



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2015
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 Jeremy Michael Schoettle, 317-715-7918
(Name) (Area Code) (Telephone Number)
jschoettle@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 James Elmer Prochnow #

OTHER

Michael Lee Corne, Vice President Nyle Brent Cottingham, Vice President James Mark Gabriel, Senior Vice President
Michelle Marie Huntley, Assistant Secretary Timothy Allen Luker, Appointed Actuary

DIRECTORS OR TRUSTEES

Patrick Francis Carr Michael Lee Corne Douglas Ford Crockett #
James Mark Gabriel 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

James Elmer Prochnow
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 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2015

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	371,227		36,636		407,863
2. Annuity considerations	25,008				25,008
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	396,235	0	36,636	0	432,871
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	738,020		0		738,020
10. Matured endowments					0
11. Annuity benefits	40,047				40,047
12. Surrender values and withdrawals for life contracts	196,394				196,394
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	974,461	0	0	0	974,461
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	260,582	0	0	0	0	0	0	2	260,582
17. Incurred during current year	14	477,438							14	477,438
Settled during current year:										
18.1 By payment in full	16	738,020							16	738,020
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	738,020	0	0	0	0	0	0	16	738,020
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	738,020	0	0	0	0	0	0	16	738,020
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	287	44,258,532	0 (a)	0	No. of Policies 0	19,007,000	0	0	287	63,265,532
21. Issued during year									0	0
22. Other changes to in force (Net)	(13)	(1,463,801)			0	(5,504,000)			(13)	(6,967,801)
23. In force December 31 of current year	274	42,794,731	0 (a)	0	0	13,503,000	0	0	274	56,297,731

(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)	15,306,184	15,632,296		10,913,689	10,928,837
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)	14,725	15,841		20,621	19,589
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	341	382		0	0
25.5 All other (b)	954,796	963,484		441,708	457,644
25.6 Totals (sum of Lines 25.1 to 25.5)	969,861	979,706	0	462,329	477,233
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,276,044	16,612,002	0	11,376,017	11,406,070

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products7,605 and number of persons
insured under indemnity only products13 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2015

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	.1	56,879	0	0	0	0	0	0	.1	56,879
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)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	37	10,365,577	0 (a)	0	No. of Policies 0	0	0	0	37	10,365,577
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(249,480)			0	0			(2)	(249,480)
23. In force December 31 of current year	35	10,116,097	0 (a)	0	0	0	0	0	35	10,116,097

(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)	308	317		6	(3,214)
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)	35,558	67,411		17,851	22,455
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	51,002	51,266		21,885	2,400
25.6 Totals (sum of Lines 25.1 to 25.5)	86,560	118,676	0	39,736	24,855
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	86,867	118,993	0	39,742	21,641

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1 and number of persons insured under indemnity only products15 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2015

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	524,726		147,151		671,877
2. Annuity considerations	42,501				42,501
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	567,227	0	147,151	0	714,378
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,123				1,123
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)	1,123	0	0	0	1,123
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	1,123	0	0	0	1,123
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,539,851		100,000		1,639,851
10. Matured endowments					0
11. Annuity benefits	252,337				252,337
12. Surrender values and withdrawals for life contracts	915,221				915,221
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	2,707,409	0	100,000	0	2,807,409
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	25,000	0	0	0	0	0	0	.1	25,000
17. Incurred during current year	28	1,689,959			1	100,000			29	1,789,959
Settled during current year:										
18.1 By payment in full	26	1,539,851			1	100,000			27	1,639,851
18.2 By payment on compromised claims									0	0
18.3 Totals paid	26	1,539,851	0	0	1	100,000	0	0	27	1,639,851
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	26	1,539,851	0	0	1	100,000	0	0	27	1,639,851
19. Unpaid Dec. 31, current year (16+17-18.6)	3	175,108	0	0	0	0	0	0	3	175,108
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	527	107,162,901	0 (a)	0	0	89,065,000	0	0	527	196,227,901
21. Issued during year									0	0
22. Other changes to in force (Net)	(48)	(6,249,845)			0	(26,736,000)			(48)	(32,985,845)
23. In force December 31 of current year	479	100,913,057	0 (a)	0	0	62,329,000	0	0	479	163,242,057

(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)	108,058,231	107,974,012		71,480,618	71,354,834
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)	418,247	654,416		335,278	334,839
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,817	1,787		70	76
25.5 All other (b)	2,720,393	2,738,462		1,383,901	1,421,484
25.6 Totals (sum of Lines 25.1 to 25.5)	3,140,457	3,394,665	0	1,719,249	1,756,399
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	111,198,688	111,368,679	0	73,199,866	73,111,233

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products42,583 and number of persons insured under indemnity only products148 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2015

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	378,600		38,295		416,895
2. Annuity considerations	15,080				15,080
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	393,680	0	38,295	0	431,975
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	618,091		150,000		768,091
10. Matured endowments					0
11. Annuity benefits	361,370				361,370
12. Surrender values and withdrawals for life contracts	325,987				325,987
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	1,305,448	0	150,000	0	1,455,448
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	11	618,091			1	150,000			12	768,091
Settled during current year:										
18.1 By payment in full	11	618,091			1	150,000			12	768,091
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	618,091	0	0	1	150,000	0	0	12	768,091
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	618,091	0	0	1	150,000	0	0	12	768,091
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	481	83,275,524	0 (a)	0	9	19,012,000	0	0	490	102,287,524
21. Issued during year									0	0
22. Other changes to in force (Net)	(34)	(5,474,775)			0	(3,944,000)			(34)	(9,418,775)
23. In force December 31 of current year	447	77,800,749	0 (a)	0	9	15,068,000	0	0	456	92,868,749

(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)	13,900,748	15,052,013		12,729,397	12,612,073
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)	361,532	649,145		316,992	361,554
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	452,706	458,954		195,122	203,262
25.6 Totals (sum of Lines 25.1 to 25.5)	814,238	1,108,098	0	512,113	564,816
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,714,986	16,160,111	0	13,241,510	13,176,890

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 7,130 and number of persons insured under indemnity only products 185 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2015

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	1,536,634		154		1,536,788
2. Annuity considerations	252,127				252,127
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,788,761	0	154	0	1,788,915
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,137				1,137
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	221				221
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,358	0	0	0	1,358
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	1,358	0	0	0	1,358
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,941,546		(15,245)		2,926,302
10. Matured endowments					0
11. Annuity benefits	2,140,054				2,140,054
12. Surrender values and withdrawals for life contracts	1,829,923				1,829,923
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	6,911,523	0	(15,245)	0	6,896,278
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	4	215,073	0	0	0	0	0	0	4	215,073
17. Incurred during current year	66	2,888,154			0	(15,245)			66	2,872,909
Settled during current year:										
18.1 By payment in full	68	2,941,546			0	(15,245)			68	2,926,302
18.2 By payment on compromised claims									0	0
18.3 Totals paid	68	2,941,546	0	0	0	(15,245)	0	0	68	2,926,302
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	68	2,941,546	0	0	0	(15,245)	0	0	68	2,926,302
19. Unpaid Dec. 31, current year (16+17-18.6)	2	161,681	0	0	0	0	0	0	2	161,681
POLICY EXHIBIT										
20. In force December 31, prior year	924	192,910,829	0 (a)	0	0	0	0	0	924	192,910,829
21. Issued during year									0	0
22. Other changes to in force (Net)	(48)	(5,626,573)			0	0			(48)	(5,626,573)
23. In force December 31 of current year	876	187,284,257	0 (a)	0	0	0	0	0	876	187,284,257

(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)	57,428	61,870		32,003	30,404
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)	45,715	46,290		35,364	35,623
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	53	60		0	0
25.5 All other (b)	1,447,921	1,452,967		750,047	775,652
25.6 Totals (sum of Lines 25.1 to 25.5)	1,493,689	1,499,318	0	785,411	811,275
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,551,116	1,561,188	0	817,414	841,679

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products47 and number of persons insured under indemnity only products25 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2015

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	849,544		9,090		858,634
2. Annuity considerations	38,900				38,900
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	888,444	0	9,090	0	897,534
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	456				456
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)	456	0	0	0	456
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	456	0	0	0	456
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,844,435		0		1,844,435
10. Matured endowments					0
11. Annuity benefits	338,261				338,261
12. Surrender values and withdrawals for life contracts	845,125				845,125
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	3,027,821	0	0	0	3,027,821
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	259,420	0	0	0	0	0	0	2	259,420
17. Incurred during current year	37	1,590,324			0	0			37	1,590,324
Settled during current year:										
18.1 By payment in full	38	1,844,435			0	0			38	1,844,435
18.2 By payment on compromised claims									0	0
18.3 Totals paid	38	1,844,435	0	0	0	0	0	0	38	1,844,435
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	38	1,844,435	0	0	0	0	0	0	38	1,844,435
19. Unpaid Dec. 31, current year (16+17-18.6)	1	5,309	0	0	0	0	0	0	1	5,309
POLICY EXHIBIT										
20. In force December 31, prior year	1,009	167,461,085	0 (a)	0	0	3,005,000	0	0	1,009	170,466,085
21. Issued during year									0	0
22. Other changes to in force (Net)	(272)	(40,176,898)			0	(1,424,000)			(272)	(41,600,898)
23. In force December 31 of current year	737	127,284,187	0 (a)	0	0	1,581,000	0	0	737	128,865,187

(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)	18,629,196	18,836,740		15,370,234	15,247,481
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)	728,005	727,627		554,747	520,047
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	425,029	429,791		432,997	473,338
25.5 All other (b)	43,331,266	44,325,161		39,370,489	41,847,358
25.6 Totals (sum of Lines 25.1 to 25.5)	44,484,300	45,482,579	0	40,358,234	42,840,743
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	63,113,495	64,319,319	0	55,728,468	58,088,224

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products19,929 and number of persons insured under indemnity only products258 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2015

