82,022,052)	
95758	88-0228572	Nevada Pacific Dental					(444,085)				(444,085)	
96940	52-1518174	Optimum Choice, Inc.	(12,500,000)				(32,317,956)	(372,308)			(45,190,264)	76,972
	41-1591944	OptumHealth Care Solutions, Inc.					123,427,287				123,427,287	

ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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)
	41-1858498	OptumInsight, Inc.					190,907,182				190,907,182	
	33-0441200	OptumRx, Inc.					884,641,597				884,641,597	
78026	22-2797560	Oxford Health Insurance, Inc.	(202,000,000)				(422,856,721)	(49,115,971)			(673,972,692)	9,656,346
96798	06-1181201	Oxford Health Plans (CT), Inc.	(36,500,000)				(64,883,494)	(992,513)			(102,376,007)	309,219
95506	22-2745725	Oxford Health Plans (NJ), Inc.	(33,000,000)				(133,253,368)	2,777,071			(163,476,297)	7,527,062
95479	06-1181200	Oxford Health Plans (NY), Inc.	(125,000,000)				(162,005,244)				(287,005,244)	
70785	35-1137395	PacifiCare Life and Health Insurance Company	(409,000,000)				(4,934,206)	142			(413,934,064)	12,011
84506	95-2829463	PacifiCare Life Assurance Company					263,246				263,246	
95617	94-3267522	PacifiCare of Arizona, Inc.	(9,000,000)				(333,307,961)	(988,491)			(343,296,452)	
95434	84-1011378	PacifiCare of Colorado, Inc.	(50,000,000)				(133,892,598)	(930,305)			(184,822,903)	
95685	86-0875231	PacifiCare of Nevada, Inc.		10,000,000			(12,132,102)	(1,306,136)			(3,438,238)	
11494	04-3677255	Physicians Health Choice of Texas, LLC					(26,065,691)	(1,842,646)			(27,908,337)	401,245
	26-1845018	Preferred Care Partners Medical Group, Inc.					4,281,840				4,281,840	
11176	65-0885893	Preferred Care Partners, Inc.					(69,986,758)				(69,986,758)	
	33-0607478	PrimeCare Medical Network, Inc.					211,417,552				211,417,552	
71420	94-0734860	Sierra Health and Life Insurance Company	(11,500,000)				(103,691,177)	147,033			(115,044,144)	(57,676)
	88-0385705	Sierra Home Medical Products, Inc.					32,264,999				32,264,999	
	88-0201420	Southwest Medical Associates, Inc.					573,892,416				573,892,416	
	52-1260282	Spectera, Inc.					8,766,569				8,766,569	
	94-3077084	U.S. Behavioral Health Plan, California	(60,000,000)				39,597,353				(20,402,647)	
91529	52-1996029	Unimerica Insurance Company	(67,500,000)				(62,195,100)	49,975,270			(79,719,830)	(64,861,019)
11596	01-0637149	Unimerica Life Insurance Company of New York					(1,271,816)				(1,271,816)	
	20-5917714	Unison Health Plan of Delaware, Inc.	(10,000,000)				(60,188,989)				(70,188,989)	(1,694,884)
13032	26-0651931	Unison Health Plan of the Capital Area, Inc.	(10,000,000)				215,930	(11,140)			(9,795,210)	669
	94-2649097	United Behavioral Health					756,068,656				756,068,656	
	41-1289245	United HealthCare Services, Inc.	3,281,300,000	(169,153,287)			7,756,947,361				10,869,094,074	
	41-1321939	UnitedHealth Group Incorporated	474,500,000				2,618,028,854				3,092,528,854	
95174	33-0115163	UnitedHealthcare Benefits of Texas, Inc.	(149,000,000)				(292,480,182)	(2,399,146)			(443,879,328)	3,818,058
12323	56-2451429	UnitedHealthcare Community Plan of Ohio, Inc.	(24,000,000)				(177,367,044)	4,971,327			(196,395,717)	10,223,032
11141	91-2008361	UnitedHealthcare Community Plan of Texas, L.L.C.	(15,000,000)				(204,440,677)	(3,928,201)			(223,368,878)	7,985,839
95467	38-3204052	UnitedHealthcare Community Plan, Inc.					(107,237,632)	41,795			(107,195,837)	963,337
79413	36-2739571	UnitedHealthcare Insurance Company	(1,268,000,000)	70,853,287			(5,608,979,780)	115,892,491			(6,690,234,002)	(375,419,303)
60318	36-3800349	UnitedHealthcare Insurance Company of Illinois					(96,152,024)	(732,025)			(96,884,049)	3,604,612
60093	11-3283886	UnitedHealthcare Insurance Company of New York	(210,000,000)				(277,245,622)	(87,905,688)			(575,151,310)	296,945,696
12231	20-1902768	UnitedHealthcare Insurance Company of the River Valley					(54,923,623)	(1,034,435)			(55,958,058)	58,550