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	697,601		(9)		697,592
2. Annuity considerations	175,010				175,010
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	872,611	0	(9)	0	872,602
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	638,076		0		638,076
10. Matured endowments					0
11. Annuity benefits	162,686				162,686
12. Surrender values and withdrawals for life contracts	950,707				950,707
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	1,751,469	0	0	0	1,751,469
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	20	716,755			0	0			20	716,755
Settled during current year:										
18.1 By payment in full	18	638,076			0	0			18	638,076
18.2 By payment on compromised claims									0	0
18.3 Totals paid	18	638,076	0	0	0	0	0	0	18	638,076
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	18	638,076	0	0	0	0	0	0	18	638,076
19. Unpaid Dec. 31, current year (16+17-18.6)	2	78,679	0	0	0	0	0	0	2	78,679
POLICY EXHIBIT										
20. In force December 31, prior year	1,020	187,058,446	0 (a)	0	0	30,000	0	0	1,020	187,088,446
21. Issued during year									0	0
22. Other changes to in force (Net)	(105)	(13,090,528)			0	120,000			(105)	(12,970,528)
23. In force December 31 of current year	915	173,967,918	0 (a)	0	0	150,000	0	0	915	174,117,918

(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)	227,039	245,067		249,538	258,246
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		100,000	(550)
25.2 Guaranteed renewable (b)	12,301,557	11,836,720		9,449,023	11,063,318
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	28,273	28,825		8,207	104,234
25.5 All other (b)	14,968,852	15,243,198		14,472,524	11,468,626
25.6 Totals (sum of Lines 25.1 to 25.5)	27,298,682	27,108,743	0	24,029,753	22,635,629
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27,525,721	27,353,810	0	24,279,291	22,893,874

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,581 and number of persons
 insured under indemnity only products 27 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2015

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	109,694		0		109,694
2. Annuity considerations	25,939				25,939
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	135,633	0	0	0	135,633
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	36,125		0		36,125
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	104,401				104,401
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	140,526	0	0	0	140,526
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	171,505	.0	.0	.0	.0	.0	.0	.1	171,505
17. Incurred during current year Settled during current year:	.0	(135,381)			.0	.0			.0	(135,381)
18.1 By payment in full	.1	36,125			.0	.0			.1	36,125
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.1	36,125	.0	.0	.0	.0	.0	.0	.1	36,125
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.1	36,125	.0	.0	.0	.0	.0	.0	.1	36,125
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	133	22,309,178	.0 (a)	.0	.0	118,000	.0	.0	133	22,427,178
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(7)	(1,071,805)			.0	(118,000)			(7)	(1,189,805)
23. In force December 31 of current year	126	21,237,373	0 (a)	0	0	0	0	0	126	21,237,373

(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)	106,558	109,478		32,953	17,426
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)	1,439,479	1,201,413		536,434	598,103
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,153	1,979		0	(211)
25.5 All other (b)	605,982	634,715		849,246	483,958
25.6 Totals (sum of Lines 25.1 to 25.5)	2,047,615	1,838,106	0	1,385,681	1,081,849
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	2,154,173	1,947,584	0	1,418,634	1,099,276

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 424 and number of persons
 insured under indemnity only products 2 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2015

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	64,413		0		64,413
2. Annuity considerations	722				722
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	65,135	0	0	0	65,135
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	18,054		0		18,054
10. Matured endowments					0
11. Annuity benefits	41,931				41,931
12. Surrender values and withdrawals for life contracts	19,930				19,930
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	79,915	0	0	0	79,915
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	18,054			0	0			1	18,054
Settled during current year:										
18.1 By payment in full	1	18,054			0	0			1	18,054
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	18,054	0	0	0	0	0	0	1	18,054
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	18,054	0	0	0	0	0	0	1	18,054
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	19	4,965,910	0 (a)	0	0	250,000		0	19	5,215,910
21. Issued during year									0	0
22. Other changes to in force (Net)	(2)	(76,384)				(250,000)			(2)	(326,384)
23. In force December 31 of current year	17	4,889,526	0 (a)	0	0	0		0	17	4,889,526

(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)	(5,518)	4,488		87,886	(74,451)
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)	2,213	1,768		0	0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	98,987	101,645		51,980	54,951
25.6 Totals (sum of Lines 25.1 to 25.5)	101,200	103,412	0	51,980	54,951
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	95,683	107,900	0	139,866	(19,500)

(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 products1 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2015

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	2,310,798		329,327		2,640,125
2. Annuity considerations	187,147				187,147
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,497,945	0	329,327	0	2,827,272
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,860				1,860
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)	1,860	0	0	0	1,860
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	1,860	0	0	0	1,860
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,294,830		(4,201)		4,290,629
10. Matured endowments					0
11. Annuity benefits	1,409,922				1,409,922
12. Surrender values and withdrawals for life contracts	3,436,414				3,436,414
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	9,141,166	0	(4,201)	0	9,136,965
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	155,523	.0	.0	.0	.0	.0	.0	.1	155,523
17. Incurred during current year	87	4,408,360			.0	(4,201)			87	4,404,159
Settled during current year:										
18.1 By payment in full	84	4,294,830			.0	(4,201)			84	4,290,629
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	84	4,294,830	.0	.0	.0	(4,201)	.0	.0	84	4,290,629
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	84	4,294,830	.0	.0	.0	(4,201)	.0	.0	84	4,290,629
19. Unpaid Dec. 31, current year (16+17-18.6)	4	269,053	0	0	0	0	0	0	4	269,053
POLICY EXHIBIT										
20. In force December 31, prior year	2,219	377,515,476	.0 (a)	.0	.0	174,913,000	.0	.0	2,219	552,428,476
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(95)	(13,558,826)			.0	(49,173,000)			(95)	(62,731,826)
23. In force December 31 of current year	2,124	363,956,650	0 (a)	0	0	125,740,000	0	0	2,124	489,696,650

(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)	247,767,591	256,348,029		178,588,233	176,521,514
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	1,952
25.2 Guaranteed renewable (b)	1,262,489	1,269,673		1,021,515	750,576
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	4,277	4,184		130	130
25.5 All other (b)	8,735,197	8,820,636		5,652,842	5,929,121
25.6 Totals (sum of Lines 25.1 to 25.5)	10,001,962	10,094,493	0	6,674,487	6,681,779
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	257,769,553	266,442,522	0	185,262,720	183,203,293

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products81,981 and number of persons insured under indemnity only products686 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2015

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	827,777		4,408		832,185
2. Annuity considerations	44,384				44,384
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	872,161	0	4,408	0	876,569
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	627				627
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	578				578
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,205	0	0	0	1,205
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	1,205	0	0	0	1,205
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	974,871		0		974,871
10. Matured endowments					0
11. Annuity benefits	266,784				266,784
12. Surrender values and withdrawals for life contracts	992,984				992,984
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	2,234,638	0	0	0	2,234,638
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	20	974,871							20	974,871
Settled during current year:										
18.1 By payment in full	20	974,871							20	974,871
18.2 By payment on compromised claims									0	0
18.3 Totals paid	20	974,871	0	0	0	0	0	0	20	974,871
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	20	974,871	0	0	0	0	0	0	20	974,871
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	734	136,960,817	0 (a)	0	0	1,659,000	0	0	734	138,619,817
21. Issued during year									0	0
22. Other changes to in force (Net)	(70)	(13,040,307)				158,000			(70)	(12,882,307)
23. In force December 31 of current year	664	123,920,510	0 (a)	0	0	1,817,000	0	0	664	125,737,510

(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)	4,232,243	4,482,789		3,683,046	3,605,180
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)	71,096	71,458		79,630	105,696
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	67,364	67,171		65,890	63,800
25.5 All other (b)	27,501,445	28,821,589		21,638,702	22,908,701
25.6 Totals (sum of Lines 25.1 to 25.5)	27,639,905	28,960,218	0	21,784,222	23,078,197
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,872,148	33,443,006	0	25,467,269	26,683,378

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products14,605 and number of persons insured under indemnity only products39 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii
 NAIC Group Code 0707

DURING THE YEAR 2015
 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	151,996		(10)		151,986
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)	161,669	0	(10)	0	161,659
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	693,537		0		693,537
10. Matured endowments					0
11. Annuity benefits	1,158,232				1,158,232
12. Surrender values and withdrawals for life contracts	399,021				399,021
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	2,250,790	0	0	0	2,250,790
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	12	693,537			0	0			12	693,537
Settled during current year:										
18.1 By payment in full	12	693,537			0	0			12	693,537
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	693,537	0	0	0	0	0	0	12	693,537
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	693,537	0	0	0	0	0	0	12	693,537
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	139	19,261,712	0 (a)	0	0	50,000	0	0	139	19,311,712
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(730,253)			0	(50,000)			(5)	(780,253)
23. In force December 31 of current year	134	18,531,459	0 (a)	0	0	0	0	0	134	18,531,459

(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)	4,525	5,014		721	750
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)	1,819	2,403		667	689
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	52,761	53,883		39,711	38,327
25.6 Totals (sum of Lines 25.1 to 25.5)	54,580	56,285	0	40,378	39,016
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	59,105	61,300	0	41,099	39,767

(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 products0



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho
NAIC Group Code 0707

DURING THE YEAR 2015
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	36,664		11		36,675
2. Annuity considerations	21,037				21,037
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	57,701	0	11	0	57,712
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	323,630		0		323,630
10. Matured endowments					0
11. Annuity benefits	85,076				85,076
12. Surrender values and withdrawals for life contracts	29,932				29,932
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	438,638	0	0	0	438,638
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	323,630			0	0			4	323,630
Settled during current year:										
18.1 By payment in full	4	323,630			0	0			4	323,630
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	323,630	0	0	0	0	0	0	4	323,630
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	323,630	0	0	0	0	0	0	4	323,630
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	73	10,432,563	0 (a)	0	No. of Policies	0	0	0	73	10,432,563
21. Issued during year									0	0
22. Other changes to in force (Net)	(8)	(1,451,578)				0	0	0	(8)	(1,451,578)
23. In force December 31 of current year	65	8,980,985	0 (a)	0	0	0	0	0	65	8,980,985

(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)	5,733	6,263		445	386
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)	1,613	1,687		549	1,415
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	41,438	40,836		22,943	22,503
25.6 Totals (sum of Lines 25.1 to 25.5)	43,050	42,523	0	23,492	23,918
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	48,783	48,786	0	23,937	24,304

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois
 NAIC Group Code 0707

DURING THE YEAR 2015
 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	2,787,999		97,482		2,885,481
2. Annuity considerations	216,066				216,066
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,004,065	0	97,482	0	3,101,547
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	78,163				78,163
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	7,573				7,573
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	85,736	0	0	0	85,736
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	85,736	0	0	0	85,736
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	7,367,785		0		7,367,785
10. Matured endowments					0
11. Annuity benefits	3,195,129				3,195,129
12. Surrender values and withdrawals for life contracts	5,397,352				5,397,352
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	15,960,266	0	0	0	15,960,266
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	58	947,561	0	0	0	0	0	0	58	947,561
17. Incurred during current year	187	7,026,796							187	7,026,796
Settled during current year:										
18.1 By payment in full	232	7,367,785							232	7,367,785
18.2 By payment on compromised claims									0	0
18.3 Totals paid	232	7,367,785	0	0	0	0	0	0	232	7,367,785
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	232	7,367,785	0	0	0	0	0	0	232	7,367,785
19. Unpaid Dec. 31, current year (16+17-18.6)	13	606,572	0	0	0	0	0	0	13	606,572
POLICY EXHIBIT										
20. In force December 31, prior year	4,784	490,817,904	0 (a)	0	125	49,965,000	0	0	4,909	540,782,904
21. Issued during year									0	0
22. Other changes to in force (Net)	(313)	(23,933,928)			(8)	(15,500,500)			(321)	(39,434,428)
23. In force December 31 of current year	4,471	466,883,976	0 (a)	0	117	34,464,500	0	0	4,588	501,348,476

(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)	64,599,453	65,078,463		41,234,446	42,551,174
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	256	296		265	264
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,387,736	1,403,703		1,207,433	1,092,402
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	128	86		0	0
25.5 All other (b)	3,148,118	3,211,815		1,847,376	1,846,433
25.6 Totals (sum of Lines 25.1 to 25.5)	4,535,983	4,615,604	0	3,054,809	2,938,835
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	69,135,692	69,694,363	0	44,289,520	45,490,273

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products23,155 and number of persons insured under indemnity only products636 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2015

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	1,297,092		92,207		1,389,299
2. Annuity considerations	196,229				196,229
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,493,321	0	92,207	0	1,585,528
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	3,114				3,114
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,271				3,271
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	6,386	0	0	0	6,386
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	6,386	0	0	0	6,386
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,226,139		(73,111)		2,153,028
10. Matured endowments					0
11. Annuity benefits	886,641				886,641
12. Surrender values and withdrawals for life contracts	1,066,675				1,066,675
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	4,179,455	0	(73,111)	0	4,106,344
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	6	206,602	0	0	0	0	0	0	6	206,602
17. Incurred during current year	78	2,446,350			2	(23,111)			80	2,423,239
Settled during current year:										
18.1 By payment in full	79	2,226,139			1	(73,111)			80	2,153,028
18.2 By payment on compromised claims									0	0
18.3 Totals paid	79	2,226,139	0	0	1	(73,111)	0	0	80	2,153,028
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	79	2,226,139	0	0	1	(73,111)	0	0	80	2,153,028
19. Unpaid Dec. 31, current year (16+17-18.6)	5	426,813	0	0	1	50,000	0	0	6	476,813
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,620	222,806,518	0 (a)	0	0	53,582,000	0	0	1,620	276,388,518
21. Issued during year									0	0
22. Other changes to in force (Net)	(89)	(9,982,556)			0	(15,652,000)			(89)	(25,634,556)
23. In force December 31 of current year	1,531	212,823,962	0 (a)	0	0	37,930,000	0	0	1,531	250,753,962

(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)	63,506,058	63,695,350		47,299,046	48,124,551
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	2,548
25.2 Guaranteed renewable (b)	1,006,378	1,047,592		933,957	716,556
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	158	156		0	(108,993)
25.5 All other (b)	2,321,854	2,357,359		1,033,851	1,178,674
25.6 Totals (sum of Lines 25.1 to 25.5)	3,328,389	3,405,107	0	1,967,808	1,788,785
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	66,834,447	67,100,457	0	49,266,853	49,913,336

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products25,074 and number of persons insured under indemnity only products331 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2015

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	716,537		21,594		738,131
2. Annuity considerations	12,386				12,386
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	728,923	0	21,594	0	750,517
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	899,134		0		899,134
10. Matured endowments					0
11. Annuity benefits	182,270				182,270
12. Surrender values and withdrawals for life contracts	917,181				917,181
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	1,998,585	0	0	0	1,998,585
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	2	11,850	0	0	0	0	0	0	2	11,850
17. Incurred during current year	37	1,117,879							37	1,117,879
Settled during current year:										
18.1 By payment in full	36	899,134							36	899,134
18.2 By payment on compromised claims									0	0
18.3 Totals paid	36	899,134	0	0	0	0	0	0	36	899,134
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	36	899,134	0	0	0	0	0	0	36	899,134
19. Unpaid Dec. 31, current year (16+17-18.6)	3	230,595	0	0	0	0	0	0	3	230,595
POLICY EXHIBIT										
20. In force December 31, prior year	931	128,474,299	0 (a)	0	No. of Policies	10,991,000	0	0	931	139,465,299
21. Issued during year									0	0
22. Other changes to in force (Net)	(58)	(9,189,849)				(2,298,000)			(58)	(11,487,849)
23. In force December 31 of current year	873	119,284,449	0 (a)	0	0	8,693,000	0	0	873	127,977,449

(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)	15,895,359	16,176,481		12,353,901	11,506,843
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)	195,414	234,107		129,898	190,418
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	277	272		0	0
25.5 All other (b)	389,041	396,696		188,459	181,275
25.6 Totals (sum of Lines 25.1 to 25.5)	584,732	631,075	0	318,357	371,692
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,480,092	16,807,556	0	12,672,258	11,878,535

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products7,406 and number of persons insured under indemnity only products81



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2015

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	183,008		740		183,748
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)	194,536	0	740	0	195,276
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	619,812		0		619,812
10. Matured endowments					0
11. Annuity benefits	119,670				119,670
12. Surrender values and withdrawals for life contracts	290,801				290,801
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	1,030,284	0	0	0	1,030,284
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	137,347	.0	.0	.0	.0	.0	.0	.1	137,347
17. Incurred during current year	12	482,465			.0	.0			12	482,465
Settled during current year:										
18.1 By payment in full	13	619,812			.0	.0			13	619,812
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	13	619,812	.0	.0	.0	.0	.0	.0	13	619,812
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	13	619,812	.0	.0	.0	.0	.0	.0	13	619,812
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	250	31,345,983	.0 (a)	.0	.0	440,000	.0	.0	250	31,785,983
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(30)	(2,952,421)			.0	45,000			(30)	(2,907,421)
23. In force December 31 of current year	220	28,393,562	0 (a)	0	0	485,000	0	0	220	28,878,562

(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)	629,658	627,788		516,546	619,490
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)	54,474	54,364		26,220	21,684
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,488	5,462		3,387	3,539
25.5 All other (b)	4,857,161	5,188,199		3,226,449	3,131,694
25.6 Totals (sum of Lines 25.1 to 25.5)	4,917,123	5,248,026	0	3,256,057	3,156,917
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,546,781	5,875,814	0	3,772,603	3,776,406

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,887 and number of persons insured under indemnity only products27 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2015

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	854,463		71		854,534
2. Annuity considerations	12,574				12,574
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	867,037	0	71	0	867,108
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	673				673
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)	673	0	0	0	673
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	673	0	0	0	673
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	744,850		0		744,850
10. Matured endowments					0
11. Annuity benefits	297,425				297,425
12. Surrender values and withdrawals for life contracts	988,294				988,294
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,030,569	0	0	0	2,030,569
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	173,355	0	0	0	0	0	0	3	173,355
17. Incurred during current year	13	571,494			0	0			13	571,494
Settled during current year:										
18.1 By payment in full	16	744,850			0	0			16	744,850
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	744,850	0	0	0	0	0	0	16	744,850
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	744,850	0	0	0	0	0	0	16	744,850
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	702	101,418,783	0 (a)	0	0	195,000	0	0	702	101,613,783
21. Issued during year									0	0
22. Other changes to in force (Net)	(58)	(8,544,866)			0	(195,000)			(58)	(8,739,866)
23. In force December 31 of current year	644	92,873,916	0 (a)	0	0	0	0	0	644	92,873,916

(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)	(25,883)	231,167		313,670	244,820
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	1,275
25.2 Guaranteed renewable (b)	3,494,624	2,094,048		1,820,007	2,055,363
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	8,365	7,821		1,963	4,686
25.5 All other (b)	1,640,829	1,806,975		981,549	332,288
25.6 Totals (sum of Lines 25.1 to 25.5)	5,143,818	3,908,844	0	2,803,520	2,393,612
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,117,936	4,140,011	0	3,117,190	2,638,431

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2,337 and number of persons
 insured under indemnity only products 138 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana
 NAIC Group Code 0707

DURING THE YEAR 2015
 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	486,729		142		486,871
2. Annuity considerations	26,872				26,872
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	513,601	0	142	0	513,743
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	1,624,988		0		1,624,988
10. Matured endowments					0
11. Annuity benefits	33,040				33,040
12. Surrender values and withdrawals for life contracts	611,287				611,287
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	2,269,316	0	0	0	2,269,316
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	63,764	.0	.0	.0	.0	.0	.0	.1	63,764
17. Incurred during current year	19	1,773,849			.0	.0			19	1,773,849
Settled during current year:										
18.1 By payment in full	17	1,624,988			.0	.0			17	1,624,988
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	17	1,624,988	.0	.0	.0	.0	.0	.0	17	1,624,988
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	17	1,624,988	.0	.0	.0	.0	.0	.0	17	1,624,988
19. Unpaid Dec. 31, current year (16+17-18.6)	3	212,625	0	0	0	0	0	0	3	212,625
POLICY EXHIBIT										
20. In force December 31, prior year	741	120,142,205	.0 (a)	.0	.0	150,000	.0	.0	741	120,292,205
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(82)	(9,157,459)			.0	(100,000)			(82)	(9,257,459)
23. In force December 31 of current year	659	110,984,746	0 (a)	0	0	50,000	0	0	659	111,034,746