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ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule 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)
	86-0618309	UnitedHealthcare Integrated Services, Inc.					(30,321,071)				(30,321,071)	
97179	86-0207231	UnitedHealthcare Life insurance Company		27,000,000			(8,352,374)	(142)			18,647,484	(12,011)
95784	63-0899562	UnitedHealthcare of Alabama, Inc.	(31,000,000)				(72,426,003)	(432,086)			(103,858,089)	
96016	86-0507074	UnitedHealthcare of Arizona, Inc.					(45,151,868)	(325,799)			(45,477,667)	
95446	63-1036819	UnitedHealthcare of Arkansas, Inc.	(1,800,000)				(1,413,313)	(9,250)			(3,222,563)	
	95-2931460	UnitedHealthcare of California, Inc.	(250,000,000)				(966,520,369)				(1,216,520,369)	
95090	84-1004639	UnitedHealthcare of Colorado, Inc.					(5,136,656)	(32,780)			(5,169,436)	
95264	59-1293865	UnitedHealthcare of Florida, Inc.		115,000,000			(248,218,875)	(2,341,837)			(135,560,712)	
95850	58-1653544	UnitedHealthcare of Georgia, Inc.	(2,400,000)				(20,275,019)	(124,047)			(22,799,066)	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.	(6,600,000)				(11,628,203)	(303,326)			(18,531,529)	7,371
96644	62-1240316	UnitedHealthcare of Kentucky, Ltd.	(1,200,000)	3,300,000			(7,835,042)	(86,987)			(5,822,029)	
95833	72-1074008	UnitedHealthcare of Louisiana, Inc.		5,000,000			(37,362,103)	(53,758)			(32,415,861)	12,199
95716	63-1036817	UnitedHealthcare of Mississippi, Inc.		25,000,000			(29,686,004)	(2,728,723)			(7,414,727)	5,387,354
95149	05-0413469	UnitedHealthcare of New England, Inc.					(135,233,712)	310,426			(134,923,286)	3,176,669
13214	26-2697886	UnitedHealthcare of New Mexico	(20,000,000)				(103,538,998)				(123,538,998)	230,000
95085	06-1172891	UnitedHealthcare of New York, Inc.	(90,000,000)				(515,902,172)				(605,902,172)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	(39,000,000)				(206,116,805)	(1,116,604)			(246,233,409)	
95186	31-1142815	UnitedHealthcare of Ohio, Inc.	(12,500,000)				(138,450,646)	(880,610)			(151,831,256)	
96903	33-0115166	UnitedHealthcare of Oklahoma, Inc.	(21,000,000)				(51,327,907)				(72,327,907)	
95893	93-0938819	UnitedHealthcare of Oregon, Inc.	(7,000,000)				(30,500,738)				(37,500,738)	
95220	25-1756858	UnitedHealthcare of Pennsylvania, Inc.	(14,000,000)				(95,382,278)				(109,382,278)	
95765	95-3939697	UnitedHealthcare of Texas, Inc.					(91,987)	(8,393)			(100,380)	738
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.					(131,812,730)	(1,229,201)			(133,041,931)	3,064
95591	47-0676824	UnitedHealthcare of the Midlands, Inc.	(9,500,000)				(40,129,132)	(1,032,367)			(50,661,499)	
96385	43-1361841	UnitedHealthcare of the Midwest, Inc.					(229,695,716)	(1,606,060)			(231,301,776)	79,834,306
95501	41-1488563	UnitedHealthcare of Utah, Inc.		12,000,000			(49,327,987)	(343,645)			(37,671,632)	
48038	91-1312551	UnitedHealthcare of Washington, Inc.		70,000,000			(144,490,695)				(74,490,695)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(15,500,000)				(262,043,653)	(1,358,857)			(278,902,510)	
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.	(147,000,000)				(529,233,354)	(4,255,307)			(680,488,661)	
	47-0854646	UnitedHealthcare Service LLC					1,014,236				1,014,236	
	41-1922511	UnitedHealthcare, Inc.	25,000,000	(171,000,000)							(146,000,000)	
	74-2786364	WellMed Medical Management, Inc.					122,115,157				122,115,157	
	52-2102846	XLHealth Corporation		(7,000,000)							(7,000,000)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	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.

	<u>Responses</u>
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association 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 Accountant's 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?	YES
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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? 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 Worker's 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? NO
- 38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? NO
- 39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? NO
- 40. Will the 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? YES
- 42. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? YES
- 43. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? 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 Expense 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 by April 30? NO
- 50. Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? NO

AUGUST FILING

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

Explanations:

- 12.
- 14.
- 18.
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Bar Codes:

- 12. SIS Stockholder Information Supplement [Document Identifier 420]



- 14. Trusteed Surplus Statement [Document Identifier 490]



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



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



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



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



- 22. Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI [Document Identifier 447]



- 23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]



25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]



26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]



27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]



28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]



29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]



30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]



31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]



32. Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]



33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]



34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]



36. Medicare Part D Coverage Supplement [Document Identifier 365]



37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]



38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]



39. Relief from the Requirements for Audit Committees [Document Identifier 226]



43. Credit Insurance Experience Exhibit [Document Identifier 230]



49. Actuarial Memorandum Required by Actuarial Guideline XXXVIII 8D [Document Identifier 435]



50. Supplemental XXX/AXXX Reinsurance Exhibit [Document Identifier 345]



ANNUAL STATEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. Fines and Penalties	75,000	75,000
2505. Unclaimed Property Payable	3,582	(98)
2597. Summary of remaining write-ins for Line 25 from overflow page	78,582	74,902

Additional Write-ins for Exhibit 2 Line 9.3

	Insurance				5 Investment	6 Total
	1	2 Accident and Health		4 All Other Lines of Business		
	Life	Cost Containment	3 All Other			
09.304. Professional Fees & Consulting	20,822	1,404,709	18,070,041			19,495,572
09.305. Training & Recruiting	673	45,399	584,004			630,076
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	21,495	1,450,108	18,654,045	0	0	20,125,648



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

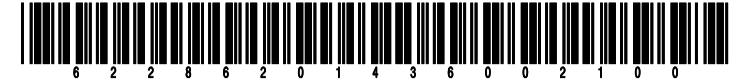
For The Year Ended December 31, 2014
 (To Be Filed by March 1)

FOR THE STATE OF Alabama.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	936	3,110	332.3	0	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	12,832	4,674	36.4	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		05/27/2005	12/31/2009	M-CARE SUPP	11,181	4,554	40.7	5	0	0	0.0	0
0199999. Total Experience on Individual Policies										24,949	12,338	49.5	7	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	.10,326	2,359	22.8	.1	.0	.0	0.0	.0
YES	GRI-H-11P/12P	P	NO	.0034060	.12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	.12,831	27,352	213.2	.2	.0	.0	0.0	.0
YES	GRI-H-12.2P	P	NO	.0034060	.09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	.7,895	2,808	35.6	.1	.0	.0	0.0	.0
YES	GRI-H-PLAN A	A	NO	.0034000	.12/01/1991		.06/22/2005	.12/31/2009	M-CARE SUPP	.2,767	15	0.5	.1	.0	.0	0.0	.0
YES	GRI-H-PLAN G	G	NO	.0034000	.12/01/1991		.06/22/2005	.12/31/2009	M-CARE SUPP	.18,037	4,423	24.5	.9	.0	.0	0.0	.0
YES	GRI-H-PLAN F	F	NO	.0034000	.12/01/1998		.06/22/2005	.12/31/2009	M-CARE SUPP	.13,105	3,685	28.1	.4	.0	.0	0.0	.0
0199999. Total Experience on Individual Policies										64,961	40,642	62.6	18	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

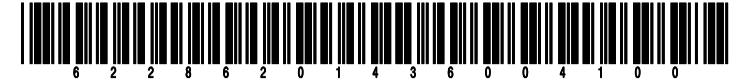
For The Year Ended December 31, 2014
 (To Be Filed by March 1)

FOR THE STATE OF Arizona.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	.0034060	04/01/1983		.02/01/1990	.02/01/1987	M-GAP BASIC	330	1,144	346.7	0	0	0	0.0	0
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	2,978	8,032	269.7	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	71,652	22,625	31.6	10	0	0	0.0	0
YES	GRI-H-12.2	P	NO	.0034060	06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	3,130	365	11.7	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	.0034060	09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	17,346	10,432	60.1	2	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034000	12/01/1991		.07/05/2005	.01/01/2006	M-CARE SUPP	7,318	4,220	57.7	3	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	12/01/1991		.07/05/2005	.01/01/2006	M-CARE SUPP	139,717	110,565	79.1	68	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034000	12/01/1991		.07/05/2005	.01/01/2006	M-CARE SUPP	18,037	7,840	43.5	4	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034000	12/01/1998		.07/05/2005	.01/01/2006	M-CARE SUPP	248,249	137,687	55.5	73	0	0	0.0	0
0199999. Total Experience on Individual Policies										508,757	302,910	59.5	162	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,344	778	23.3	1	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	3,173	1,852	58.4	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	8,261	413	5.0	5	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	100,649	66,069	65.6	50	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	6,113	3,315	54.2	2	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		07/28/2005	12/31/2009	M-CARE SUPP	249,987	214,824	85.9	134	0	0	0.0	0
0199999. Total Experience on Individual Policies										371,527	287,251	77.3	193	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2011				Policies Issued in 2012; 2013; 2014			
										11	12		14	15	16		18
											Incurring Claims				Incurring Claims		
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

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: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

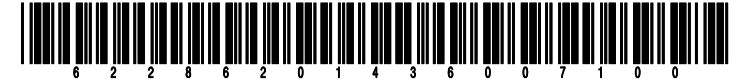
For The Year Ended December 31, 2014
 (To Be Filed by March 1)