(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)	357,295	361,861		222,252	196,628
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)	904,625	1,129,291		660,715	559,405
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	18,546	18,011		9,288	13,456
25.5 All other (b)	7,249,212	8,069,085		5,485,733	5,638,924
25.6 Totals (sum of Lines 25.1 to 25.5)	8,172,384	9,216,387	0	6,155,736	6,211,785
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,529,678	9,578,248	0	6,377,987	6,408,414

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,159 and number of persons
 insured under indemnity only products 336 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2015

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	224,526		0		224,526
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	224,526	0	0	0	224,526
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	198,611		0		198,611
10. Matured endowments					0
11. Annuity benefits	57,860				57,860
12. Surrender values and withdrawals for life contracts	176,339				176,339
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	432,809	0	0	0	432,809
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	198,611			0	0			6	198,611
Settled during current year:										
18.1 By payment in full	6	198,611			0	0			6	198,611
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	198,611	0	0	0	0	0	0	6	198,611
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	198,611	0	0	0	0	0	0	6	198,611
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	195	33,195,137	0 (a)	0	0	0	0	0	195	33,195,137
21. Issued during year									0	0
22. Other changes to in force (Net)	(12)	(1,887,246)			0	0			(12)	(1,887,246)
23. In force December 31 of current year	183	31,307,891	0 (a)	0	0	0	0	0	183	31,307,891

(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)	130	470		85	(832)
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	48	59		0	0
25.5 All other (b)	17,987	18,351		11,755	7,434
25.6 Totals (sum of Lines 25.1 to 25.5)	18,035	18,410	0	11,755	7,434
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,165	18,880	0	11,839	6,602

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland
NAIC Group Code 0707

DURING THE YEAR 2015
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	944,299		22,849		967,148
2. Annuity considerations	30,899				30,899
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	975,198	0	22,849	0	998,047
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	1,015,144		0		1,015,144
10. Matured endowments					0
11. Annuity benefits	1,521,074				1,521,074
12. Surrender values and withdrawals for life contracts	1,465,128				1,465,128
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	4,001,345	0	0	0	4,001,345
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	295,102	0	0	0	0	0	0	5	295,102
17. Incurred during current year	27	1,159,142							27	1,159,142
Settled during current year:										
18.1 By payment in full	28	1,015,144							28	1,015,144
18.2 By payment on compromised claims									0	0
18.3 Totals paid	28	1,015,144	0	0	0	0	0	0	28	1,015,144
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	28	1,015,144	0	0	0	0	0	0	28	1,015,144
19. Unpaid Dec. 31, current year (16+17-18.6)	4	439,100	0	0	0	0	0	0	4	439,100
POLICY EXHIBIT										
20. In force December 31, prior year	871	158,413,114	0 (a)	0	No. of Policies 0	10,801,000	0	0	871	169,214,114
21. Issued during year									0	0
22. Other changes to in force (Net)	(63)	(10,857,211)			0	(4,010,000)			(63)	(14,867,211)
23. In force December 31 of current year	808	147,555,903	0 (a)	0	0	6,791,000	0	0	808	154,346,903

(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)	10,808,279	14,378,901		13,195,796	9,126,320
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)	315,035	346,479		228,376	246,254
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	(1)	(1)		0	0
25.5 All other (b)	2,529,739	2,572,840		1,160,388	1,180,170
25.6 Totals (sum of Lines 25.1 to 25.5)	2,844,772	2,919,318	0	1,388,764	1,426,423
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,653,051	17,298,219	0	14,584,560	10,552,743

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,377 and number of persons insured under indemnity only products 106 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2015

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	184,770		29		184,799
2. Annuity considerations	36,829				36,829
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	221,599	0	29	0	221,628
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	223,035		3,774		226,809
10. Matured endowments					0
11. Annuity benefits	571,158				571,158
12. Surrender values and withdrawals for life contracts	180,103				180,103
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	974,295	0	3,774	0	978,070
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	100,000	.0	.0	.0	.0	.0	.0	.1	100,000
17. Incurred during current year	.5	237,613			.0	3,774			.5	241,387
Settled during current year:										
18.1 By payment in full	.5	223,035			.0	3,774			.5	226,809
18.2 By payment on compromised claims									.0	0
18.3 Totals paid	.5	223,035	.0	.0	.0	3,774	.0	.0	.5	226,809
18.4 Reduction by compromise									.0	0
18.5 Amount rejected									.0	0
18.6 Total settlements	.5	223,035	.0	.0	.0	3,774	.0	.0	.5	226,809
19. Unpaid Dec. 31, current year (16+17-18.6)	1	114,578	0	0	0	0	0	0	1	114,578
POLICY EXHIBIT										
20. In force December 31, prior year	260	66,562,663	.0 (a)	.0	.0	.0	.0	.0	260	66,562,663
21. Issued during year									.0	0
22. Other changes to in force (Net)	(20)	(5,249,684)			.0	100,000			(20)	(5,149,684)
23. In force December 31 of current year	240	61,312,978	0 (a)	0	0	100,000	0	0	240	61,412,978

(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)	8,734	9,259		81,747	80,247
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)	7,477	7,464		2,711	2,900
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	24,098	25,004		21,051	21,154
25.6 Totals (sum of Lines 25.1 to 25.5)	31,575	32,468	0	23,762	24,054
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	40,309	41,728	0	105,509	104,301

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2015

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	1,842,765		149,404		1,992,169
2. Annuity considerations	96,067				96,067
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,938,832	0	149,404	0	2,088,236
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	181				181
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)	181	0	0	0	181
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	181	0	0	0	181
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,071,259		(20,127)		3,051,132
10. Matured endowments					0
11. Annuity benefits	1,176,094				1,176,094
12. Surrender values and withdrawals for life contracts	2,711,105				2,711,105
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	6,958,459	0	(20,127)	0	6,938,332
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	146,828	0	0	0	0	0	0	2	146,828
17. Incurred during current year	71	3,708,940			1	(20,127)			72	3,688,813
Settled during current year:										
18.1 By payment in full	67	3,071,259			1	(20,127)			68	3,051,132
18.2 By payment on compromised claims									0	0
18.3 Totals paid	67	3,071,259	0	0	1	(20,127)	0	0	68	3,051,132
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	67	3,071,259	0	0	1	(20,127)	0	0	68	3,051,132
19. Unpaid Dec. 31, current year (16+17-18.6)	6	784,509	0	0	0	0	0	0	6	784,509
POLICY EXHIBIT										
20. In force December 31, prior year	2,017	307,738,139	0 (a)	0	0	73,883,000	0	0	2,017	381,621,139
21. Issued during year									0	0
22. Other changes to in force (Net)	(112)	(16,372,392)			0	(20,306,000)			(112)	(36,678,392)
23. In force December 31 of current year	1,905	291,365,746	0 (a)	0	0	53,577,000	0	0	1,905	344,942,746

(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)	88,287,042	90,664,131		60,363,765	60,425,129
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)	1,175,956	1,402,691		730,574	610,927
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	324	304		3,566	3,544
25.5 All other (b)	2,438,979	2,467,826		1,334,672	1,386,608
25.6 Totals (sum of Lines 25.1 to 25.5)	3,615,259	3,870,820	0	2,068,812	2,001,080
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	91,902,301	94,534,951	0	62,432,577	62,426,208

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products35,898 and number of persons insured under indemnity only products409 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota

DURING THE YEAR 2015

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	447,189		33		447,222
2. Annuity considerations	58,666				58,666
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	505,855	0	33	0	505,888
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	1,685,459		0		1,685,459
10. Matured endowments					0
11. Annuity benefits	485,598				485,598
12. Surrender values and withdrawals for life contracts	618,250				618,250
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	2,789,307	0	0	0	2,789,307
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	57,465	.0	.0	.0	.0	.0	.0	.1	57,465
17. Incurred during current year	37	1,706,470			.0	.0			37	1,706,470
Settled during current year:										
18.1 By payment in full	36	1,685,459			.0	.0			36	1,685,459
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	36	1,685,459	.0	.0	.0	.0	.0	.0	36	1,685,459
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	36	1,685,459	.0	.0	.0	.0	.0	.0	36	1,685,459
19. Unpaid Dec. 31, current year (16+17-18.6)	2	78,476	0	0	0	0	0	0	2	78,476
POLICY EXHIBIT										
20. In force December 31, prior year	.901	163,698,862	.0 (a)	.0	.1	125,000	.0	.0	.902	163,823,862
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(.57)	(12,013,793)			(1)	(125,000)			(.58)	(12,138,793)
23. In force December 31 of current year	844	151,685,070	0 (a)	0	0	0	0	0	844	151,685,070

(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)	2,437	5,162		12,370	(12,260)
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)	6,122	6,118		10,621	9,915
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	0	3		0	0
25.5 All other (b)	136,606	151,023		178,600	66,600
25.6 Totals (sum of Lines 25.1 to 25.5)	142,728	157,144	0	189,221	76,515
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	145,165	162,306	0	201,591	64,255

(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 products6 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi
 NAIC Group Code 0707

DURING THE YEAR 2015
 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	182,213		52,753		234,966
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)	207,665	0	52,753	0	260,418
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	64,483		0		64,483
10. Matured endowments					0
11. Annuity benefits	30,637				30,637
12. Surrender values and withdrawals for life contracts	161,939				161,939
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	257,059	0	0	0	257,059
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	90,653			0	0			4	90,653
Settled during current year:										
18.1 By payment in full	3	64,483			0	0			3	64,483
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	64,483	0	0	0	0	0	0	3	64,483
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	64,483	0	0	0	0	0	0	3	64,483
19. Unpaid Dec. 31, current year (16+17-18.6)	1	26,170	0	0	0	0	0	0	1	26,170
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	237	44,094,619	0 (a)	0	0	28,449,000	0	0	237	72,543,619
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(973,480)			0	(9,678,000)			(11)	(10,651,480)
23. In force December 31 of current year	226	43,121,139	0 (a)	0	0	18,771,000	0	0	226	61,892,139

(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)	26,928,399	28,289,083		17,864,284	18,564,994
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)	193,819	354,769		181,563	206,305
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	900,645	910,838		431,181	438,405
25.6 Totals (sum of Lines 25.1 to 25.5)	1,094,464	1,265,607	0	612,744	644,710
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,022,863	29,554,690	0	18,477,028	19,209,704