FOR THE STATE OF Colorado.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H- 2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	1,532	26	1.7	0	0	0	0.0	0
YES	GRI-H-11/12	P	NO	.0034060	.11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	2,739	0	0.0	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	.12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	33,338	26,207	78.6	5	0	0	0.0	0
YES	GRI-H-12.2	P	NO	.0034060	.06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	5,157	241	4.7	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	.0034060	.09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	19,192	3,366	17.5	3	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034060	.12/01/1991		.12/08/2005	.12/31/2009	M-CARE SUPP	5,602	13,547	241.8	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034060	.12/01/1991		.12/08/2005	.12/31/2009	M-CARE SUPP	302,317	255,351	84.5	153	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034060	.12/01/1991		.12/08/2005	.12/31/2009	M-CARE SUPP	4,440	7,269	163.7	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034060	.12/01/1998		.12/08/2005	.12/31/2009	M-CARE SUPP	409,503	263,734	64.4	144	0	0	0.0	0
0199999. Total Experience on Individual Policies										783,820	569,741	72.7	311	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,541	5,473	154.6	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	87,164	67,508	77.4	30	0	0	0.0	0
0199999. Total Experience on Individual Policies										90,705	72,981	80.5	31	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	1,398	0	0.0	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,398	0	0.0	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,834	491	12.8	1	0	0	0.0	0
YES	2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	188,944	116,971	61.9	33	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	21,244	5,850	27.5	6	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	838,719	652,538	77.8	159	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	62,818	71,691	114.1	53	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	1,049,249	996,572	95.0	511	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,164,808	1,844,113	85.2	763	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2 GRI-H- 2.1P/HP/2.2P	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,091	21	0.7	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	6,152	1,789	29.1	2	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	25,340	25,041	98.8	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										80,581	45,425	56.4	12	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		05/27/2005	12/31/2009	M-CARE SUPP	2,250	233	10.4	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,250	233	10.4	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	67,599	68,623	101.5	19	0	0	0.0	0
YES	2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	100,093	99,363	99.3	11	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	72,654	64,348	88.6	28	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	419,630	208,726	49.7	65	0	0	0.0	0
YES	CL-H-2/GR-H-2	P	NO	0034060	07/01/1976		04/01/1991	12/01/1978	M-CARE SUPP	3,990	1	0.0	1	0	0	0.0	0
YES	GRI-H-2	P	NO	0034060	06/01/1981		02/01/1990	10/01/1983	M-GAP BASIC	22,286	2,478	11.1	4	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	57,400	29,334	51.1	21	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	228,536	94,862	41.5	32	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	18,299	3,692	20.2	8	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	914,528	666,927	72.9	419	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	3,402	1,342	39.4	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		06/02/2005	12/31/2009	M-CARE SUPP	363,087	289,702	79.8	125	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,271,504	1,529,398	67.3	734	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	20,533	2,169	10.6	5	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	18,993	1,316	6.9	2	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	19,134	19,904	104.0	7	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	152,782	71,627	46.9	21	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	11,906	6,038	50.7	4	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	77,135	32,500	42.1	10	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	3,540	689	19.5	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	406,572	375,879	92.5	164	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	47,627	17,304	36.3	13	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		06/16/2005	12/31/2009	M-CARE SUPP	501,855	541,303	107.9	146	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,260,077	1,068,729	84.8	374	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.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,100	165	4.0	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	11,739	119	1.0	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	12,275	15,956	130.0	4	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	65,400	33,361	51.0	11	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	3,042	678	22.3	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	39,877	14,004	35.1	5	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		05/27/2005	12/31/2009	M-CARE SUPP	83,231	86,606	104.1	43	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		05/27/2005	12/31/2009	M-CARE SUPP	76,878	46,913	61.0	31	0	0	0.0	0
0199999. Total Experience on Individual Policies										296,542	197,802	66.7	97	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,323	128	3.0	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	806	3,001	372.3	0	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	3,006	2,866	95.3	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	76,117	14,394	18.9	11	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	6,230	1,929	31.0	2	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		10/20/2005	12/31/2009	M-CARE SUPP	1,634	250	15.3	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		10/20/2005	12/31/2009	M-CARE SUPP	13,719	4,808	35.0	7	0	0	0.0	0
0199999. Total Experience on Individual Policies										105,835	27,376	25.9	23	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.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,862	16,981	439.7	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	7,585	5,134	67.7	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	21,195	24,836	117.2	8	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	113,757	65,332	57.4	22	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	19,113	25,234	132.0	7	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	38,713	29,224	75.5	7	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/06/2005	12/31/2009	M-CARE SUPP	3,078	1,344	43.7	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/06/2005	12/31/2009	M-CARE SUPP	177,863	176,601	99.3	109	0	0	0.0	0
0199999. Total Experience on Individual Policies										385,166	344,686	89.5	157	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

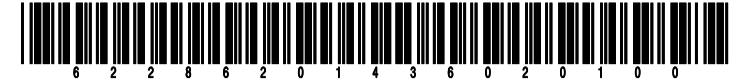
For The Year Ended December 31, 2014
 (To Be Filed by March 1)

FOR THE STATE OF Louisiana.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,405	1,112	25.2	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	11,722	2,026	17.3	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	18,645	8,269	44.3	6	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	158,054	82,886	52.4	21	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	63,176	33,629	53.2	21	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	29,585	4,591	15.5	4	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	5,567	2,446	43.9	3	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	692,341	527,028	76.1	299	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	2,904	470	16.2	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		08/03/2005	12/31/2009	M-CARE SUPP	180,495	84,254	46.7	58	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,166,894	746,711	64.0	415	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.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	2,814	2,420	86.0	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	17,364	17,245	99.3	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										20,178	19,665	97.5	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		11/23/2005	12/31/2009	M-CARE SUPP	78,704	43,101	54.8	36	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		11/23/2005	12/31/2009	M-CARE SUPP	88,069	72,640	82.5	23	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		11/23/2005	12/31/2009	M-CARE SUPP	164,405	103,184	62.8	58	0	0	0.0	0
0199999. Total Experience on Individual Policies										331,178	218,925	66.1	117	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

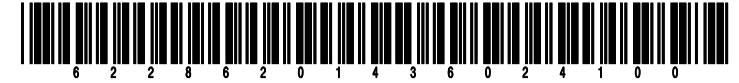
For The Year Ended December 31, 2014
 (To Be Filed by March 1)

FOR THE STATE OF Michigan.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H- 2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	23,505	18,246	.77.6	4	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	220,709	99,975	45.3	41	0	0	0.0	0
YES	GRI-H-2	P	NO	.0034060	06/01/1981		.02/01/1990	.10/01/1983	M-GAP BASIC	7,324	6,827	93.2	1	0	0	0.0	0
YES	GRI-H-2D	P	NO	.0034060	02/01/1982		.04/01/1991	.08/01/1992	M-GAP BASIC	15,364	3,192	20.8	3	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034060	12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	21,069	6,673	31.7	9	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	358,267	216,244	60.4	166	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034060	12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	138,630	99,553	71.8	37	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034000	12/01/1998		.06/21/2005	.12/31/2009	M-CARE SUPP	582,410	314,596	54.0	220	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,367,278	765,306	56.0	481	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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

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: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	.0034060	04/01/1983		.02/01/1990	.02/01/1987	M-GAP BASIC	4,314	0	0.0	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	3,089	273	8.8	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	3,860	3,409	88.3	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	.0034060	09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	8,363	5,164	61.7	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034060	12/01/1991		.06/06/2005	.12/31/2009	M-CARE SUPP	93,362	99,337	106.4	46	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034060	12/01/1998		.06/06/2005	.12/31/2009	M-CARE SUPP	110,669	48,053	43.4	32	0	0	0.0	0
0199999. Total Experience on Individual Policies										223,657	156,236	69.9	82	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	9,857	10,074	102.2	3	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	9,204	543	5.9	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	19,799	23,110	116.7	8	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	257,538	198,104	76.9	60	0	0	0.0	0
YES	GRI-H-2	P	NO	0034060	06/01/1981		02/01/1990	10/01/1983	M-GAP BASIC	5,450	5,947	109.1	1	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	21,931	14,578	66.5	9	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	95,425	83,962	88.0	17	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		10/27/2005	12/31/2009	M-CARE SUPP	12,786	6,751	52.8	9	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		10/27/2005	12/31/2009	M-CARE SUPP	2,017,344	1,488,283	73.8	909	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,449,334	1,831,352	74.8	1,017	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	5,877	1,982	33.7	.2	.0	.0	.0	.0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	63,167	36,788	58.2	10	.0	.0	.0	.0
YES	GRI-H-12.2	P	NO	.0034060	06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	6,080	556	9.1	.2	.0	.0	.0	.0
YES	GRI-H-12.2P	P	NO	.0034060	09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	26,526	25,216	95.1	.3	.0	.0	.0	.0
YES	GRI-H-PLAN G	G	NO	.0034000	12/01/1991		.06/20/2005	.12/31/2009	M-CARE SUPP	88,041	66,896	76.0	41	.0	.0	.0	.0
YES	GRI-H-PLAN C	C	NO	.0034000	12/01/1991		.06/20/2005	.12/31/2009	M-CARE SUPP	4,169	189	4.5	.1	.0	.0	.0	.0
YES	GRI-H-PLAN F	F	NO	.0034000	12/01/1998		.06/20/2005	.12/31/2009	M-CARE SUPP	133,275	60,127	45.1	46	.0	.0	.0	.0
0199999. Total Experience on Individual Policies										327,135	191,754	58.6	105	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.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,653	11,186	306.2	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	2,540	2,823	111.1	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	14,261	596	4.2	2	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	2,645	660	25.0	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		05/24/2005	12/31/2009	M-CARE SUPP	701	109	15.5	0	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		05/24/2005	12/31/2009	M-CARE SUPP	41,829	49,493	118.3	21	0	0	0.0	0
0199999. Total Experience on Individual Policies										65,629	64,867	98.8	26	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

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

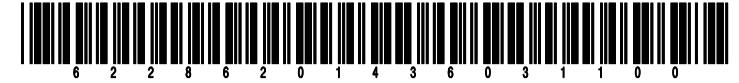
FOR THE STATE OF New Hampshire.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	2,919	16,679	571.4	1	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	3,581	6,592	184.1	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	17,541	1,248	7.1	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										24,041	24,519	102.0	4	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

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: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".