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products10,863 and number of persons insured under indemnity only products68 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2015

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	1,375,372		122,063		1,497,435
2. Annuity considerations	96,681				96,681
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,472,053	0	122,063	0	1,594,116
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,383				1,383
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)	1,383	0	0	0	1,383
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	1,383	0	0	0	1,383
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,352,303		50,000		3,402,303
10. Matured endowments					0
11. Annuity benefits	1,077,582				1,077,582
12. Surrender values and withdrawals for life contracts	1,942,630				1,942,630
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	6,372,515	0	50,000	0	6,422,515
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	13	615,741	0	0	0	0	0	0	13	615,741
17. Incurred during current year	86	3,446,711			1	50,000			87	3,496,711
Settled during current year:										
18.1 By payment in full	90	3,352,303			1	50,000			91	3,402,303
18.2 By payment on compromised claims									0	0
18.3 Totals paid	90	3,352,303	0	0	1	50,000	0	0	91	3,402,303
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	90	3,352,303	0	0	1	50,000	0	0	91	3,402,303
19. Unpaid Dec. 31, current year (16+17-18.6)	9	710,149	0	0	0	0	0	0	9	710,149
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	1,639	193,691,903	0 (a)	0	3	71,851,053	0	0	1,642	265,542,956
21. Issued during year									0	0
22. Other changes to in force (Net)	(92)	(10,078,759)			0	(21,299,000)			(92)	(31,377,759)
23. In force December 31 of current year	1,547	183,613,145	0 (a)	0	3	50,552,053	0	0	1,550	234,165,198

(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)	86,651,248	87,085,008		60,133,594	61,849,478
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	12	26		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)	1,936,174	1,960,838		1,406,817	2,980,784
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,342	5,246		249	246
25.5 All other (b)	2,752,407	2,798,624		1,538,834	1,593,773
25.6 Totals (sum of Lines 25.1 to 25.5)	4,693,923	4,764,708	0	2,945,900	4,574,804
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	91,345,183	91,849,742	0	63,079,495	66,424,282

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products33,844 and number of persons
 insured under indemnity only products808 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2015

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	3,974		0		3,974
2. Annuity considerations	(412)				(412)
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	3,562	0	0	0	3,562
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	140,941		0		140,941
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	82,220				82,220
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	223,162	0	0	0	223,162
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	3	140,941			0	0			3	140,941
Settled during current year:										
18.1 By payment in full	3	140,941			0	0			3	140,941
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	140,941	0	0	0	0	0	0	3	140,941
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	140,941	0	0	0	0	0	0	3	140,941
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	18	2,617,686	0 (a)	0	0	0	0	0	18	2,617,686
21. Issued during year									0	0
22. Other changes to in force (Net)	0	(210,221)			0	0			0	(210,221)
23. In force December 31 of current year	18	2,407,465	0 (a)	0	0	0	0	0	18	2,407,465

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,140	3,059		776	764
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,124	3,708		18,580	18,810
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	24,268	27,566		12,446	12,789
25.6 Totals (sum of Lines 25.1 to 25.5)	27,392	31,274	0	31,026	31,600
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	30,532	34,333	0	31,802	32,364

(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 products1 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2015

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	302,723		31,101		333,824
2. Annuity considerations	19,638				19,638
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	322,361	0	31,101	0	353,462
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	377,119		0		377,119
10. Matured endowments					0
11. Annuity benefits	305,918				305,918
12. Surrender values and withdrawals for life contracts	305,786				305,786
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	988,822	0	0	0	988,822
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	377,119			0	0			13	377,119
Settled during current year:										
18.1 By payment in full	13	377,119			0	0			13	377,119
18.2 By payment on compromised claims									0	0
18.3 Totals paid	13	377,119	0	0	0	0	0	0	13	377,119
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	13	377,119	0	0	0	0	0	0	13	377,119
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	509	77,756,605	0 (a)	0	0	16,402,000	0	0	509	94,158,605
21. Issued during year									0	0
22. Other changes to in force (Net)	(36)	(5,190,500)			0	(5,617,000)			(36)	(10,807,500)
23. In force December 31 of current year	473	72,566,104	0 (a)	0	0	10,785,000	0	0	473	83,351,104

(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)	32,891,836	33,068,911		25,379,035	24,885,758
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	51	54		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)	242,416	247,752		181,106	191,815
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	240	236		0	(1)
25.5 All other (b)	912,303	921,630		518,981	506,335
25.6 Totals (sum of Lines 25.1 to 25.5)	1,154,959	1,169,618	0	700,087	698,149
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,046,846	34,238,583	0	26,079,123	25,583,907

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products12,009 and number of persons
insured under indemnity only products96 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2015

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	117,786		459		118,245
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)	138,051	0	459	0	138,510
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	258				258
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)	258	0	0	0	258
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	258	0	0	0	258
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	552,386		0		552,386
10. Matured endowments					0
11. Annuity benefits	141,079				141,079
12. Surrender values and withdrawals for life contracts	180,373				180,373
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	873,838	0	0	0	873,838
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	552,386			0	0			4	552,386
Settled during current year:										
18.1 By payment in full	4	552,386			0	0			4	552,386
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	552,386	0	0	0	0	0	0	4	552,386
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	552,386	0	0	0	0	0	0	4	552,386
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	140	23,381,023	0 (a)	0	No. of Policies 0	318,000	0	0	140	23,699,023
21. Issued during year									0	0
22. Other changes to in force (Net)	(48)	(5,730,475)			0	(168,000)			(48)	(5,898,475)
23. In force December 31 of current year	92	17,650,548	0 (a)	0	0	150,000	0	0	92	17,800,548

(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)	215,245	213,899		325,040	311,885
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)	8,822,511	7,064,694		4,376,493	4,984,984
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	21,627	22,171		20,367	28,676
25.5 All other (b)	6,999,562	7,140,722		8,092,686	5,693,785
25.6 Totals (sum of Lines 25.1 to 25.5)	15,843,700	14,227,587	0	12,489,545	10,707,446
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	16,058,946	14,441,486	0	12,814,586	11,019,331

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products5,009 and number of persons insured under indemnity only products22 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2015

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	191,931		7		191,938
2. Annuity considerations	19,825				19,825
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	211,756	0	7	0	211,763
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	171,826		0		171,826
10. Matured endowments					0
11. Annuity benefits	110,437				110,437
12. Surrender values and withdrawals for life contracts	258,995				258,995
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	541,258	0	0	0	541,258
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	171,826			0	0			7	171,826
Settled during current year:										
18.1 By payment in full	7	171,826			0	0			7	171,826
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	171,826	0	0	0	0	0	0	7	171,826
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	171,826	0	0	0	0	0	0	7	171,826
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	219	36,782,744	0 (a)	0	0	0	0	0	219	36,782,744
21. Issued during year									0	0
22. Other changes to in force (Net)	(5)	(372,882)			0	0			(5)	(372,882)
23. In force December 31 of current year	214	36,409,862	0 (a)	0	0	0	0	0	214	36,409,862

(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)	2,450	2,617		1,307	1,202
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,824	11,804		2,124	(1,032)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	31,128	33,653		8,940	9,338
25.6 Totals (sum of Lines 25.1 to 25.5)	42,952	45,457	0	11,064	8,306
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	45,402	48,075	0	12,371	9,508

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products4 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2015

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	78,301		21		78,322
2. Annuity considerations	11,179				11,179
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	89,480	0	21	0	89,501
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	38,018		(3,180)		34,838
10. Matured endowments					0
11. Annuity benefits	125,123				125,123
12. Surrender values and withdrawals for life contracts	506,398				506,398
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	669,539	0	(3,180)	0	666,359
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	38,018			0	(3,180)			1	34,838
Settled during current year:										
18.1 By payment in full	1	38,018			0	(3,180)			1	34,838
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	38,018	0	0	0	(3,180)	0	0	1	34,838
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	38,018	0	0	0	(3,180)	0	0	1	34,838
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	66	17,016,654	0 (a)	0	0	0	0	0	66	17,016,654
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(268,290)			0	0			(1)	(268,290)
23. In force December 31 of current year	65	16,748,364	0 (a)	0	0	0	0	0	65	16,748,364

(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)	8,308	8,252		1,901	2,155
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)	8,967	7,963		13,338	13,516
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1,116,608	1,116,261		452,080	464,282
25.6 Totals (sum of Lines 25.1 to 25.5)	1,125,575	1,124,223	0	465,418	477,798
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,133,883	1,132,475	0	467,319	479,953

(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 products8 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2015

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	108,494		0		108,494
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)	114,953	0	0	0	114,953
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	533,498		0		533,498
10. Matured endowments					0
11. Annuity benefits	11,861				11,861
12. Surrender values and withdrawals for life contracts	315,905				315,905
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	861,264	0	0	0	861,264
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	783,498			0	0			8	783,498
Settled during current year:										
18.1 By payment in full	7	533,498			0	0			7	533,498
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	533,498	0	0	0	0	0	0	7	533,498
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	533,498	0	0	0	0	0	0	7	533,498
19. Unpaid Dec. 31, current year (16+17-18.6)	1	250,000	0	0	0	0	0	0	1	250,000
POLICY EXHIBIT										
20. In force December 31, prior year	99	17,262,284	0 (a)	0	0	0	0	0	99	17,262,284
21. Issued during year									0	0
22. Other changes to in force (Net)	(12)	(2,124,449)			0	0			(12)	(2,124,449)
23. In force December 31 of current year	87	15,137,835	0 (a)	0	0	0	0	0	87	15,137,835

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,234	7,889		78,835	72,835
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)	54,142	104,662		34,796	19,617
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1	6		0	(17)
25.5 All other (b)	21,522	137,195		161,798	98,165
25.6 Totals (sum of Lines 25.1 to 25.5)	75,665	241,863	0	196,594	117,765
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	78,900	249,752	0	275,430	190,600

(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 products20 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2015