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SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

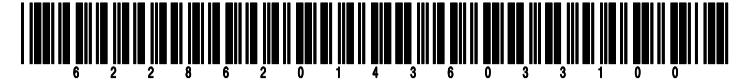
For The Year Ended December 31, 2014
 (To Be Filed by March 1)

FOR THE STATE OF New Mexico.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,238	26	0.6	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	3,173	2,110	66.5	0	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	3,006	865	28.8	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	7,164	2,863	40.0	1	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	2,102	1,047	49.8	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	8,347	961	11.5	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		09/23/2005	12/31/2009	M-CARE SUPP	37,303	40,020	107.3	16	0	0	0.0	0
0199999. Total Experience on Individual Policies										65,333	47,892	73.3	21	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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	14 Number of Covered Lives		15 Premiums Earned	18 Number of Covered Lives	
											Incurring Claims			Incurring Claims	
										12 Amount	13 Percent of Premiums Earned	16 Amount	17 Percent of Premiums Earned		

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: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		08/12/2005	12/31/2009	M-CARE SUPP	3,171	94	3.0	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		08/12/2005	12/31/2009	M-CARE SUPP	23,121	15,107	65.3	11	0	0	0.0	0
0199999. Total Experience on Individual Policies										26,292	15,201	57.8	12	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	3,179	2,383	75.0	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034000	12/01/1991		.06/14/2005	.12/31/2009	M-CARE SUPP	1,868	2,928	156.7	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	12/01/1991		.06/14/2005	.12/31/2009	M-CARE SUPP	44,208	31,564	71.4	23	0	0	0.0	0
0199999. Total Experience on Individual Policies										49,255	36,875	74.9	25	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	8,565	1,792	20.9	2	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	67,690	15,884	23.5	6	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	54,887	16,672	30.4	18	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	502,046	278,825	55.5	71	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	56,065	61,539	109.8	18	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	241,890	1,356,887	561.0	30	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	46,313	20,036	43.3	25	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	2,415,728	1,529,230	63.3	1,110	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	1,475,082	817,220	55.4	447	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		06/16/2005	12/31/2009	M-CARE SUPP	2,074,094	1,227,325	59.2	748	0	0	0.0	0
0199999. Total Experience on Individual Policies										6,942,360	5,325,410	76.7	2,475	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.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	7,884	174	2.2	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	35,960	7,914	22.0	6	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	8,209	1,763	21.5	3	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	42,351	17,291	40.8	6	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	32,864	19,108	58.1	11	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	201,786	144,154	71.4	102	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	3,214	192	6.0	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		05/23/2005	12/31/2009	M-CARE SUPP	329,843	140,330	42.5	128	0	0	0.0	0
0199999. Total Experience on Individual Policies										662,111	330,926	50.0	260	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".

360.OK



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	6,678	208	3.1	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		08/11/2005	12/31/2009	M-CARE SUPP	2,340	2,096	89.6	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										9,018	2,304	25.5	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".

360.0R



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707..... NAIC Company Code 62286.....
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278.....
 Person Completing This Exhibit Scott Shover.....
 Title Associate Director Actuarial..... Telephone Number 317-715-7427.....

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	1,043	462	44.3	0	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	7,062	11,087	157.0	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										8,105	11,549	142.5	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

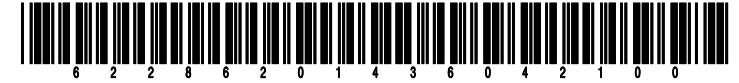
For The Year Ended December 31, 2014
 (To Be Filed by March 1)

FOR THE STATE OF South Carolina.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	8,380	9,520	113.6	.3	.0	.0	.0	.0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	44,119	51,688	117.2	.7	.0	.0	.0	.0
YES	GRI-H-12.2	P	NO	.0034060	06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	2,797	820	29.3	.1	.0	.0	.0	.0
YES	GRI-H-12.2P	P	NO	.0034060	09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	50,655	16,226	32.0	.7	.0	.0	.0	.0
YES	GRI-H-PLAN G	G	NO	.0034060	12/01/1991		.07/01/2005	.12/31/2009	M-CARE SUPP	160,279	84,659	52.8	.79	.0	.0	.0	.0
YES	GRI-H-PLAN C	C	NO	.0034060	12/01/1991		.07/01/2005	.12/31/2009	M-CARE SUPP	20,924	7,668	36.6	.6	.0	.0	.0	.0
YES	GRI-H-PLAN F	F	NO	.0034060	12/01/1998		.07/01/2005	.12/31/2009	M-CARE SUPP	165,914	132,500	79.9	.60	.0	.0	.0	.0
0199999. Total Experience on Individual Policies										453,068	303,081	66.9	163	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