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	48,784		45		48,829
2. Annuity considerations	3,809				3,809
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	52,593	0	45	0	52,638
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	284,154		0		284,154
10. Matured endowments					0
11. Annuity benefits	89,790				89,790
12. Surrender values and withdrawals for life contracts	17,263				17,263
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	391,206	0	0	0	391,206
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	284,154			0	0			7	284,154
Settled during current year:										
18.1 By payment in full	7	284,154			0	0			7	284,154
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	284,154	0	0	0	0	0	0	7	284,154
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	284,154	0	0	0	0	0	0	7	284,154
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	64	9,104,421	0 (a)	0	0	200,000	0	0	64	9,304,421
21. Issued during year									0	0
22. Other changes to in force (Net)	4	965,442			0	(200,000)			4	765,442
23. In force December 31 of current year	68	10,069,863	0 (a)	0	0	0	0	0	68	10,069,863

(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)	20,409	22,113		64,635	62,542
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)	14,710	14,923		11,538	15,221
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	34,554	32,267		11,486	11,680
25.6 Totals (sum of Lines 25.1 to 25.5)	49,264	47,190	0	23,024	26,901
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	69,673	69,303	0	87,659	89,443

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products17 and number of persons
 insured under indemnity only products6 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2015

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	755,694		21,139		776,833
2. Annuity considerations	45,550				45,550
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	801,244	0	21,139	0	822,383
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	1,059,510		0		1,059,510
10. Matured endowments					0
11. Annuity benefits	648,392				648,392
12. Surrender values and withdrawals for life contracts	643,166				643,166
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	2,351,068	0	0	0	2,351,068
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	76,361	.0	.0	.0	.0	.0	.0	.1	76,361
17. Incurred during current year	31	1,235,788			.0	.0			31	1,235,788
Settled during current year:										
18.1 By payment in full	29	1,059,510			.0	.0			29	1,059,510
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	29	1,059,510	.0	.0	.0	.0	.0	.0	29	1,059,510
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	29	1,059,510	.0	.0	.0	.0	.0	.0	29	1,059,510
19. Unpaid Dec. 31, current year (16+17-18.6)	3	252,639	0	0	0	0	0	0	3	252,639
POLICY EXHIBIT										
20. In force December 31, prior year	637	106,426,598	0 (a)	0	0	15,637,000	0	0	637	122,063,598
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(35)	(6,620,962)			.0	(5,830,000)			(35)	(12,450,962)
23. In force December 31 of current year	602	99,805,636	0 (a)	0	0	9,807,000	0	0	602	109,612,636

(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)	20,826,049	21,428,743		13,465,013	13,995,083
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)	92,498	93,258		71,595	78,074
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	704	683		0	(2)
25.5 All other (b)	5,140,715	5,097,185		2,544,673	2,612,971
25.6 Totals (sum of Lines 25.1 to 25.5)	5,233,917	5,191,126	0	2,616,269	2,691,044
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	26,059,966	26,619,869	0	16,081,281	16,686,126

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products11,455 and number of persons
 insured under indemnity only products42



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2015

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	92,098		5		92,103
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	92,098	0	5	0	92,103
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	284,511		0		284,511
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	56,466				56,466
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	340,976	0	0	0	340,976
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	284,511			0	0			6	284,511
Settled during current year:										
18.1 By payment in full	6	284,511			0	0			6	284,511
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	284,511	0	0	0	0	0	0	6	284,511
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	284,511	0	0	0	0	0	0	6	284,511
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	121	17,313,120	0 (a)	0	0	0	0	0	121	17,313,120
21. Issued during year									0	0
22. Other changes to in force (Net)	(8)	(1,527,777)			0	0			(8)	(1,527,777)
23. In force December 31 of current year	113	15,785,343	0 (a)	0	0	0	0	0	113	15,785,343

(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)	2,277	2,386		1,674	(248)
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)	44,146	52,132		27,910	21,005
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	20,775	21,505		34,050	35,570
25.6 Totals (sum of Lines 25.1 to 25.5)	64,921	73,637	0	61,961	56,575
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	67,198	76,024	0	63,634	56,326

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
 insured under indemnity only products20 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2015

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	1,506,412		111,826		1,618,238
2. Annuity considerations	108,693				108,693
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,615,105	0	111,826	0	1,726,931
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	166				166
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	1,008				1,008
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,174	0	0	0	1,174
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)	1,174	0	0	0	1,174
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,070,521		50,000		4,120,521
10. Matured endowments					0
11. Annuity benefits	1,069,461				1,069,461
12. Surrender values and withdrawals for life contracts	2,329,451				2,329,451
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	7,469,432	0	50,000	0	7,519,432
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	6	918,421	0	0	0	0	0	0	6	918,421
17. Incurred during current year	87	3,394,701			1	50,000			88	3,444,701
Settled during current year:										
18.1 By payment in full	88	4,070,521			1	50,000			89	4,120,521
18.2 By payment on compromised claims									0	0
18.3 Totals paid	88	4,070,521	0	0	1	50,000	0	0	89	4,120,521
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	88	4,070,521	0	0	1	50,000	0	0	89	4,120,521
19. Unpaid Dec. 31, current year (16+17-18.6)	5	242,601	0	0	0	0	0	0	5	242,601
POLICY EXHIBIT										
20. In force December 31, prior year	2,114	320,526,457	0 (a)	0	0	59,575,000	0	0	2,114	380,101,457
21. Issued during year									0	0
22. Other changes to in force (Net)	(148)	(21,278,656)			0	(19,202,000)			(148)	(40,480,656)
23. In force December 31 of current year	1,966	299,247,800	0 (a)	0	0	40,373,000	0	0	1,966	339,620,800

(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)	79,839,272	80,506,126		59,738,073	58,578,680
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	1,343
25.2 Guaranteed renewable (b)	5,875,294	6,059,065		3,962,151	1,998,304
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	3,404	3,356		0	0
25.5 All other (b)	3,151,790	3,243,411		1,879,916	1,886,340
25.6 Totals (sum of Lines 25.1 to 25.5)	9,030,489	9,305,833	0	5,842,068	3,885,987
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	88,869,761	89,811,959	0	65,580,141	62,464,667

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products33,197 and number of persons
 insured under indemnity only products2,096 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2015

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	365,383		46,981		412,364
2. Annuity considerations	11,676				11,676
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	377,059	0	46,981	0	424,040
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	1,077,055		0		1,077,055
10. Matured endowments					0
11. Annuity benefits	205,364				205,364
12. Surrender values and withdrawals for life contracts	297,217				297,217
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	1,579,637	0	0	0	1,579,637
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	29,277	.0	.0	.0	.0	.0	.0	.1	29,277
17. Incurred during current year	16	1,147,778			.0	.0			16	1,147,778
Settled during current year:										
18.1 By payment in full	16	1,077,055			.0	.0			16	1,077,055
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	16	1,077,055	.0	.0	.0	.0	.0	.0	16	1,077,055
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	16	1,077,055	.0	.0	.0	.0	.0	.0	16	1,077,055
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	506	88,143,540	.0 (a)	.0	.0	25,535,000	.0	.0	506	113,678,540
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(42)	(6,085,576)			.0	(7,803,000)			(42)	(13,888,576)
23. In force December 31 of current year	464	82,057,964	0 (a)	0	0	17,732,000	0	0	464	99,789,964

(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)	30,159,633	30,264,928		25,729,177	26,382,438
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	37	39		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)	557,131	780,923		318,995	286,679
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	248	244		0	(1)
25.5 All other (b)	839,298	849,942		371,158	386,247
25.6 Totals (sum of Lines 25.1 to 25.5)	1,396,677	1,631,109	0	690,153	672,925
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,556,347	31,896,076	0	26,419,331	27,055,363

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products10,655 and number of persons
 insured under indemnity only products226 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2015

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	150,591		77		150,668
2. Annuity considerations	13,148				13,148
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	163,739	0	77	0	163,816
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	351				351
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)	351	0	0	0	351
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	351	0	0	0	351
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	396,581		0		396,581
10. Matured endowments					0
11. Annuity benefits	91,434				91,434
12. Surrender values and withdrawals for life contracts	146,255				146,255
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	634,270	0	0	0	634,270
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	396,581			0	0			5	396,581
Settled during current year:										
18.1 By payment in full	5	396,581			0	0			5	396,581
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	396,581	0	0	0	0	0	0	5	396,581
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	396,581	0	0	0	0	0	0	5	396,581
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	195	34,905,516	0 (a)	0	No. of Policies 0	200,000	0	0	195	35,105,516
21. Issued during year									0	0
22. Other changes to in force (Net)	(17)	(3,137,780)			0	(200,000)			(17)	(3,337,780)
23. In force December 31 of current year	178	31,767,736	0 (a)	0	0	0	0	0	178	31,767,736

(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)	1,476	3,712		510	801
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)	18,364	18,324		9,845	10,649
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	2,221	1,620		1,531	4,267
25.5 All other (b)	181,508	159,350		27,225	29,581
25.6 Totals (sum of Lines 25.1 to 25.5)	202,092	179,294	0	38,602	44,496
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	203,568	183,006	0	39,111	45,298

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products285 and number of persons insured under indemnity only products7 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2015

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	1,219,382		37,215		1,256,597
2. Annuity considerations	12,475				12,475
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,231,857	0	37,215	0	1,269,072
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	2,761,475		0		2,761,475
10. Matured endowments					0
11. Annuity benefits	539,106				539,106
12. Surrender values and withdrawals for life contracts	2,123,159				2,123,159
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	5,423,740	0	0	0	5,423,740
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	433,952	.0	.0	.0	.0	.0	.0	.5	433,952
17. Incurred during current year	35	2,327,523			.0	.0			35	2,327,523
Settled during current year:										
18.1 By payment in full	40	2,761,475			.0	.0			40	2,761,475
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	40	2,761,475	.0	.0	.0	.0	.0	.0	40	2,761,475
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	40	2,761,475	.0	.0	.0	.0	.0	.0	40	2,761,475
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	778	108,919,370	.0 (a)	.0	.0	22,107,000	.0	.0	778	131,026,370
21. Issued during year									.0	.0
22. Other changes to in force (Net)	(41)	(4,631,173)			.0	(8,176,000)			(41)	(12,807,173)
23. In force December 31 of current year	737	104,288,197	0 (a)	0	0	13,931,000	0	0	737	118,219,197

(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)	33,503,233	34,443,088		22,371,762	21,461,934
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)	37,752	38,043		34,311	32,447
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	340	349		0	0
25.5 All other (b)	1,888,740	1,865,878		625,300	676,309
25.6 Totals (sum of Lines 25.1 to 25.5)	1,926,831	1,904,270	0	659,612	708,756
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,430,065	36,347,358	0	23,031,373	22,170,691