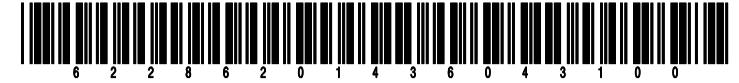
For The Year Ended December 31, 2014
 (To Be Filed by March 1)

FOR THE STATE OF South Dakota.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	3,113	801	25.7	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/01/2005	12/31/2009	M-CARE SUPP	71,323	49,695	69.7	28	0	0	0.0	0
0199999. Total Experience on Individual Policies										74,436	50,496	67.8	29	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H- 2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	.10,614	.1,021	9.6	.1	.0	.0	0.0	.0
YES	GRI-H-11/12	P	NO	.0034060	.11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	34,894	9,793	28.1	12	.0	.0	0.0	.0
YES	GRI-H-11P/12P	P	NO	.0034060	.12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	230,564	102,824	44.6	42	.0	.0	0.0	.0
YES	GRI-H-12.2	P	NO	.0034060	.06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	49,284	53,597	108.8	18	.0	.0	0.0	.0
YES	GRI-H-12.2P	P	NO	.0034060	.09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	15,836	4,275	27.0	3	.0	.0	0.0	.0
YES	GRI-H-PLAN A	A	NO	.0034060	.12/01/1991		.12/07/2005	.12/31/2009	M-CARE SUPP	1,575	852	54.1	1	.0	.0	0.0	.0
YES	GRI-H-PLAN G	G	NO	.0034060	.12/01/1991		.12/07/2005	.12/31/2009	M-CARE SUPP	270,920	229,806	84.8	147	.0	.0	0.0	.0
YES	GRI-H-PLAN C	C	NO	.0034060	.12/01/1991		.12/07/2005	.12/31/2009	M-CARE SUPP	10,796	2,453	22.7	3	.0	.0	0.0	.0
YES	GRI-H-PLAN F	F	NO	.0034060	.12/01/1998		.12/07/2005	.12/31/2009	M-CARE SUPP	130,937	57,077	43.6	47	.0	.0	0.0	.0
0199999. Total Experience on Individual Policies										755,420	461,698	61.1	274	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	8,196	4,888	59.6	2	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	9,378	693	7.4	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	12,173	9,315	76.5	5	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	218,765	95,660	43.7	33	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	44,918	25,541	56.9	18	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	216,166	100,491	46.5	27	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	60,566	52,321	86.4	16	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	1,157,882	742,178	64.1	464	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	50,954	35,507	69.7	12	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		09/30/2005	12/31/2009	M-CARE SUPP	1,685,101	974,226	57.8	613	0	0	0.0	0
0199999. Total Experience on Individual Policies										3,464,099	2,040,820	58.9	1,191	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.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	2,750	88	3.2	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,750	88	3.2	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,379	893	20.4	2	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	20,159	35,937	178.3	14	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	2,654	5,634	212.3	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										27,192	42,464	156.2	18	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	9,080	14,901	164.1	4	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	46,040	19,925	43.3	6	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	20,607	3,813	18.5	8	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	41,425	12,740	30.8	5	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	17,444	11,065	63.4	8	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	299,497	234,891	78.4	139	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	43,030	82,389	191.5	11	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		11/30/2005	12/31/2009	M-CARE SUPP	295,886	185,200	62.6	90	0	0	0.0	0
0199999. Total Experience on Individual Policies										773,009	564,924	73.1	271	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
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 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

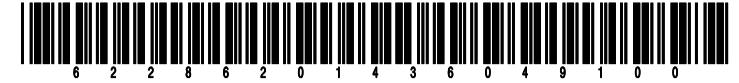
For The Year Ended December 31, 2014
 (To Be Filed by March 1)

FOR THE STATE OF Washington.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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

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: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707..... NAIC Company Code 62286.....
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278.....
 Person Completing This Exhibit Scott Shover.....
 Title Associate Director Actuarial..... Telephone Number 317-715-7427.....

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,285	1,477	34.5	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	8,919	145	1.6	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	3,008	25	0.8	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	5,317	1,347	25.3	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	32,550	14,461	44.4	5	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	3,326	5,301	159.4	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	153,439	105,302	68.6	77	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	6,902	306	4.4	2	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		05/23/2005	12/31/2009	M-CARE SUPP	105,173	63,837	60.7	39	0	0	0.0	0
0199999. Total Experience on Individual Policies										322,919	192,201	59.5	129	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.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719.....
 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521.....
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719.....
 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521.....
- Explain any policies identified above as policy type "O"......