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13,253 and number of persons insured under indemnity only products16 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2015

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	51,504		0		51,504
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)	56,876	0	0	0	56,876
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	182,074		0		182,074
10. Matured endowments					0
11. Annuity benefits	222,770				222,770
12. Surrender values and withdrawals for life contracts	198,786				198,786
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	603,630	0	0	0	603,630
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	114,151	.0	.0	.0	.0	.0	.0	.1	114,151
17. Incurred during current year	.3	67,923			.0	.0			.3	67,923
Settled during current year:										
18.1 By payment in full	.4	182,074			.0	.0			.4	182,074
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.4	182,074	.0	.0	.0	.0	.0	.0	.4	182,074
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.4	182,074	.0	.0	.0	.0	.0	.0	.4	182,074
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	62	11,256,076	.0 (a)	.0	.0	.0	.0	.0	.62	11,256,076
21. Issued during year									.0	.0
22. Other changes to in force (Net)	.1	109,906			.0	.0			.1	109,906
23. In force December 31 of current year	63	11,365,982	0 (a)	0	0	0	0	0	63	11,365,982

(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)	1,473	1,579		820	812
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)	(749)	(748)		0	0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	4,964	5,441		1,485	1,546
25.6 Totals (sum of Lines 25.1 to 25.5)	4,215	4,693	0	1,485	1,546
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,687	6,272	0	2,305	2,358

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products5 and number of persons insured under indemnity only products0 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina
 NAIC Group Code 0707

DURING THE YEAR 2015
 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	418,974		55,787		474,761
2. Annuity considerations	40,919				40,919
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	459,893	0	55,787	0	515,680
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	2,118,652		0		2,118,652
10. Matured endowments					0
11. Annuity benefits	233,112				233,112
12. Surrender values and withdrawals for life contracts	614,717				614,717
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	2,966,482	0	0	0	2,966,482
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	196,275	0	0	0	0	0	0	3	196,275
17. Incurred during current year	21	2,022,378			0	0			21	2,022,378
Settled during current year:										
18.1 By payment in full	23	2,118,652			0	0			23	2,118,652
18.2 By payment on compromised claims									0	0
18.3 Totals paid	23	2,118,652	0	0	0	0	0	0	23	2,118,652
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	23	2,118,652	0	0	0	0	0	0	23	2,118,652
19. Unpaid Dec. 31, current year (16+17-18.6)	1	100,000	0	0	0	0	0	0	1	100,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	458	80,629,354	0 (a)	0	0	31,918,000	0	0	458	112,547,354
21. Issued during year									0	0
22. Other changes to in force (Net)	(23)	(3,895,432)			0	(10,293,000)			(23)	(14,188,432)
23. In force December 31 of current year	435	76,733,922	0 (a)	0	0	21,625,000	0	0	435	98,358,922

(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)	40,447,265	42,297,243		31,480,138	31,679,225
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	(17,115)
25.2 Guaranteed renewable (b)	358,908	699,613		196,181	112,259
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	5,600	4,077		3,190	5,448
25.5 All other (b)	4,161,843	4,150,464		2,030,736	2,165,713
25.6 Totals (sum of Lines 25.1 to 25.5)	4,526,352	4,854,154	0	2,230,107	2,266,304
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	44,973,617	47,151,397	0	33,710,245	33,945,529

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products14,597 and number of persons
 insured under indemnity only products135 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2015

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	265,094		0		265,094
2. Annuity considerations	6,449				6,449
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	271,543	0	0	0	271,543
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	294,835		0		294,835
10. Matured endowments					0
11. Annuity benefits	93,143				93,143
12. Surrender values and withdrawals for life contracts	234,473				234,473
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	622,451	0	0	0	622,451
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	4	170,035	0	0	0	0	0	0	4	170,035
17. Incurred during current year	8	228,696			0	0			8	228,696
Settled during current year:										
18.1 By payment in full	11	294,835			0	0			11	294,835
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	294,835	0	0	0	0	0	0	11	294,835
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	294,835	0	0	0	0	0	0	11	294,835
19. Unpaid Dec. 31, current year (16+17-18.6)	1	103,896	0	0	0	0	0	0	1	103,896
POLICY EXHIBIT										
20. In force December 31, prior year	384	71,181,946	0 (a)	0	0	0	0	0	384	71,181,946
21. Issued during year									0	0
22. Other changes to in force (Net)	(24)	(3,580,490)			0	0			(24)	(3,580,490)
23. In force December 31 of current year	360	67,601,455	0 (a)	0	0	0	0	0	360	67,601,455

(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)	1,993	3,804		3,522	(42,418)
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)	54,638	59,911		67,807	74,974
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	24	26		0	0
25.5 All other (b)	38,083	50,873		138,247	36,626
25.6 Totals (sum of Lines 25.1 to 25.5)	92,745	110,810	0	206,054	111,600
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	94,738	114,614	0	209,576	69,182

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 2 and number of persons
 insured under indemnity only products 20 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2015

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	1,245,609		75,225		1,320,834
2. Annuity considerations	72,398				72,398
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,318,007	0	75,225	0	1,393,232
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	218				218
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)	218	0	0	0	218
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	218	0	0	0	218
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,646,207		50,000		1,696,207
10. Matured endowments					0
11. Annuity benefits	483,345				483,345
12. Surrender values and withdrawals for life contracts	1,390,481				1,390,481
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	3,520,033	0	50,000	0	3,570,033
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	3	215,565	0	0	1	50,000	0	0	4	265,565
17. Incurred during current year	43	1,649,780			0	0			43	1,649,780
Settled during current year:										
18.1 By payment in full	43	1,646,207			1	50,000			44	1,696,207
18.2 By payment on compromised claims									0	0
18.3 Totals paid	43	1,646,207	0	0	1	50,000	0	0	44	1,696,207
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	43	1,646,207	0	0	1	50,000	0	0	44	1,696,207
19. Unpaid Dec. 31, current year (16+17-18.6)	3	219,137	0	0	0	0	0	0	3	219,137
POLICY EXHIBIT										
20. In force December 31, prior year	1,414	227,494,368	0 (a)	0	0	39,007,000	0	0	1,414	266,501,368
21. Issued during year									0	0
22. Other changes to in force (Net)	(63)	(11,491,409)			0	(9,878,000)			(63)	(21,369,409)
23. In force December 31 of current year	1,351	216,002,959	0 (a)	0	0	29,129,000	0	0	1,351	245,131,959

(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)	33,550,420	34,338,362		25,560,960	25,975,492
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)	544,336	840,659		471,599	459,962
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	327	321		0	0
25.5 All other (b)	1,206,033	1,214,248		533,507	520,721
25.6 Totals (sum of Lines 25.1 to 25.5)	1,750,696	2,055,227	0	1,005,106	980,684
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,301,115	36,393,589	0	26,566,065	26,956,176

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products14,736 and number of persons
insured under indemnity only products229



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas
NAIC Group Code 0707

DURING THE YEAR 2015
NAIC Company Code 62286

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include Direct Premiums and Annuity Considerations, Direct Dividends to Policyholders, and Direct Claims and Benefits Paid.

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Direct Death Benefits and Matured Endowments Incurred and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b) and Other Individual Policies.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 42,843 and number of persons insured under indemnity only products 1,026



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2015

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	127,702		0		127,702
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	127,702	0	0	0	127,702
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	130,275		0		130,275
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	61,707				61,707
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	191,981	0	0	0	191,981
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	130,275			0	0			5	130,275
Settled during current year:										
18.1 By payment in full	5	130,275			0	0			5	130,275
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	130,275	0	0	0	0	0	0	5	130,275
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	130,275	0	0	0	0	0	0	5	130,275
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	105	19,794,747	0 (a)	0	No. of Policies 0	0	0	0	105	19,794,747
21. Issued during year									0	0
22. Other changes to in force (Net)	0	33,497			0	0			0	33,497
23. In force December 31 of current year	105	19,828,244	0 (a)	0	0	0	0	0	105	19,828,244

(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)	4,777	7,689		6,253	(12,016)
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)	7,319	7,306		2,825	2,249
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	151,384	153,778		109,032	104,382
25.6 Totals (sum of Lines 25.1 to 25.5)	158,702	161,084	0	111,856	106,631
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	163,480	168,773	0	118,110	94,615

(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 products3 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2015

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	50,239		0		50,239
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	50,239	0	0	0	50,239
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	18,487				18,487
12. Surrender values and withdrawals for life contracts	133,298				133,298
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	151,785	0	0	0	151,785
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	73	12,638,417	0 (a)	0	0	0	0	0	73	12,638,417
21. Issued during year									0	0
22. Other changes to in force (Net)	0	(41,305)			0	0			0	(41,305)
23. In force December 31 of current year	73	12,597,112	0 (a)	0	0	0	0	0	73	12,597,112

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	4,275	4,260		566	281
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)	10,146	10,582		30,805	11,990
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	14,345	14,791		13,380	13,386
25.6 Totals (sum of Lines 25.1 to 25.5)	24,491	25,373	0	44,184	25,376
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	28,766	29,633	0	44,750	25,657

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2 and number of persons insured under indemnity only products11 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2015

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	1,061,049		55,601		1,116,650
2. Annuity considerations	58,973				58,973
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,120,022	0	55,601	0	1,175,623
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	1,755,785		0		1,755,785
10. Matured endowments					0
11. Annuity benefits	635,219				635,219
12. Surrender values and withdrawals for life contracts	1,367,538				1,367,538
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	3,758,542	0	0	0	3,758,542
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	4,000	0	0	0	0	0	0	.1	4,000
17. Incurred during current year	55	1,803,656							55	1,803,656
Settled during current year:										
18.1 By payment in full	55	1,755,785							55	1,755,785
18.2 By payment on compromised claims									0	0
18.3 Totals paid	55	1,755,785	0	0	0	0	0	0	55	1,755,785
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	55	1,755,785	0	0	0	0	0	0	55	1,755,785
19. Unpaid Dec. 31, current year (16+17-18.6)	1	51,871	0	0	0	0	0	0	1	51,871
POLICY EXHIBIT										
20. In force December 31, prior year	1,192	201,831,870	0 (a)	0	No. of Policies 0	35,246,000	0	0	1,192	237,077,870
21. Issued during year									0	0
22. Other changes to in force (Net)	(98)	(13,220,359)			0	(12,965,000)			(98)	(26,185,359)
23. In force December 31 of current year	1,094	188,611,511	0 (a)	0	0	22,281,000	0	0	1,094	210,892,511