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707..... NAIC Company Code 62286.....
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278.....
 Person Completing This Exhibit Scott Shover.....
 Title Associate Director Actuarial..... Telephone Number 317-715-7427.....

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
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	10,594	12,207	115.2	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										10,594	12,207	115.2	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
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 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

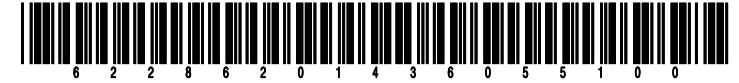
For The Year Ended December 31, 2014
 (To Be Filed by March 1)

FOR THE STATE OF Puerto Rico.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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

GENERAL INTERROGATORIES

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 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule 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 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Scott Shover
 Title Associate Director Actuarial Telephone Number 317-715-7427

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	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

GENERAL INTERROGATORIES

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3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Joy LaChar 317-715-7521
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company

SCHEDULE O SUPPLEMENT

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

Of The Golden Rule Insurance Company
ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
NAIC Group Code 0707 NAIC Company Code 62286 Employer's Identification Number (FEIN) 37-6028756

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2010, 2 2011, 3 2012, 4 2013, 5 2014(a). Rows 1-6 showing loss development data for Group Accident and Health.

Section B - Other Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2010, 2 2011, 3 2012, 4 2013, 5 2014(a). Rows 1-6 showing loss development data for Other Accident and Health.

Section C - Credit Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2010, 2 2011, 3 2012, 4 2013, 5 2014(a). Rows 1-6 showing 'NONE' for Credit Accident and Health.

Section D -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2010, 2 2011, 3 2012, 4 2013, 5 2014(a). Rows 1-6 showing 'NONE' for Section D.

Section E -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2010, 2 2011, 3 2012, 4 2013, 5 2014(a). Rows 1-6 showing 'NONE' for Section E.

Section F -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2010, 2 2011, 3 2012, 4 2013, 5 2014(a). Rows 1-6 showing 'NONE' for Section F.

Section G -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2010, 2 2011, 3 2012, 4 2013, 5 2014(a). Rows 1-6 showing 'NONE' for Section G.

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

SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 OMITTED)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. Prior	361	0	0	0	
2. 2010	15,077	466			
3. 2011	XXX	14,412	507		
4. 2012	XXX	XXX	15,607	519	
5. 2013	XXX	XXX	XXX	15,586	1,881
6. 2014	XXX	XXX	XXX	XXX	12,250

Section B - Other Accident and Health

1. Prior	44	0	0	0	
2. 2010	2,798	54			
3. 2011	XXX	2,657	83		
4. 2012	XXX	XXX	3,029	58	
5. 2013	XXX	XXX	XXX	2,951	104
6. 2014	XXX	XXX	XXX	XXX	2,513

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

SUPPLEMENT FOR THE YEAR 2014 OF THE Golden Rule Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

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

Section A - Group Accident and Health

Years 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	793,760	780,350	781,121	XXX	XXX
2. 2011	XXX	1,013,371	990,587	991,311	XXX
3. 2012	XXX	XXX	1,157,537	1,137,029	1,135,354
4. 2013	XXX	XXX	XXX	1,291,596	1,275,910
5. 2014	XXX	XXX	XXX	XXX	1,199,802

Section B - Other Accident and Health

1. 2010	158,324	158,144	157,628	XXX	XXX
2. 2011	XXX	191,551	188,762	187,688	XXX
3. 2012	XXX	XXX	208,044	200,280	199,004
4. 2013	XXX	XXX	XXX	227,839	225,512
5. 2014	XXX	XXX	XXX	XXX	210,979

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

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

**SCHEDULE O SUPPLEMENT
SUPPLEMENTAL SCHEDULE O - PART 4**

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

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2010	2 2011	3 2012	4 2013	5 2014
1. 2010	809,207	780,818	781,121		
2. 2011	XXX	1,028,142	991,095	991,311	
3. 2012	XXX	XXX	1,173,550	1,137,549	1,135,354
4. 2013	XXX	XXX	XXX	1,307,565	1,277,792
5. 2014	XXX	XXX	XXX	XXX	1,212,262

Section B - Other Accident and Health

1. 2010	161,361	158,198	157,628		
2. 2011	XXX	194,271	188,846	187,688	
3. 2012	XXX	XXX	211,133	200,338	199,004
4. 2013	XXX	XXX	XXX	230,843	225,616
5. 2014	XXX	XXX	XXX	XXX	213,524

Section C - Credit Accident and Health

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

Section D -

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

Section E -

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

Section F -

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

Section G -

1. 2010					
2. 2011	XXX				
3. 2012	XXX				
4. 2013	XXX	XXX	XXX		
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	Standard Factor	120
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life	Standard Factor	480
7. Group Annuities		
8. Group Accident and Health	Development	145,759
9. Credit Accident and Health		
10. Other Accident and Health	Development	24,412
11. Total		170,771

ALPHABETICAL INDEX

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