(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)	33,531,449	33,831,410		24,403,449	23,486,207
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)	936,739	1,271,871		999,539	1,057,301
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	363	392		0	(19)
25.5 All other (b)	299,808	301,210		356,159	341,607
25.6 Totals (sum of Lines 25.1 to 25.5)	1,236,910	1,573,474	0	1,355,699	1,398,889
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	34,768,359	35,404,884	0	25,759,148	24,885,096

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13,988 and number of persons insured under indemnity only products219 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2015

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	283,901		(14)		283,887
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)	285,817	0	(14)	0	285,803
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	180				180
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)	180	0	0	0	180
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 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)	180	0	0	0	180
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	657,234		(5,500)		651,734
10. Matured endowments					0
11. Annuity benefits	457,442				457,442
12. Surrender values and withdrawals for life contracts	364,874				364,874
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	1,479,550	0	(5,500)	0	1,474,050
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	2	188,051	0	0	0	0	0	0	2	188,051
17. Incurred during current year	17	617,887			0	(5,500)			17	612,387
Settled during current year:										
18.1 By payment in full	16	657,234			0	(5,500)			16	651,734
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	657,234	0	0	0	(5,500)	0	0	16	651,734
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	657,234	0	0	0	(5,500)	0	0	16	651,734
19. Unpaid Dec. 31, current year (16+17-18.6)	3	148,704	0	0	0	0	0	0	3	148,704
POLICY EXHIBIT										
20. In force December 31, prior year	256	51,362,121	0 (a)	0	0	80,000	0	0	256	51,442,121
21. Issued during year									0	0
22. Other changes to in force (Net)	(26)	(5,860,037)			0	(80,000)			(26)	(5,940,037)
23. In force December 31 of current year	230	45,502,084	0 (a)	0	0	0	0	0	230	45,502,084

(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)	17,373	17,122		16,071	6,435
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)	6,398	8,254		4,779	4,598
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	68	67		0	0
25.5 All other (b)	223,704	223,191		123,140	121,372
25.6 Totals (sum of Lines 25.1 to 25.5)	230,169	231,512	0	127,919	125,970
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	247,542	248,634	0	143,990	132,405

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products17 and number of persons
 insured under indemnity only products5 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2015

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	255,732		14,453		270,185
2. Annuity considerations	21,715				21,715
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	277,447	0	14,453	0	291,900
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	242,257		0		242,257
10. Matured endowments					0
11. Annuity benefits	195,451				195,451
12. Surrender values and withdrawals for life contracts	605,149				605,149
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	1,042,857	0	0	0	1,042,857
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	285,583			0	0			8	285,583
Settled during current year:										
18.1 By payment in full	7	242,257			0	0			7	242,257
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	242,257	0	0	0	0	0	0	7	242,257
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	242,257	0	0	0	0	0	0	7	242,257
19. Unpaid Dec. 31, current year (16+17-18.6)	1	43,326	0	0	0	0	0	0	1	43,326
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	244	32,401,477	0 (a)	0	0	7,264,000	0	0	244	39,665,477
21. Issued during year									0	0
22. Other changes to in force (Net)	(18)	(1,979,691)				(1,828,000)			(18)	(3,807,691)
23. In force December 31 of current year	226	30,421,786	0 (a)	0	0	5,436,000	0	0	226	35,857,786

(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)	9,772,845	9,838,356		6,007,869	5,758,254
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)	252,194	284,552		189,857	193,404
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	146,482	150,940		46,436	46,213
25.6 Totals (sum of Lines 25.1 to 25.5)	398,676	435,492	0	236,293	239,616
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	10,171,521	10,273,848	0	6,244,162	5,997,870

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,058 and number of persons
 insured under indemnity only products 106 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin
 NAIC Group Code 0707

DURING THE YEAR 2015
 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	1,492,787		68,198		1,560,985
2. Annuity considerations	41,848				41,848
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,534,635	0	68,198	0	1,602,833
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	3,251,051		100,000		3,351,051
10. Matured endowments					0
11. Annuity benefits	366,222				366,222
12. Surrender values and withdrawals for life contracts	2,247,485				2,247,485
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	5,864,758	0	100,000	0	5,964,758
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	2	120,644	0	0	0	0	0	0	2	120,644
17. Incurred during current year	78	3,656,499			1	100,000			79	3,756,499
Settled during current year:										
18.1 By payment in full	76	3,251,051			1	100,000			77	3,351,051
18.2 By payment on compromised claims									0	0
18.3 Totals paid	76	3,251,051	0	0	1	100,000	0	0	77	3,351,051
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	76	3,251,051	0	0	1	100,000	0	0	77	3,351,051
19. Unpaid Dec. 31, current year (16+17-18.6)	4	526,092	0	0	0	0	0	0	4	526,092
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	2,033	344,952,530	0 (a)	0	0	32,077,000	0	0	2,033	377,029,530
21. Issued during year									0	0
22. Other changes to in force (Net)	(133)	(19,642,528)			0	(8,742,000)			(133)	(28,384,528)
23. In force December 31 of current year	1,900	325,310,002	0 (a)	0	0	23,335,000	0	0	1,900	348,645,002

(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)	69,849,310	70,191,829		51,164,032	50,277,542
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	42,035	42,046		20,506	20,272
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	766	767		1,309	1,434
25.5 All other (b)	280,839	280,326		218,278	225,081
25.6 Totals (sum of Lines 25.1 to 25.5)	323,639	323,139	0	240,093	246,787
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	70,172,949	70,514,968	0	51,404,126	50,524,329

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 22,468 and number of persons insured under indemnity only products 18



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2015

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	69,715		(18)		69,697
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	69,715	0	(18)	0	69,697
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	272				272
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	0	0	0	272
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	103	15,286,406	0 (a)	0	0	80,000	0	0	103	15,366,406
21. Issued during year									0	0
22. Other changes to in force (Net)	(18)	(2,549,184)			0	(30,000)			(18)	(2,579,184)
23. In force December 31 of current year	85	12,737,221	0 (a)	0	0	50,000	0	0	85	12,787,221

(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)	272,955	270,179		351,682	437,007
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)	2,444	2,398		2,547	1,772
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	19,863	18,218		6,280	31,760
25.5 All other (b)	6,332,563	6,839,431		5,007,583	5,019,058
25.6 Totals (sum of Lines 25.1 to 25.5)	6,354,870	6,860,047	0	5,016,410	5,052,590
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,627,826	7,130,227	0	5,368,092	5,489,597

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,337 and number of persons
insured under indemnity only products3 .



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam
 NAIC Group Code 0707

DURING THE YEAR 2015
 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					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
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year			(a)		No. of Policies				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)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2015

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	42,515	0	(7)	0	42,508
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)	49,196	0	(7)	0	49,189
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	108,156	0	0	0	108,156
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	244,307	0	0	0	244,307
12. Surrender values and withdrawals for life contracts	7,920	0	0	0	7,920
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	360,383	0	0	0	360,383
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	88,045	0	0	0	0	0	0	.1	88,045
17. Incurred during current year	0	20,111	0	0	0	0	0	0	0	20,111
Settled during current year:										
18.1 By payment in full	.1	108,156	0	0	0	0	0	0	.1	108,156
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	.1	108,156	0	0	0	0	0	0	.1	108,156
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	108,156	0	0	0	0	0	0	.1	108,156
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	20	4,366,172	0 (a)	0	No. of Policies	0	0	0	20	4,366,172
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	0	10,000	0	0	0	0	0	0	0	10,000
23. In force December 31 of current year	20	4,376,172	0 (a)	0	0	0	0	0	20	4,376,172

(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)	(3,065)	(3,042)	0	659	436
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)	1,376	1,374	0	0	0
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)	295	565	0	300	298
25.6 Totals (sum of Lines 25.1 to 25.5)	1,671	1,939	0	300	298
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	(1,394)	(1,103)	0	958	734

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



ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2015

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	32,325,361	0	1,791,644	0	34,117,005
2. Annuity considerations	2,379,324	0	0	0	2,379,324
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)	34,704,685	0	1,791,644	0	36,496,329
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	91,948	0	0	0	91,948
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	12,651	0	0	0	12,651
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	104,599	0	0	0	104,599
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)	104,599	0	0	0	104,599
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	65,921,825	0	668,231	0	66,590,056
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	23,461,845	0	0	0	23,461,845
12. Surrender values and withdrawals for life contracts	43,472,688	0	0	0	43,472,688
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	132,856,358	0	668,231	0	133,524,589
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	151	8,427,313	0	0	2	150,000	0	0	153	8,577,313
17. Incurred during current year	1,425	63,889,048	0	0	10	568,231	0	0	1,435	64,457,279
Settled during current year:										
18.1 By payment in full	1,492	65,921,825	0	0	11	668,231	0	0	1,503	66,590,056
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	1,492	65,921,825	0	0	11	668,231	0	0	1,503	66,590,056
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	1,492	65,921,825	0	0	11	668,231	0	0	1,503	66,590,056
19. Unpaid Dec. 31, current year (16+17-18.6)	84	6,394,536	0	0	1	50,000	0	0	85	6,444,536
POLICY EXHIBIT										
20. In force December 31, prior year	37,324	5,865,002,267	0 (a)	0	No. of Policies 138	986,321,053	0	0	37,462	6,851,323,320
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	(2,677)	(374,012,528)	0	0	(9)	(304,555,500)	0	0	(2,686)	(678,568,028)
23. In force December 31 of current year	34,647	5,490,989,740	0 (a)	0	129	681,765,553	0	0	34,776	6,172,755,293

(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)	1,264,219,319	1,289,586,848	0	916,357,479	916,201,439
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)	357	417	0	265	264
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	100,000	(10,547)
25.2 Guaranteed renewable (b)	48,157,450	46,945,714	0	32,779,221	33,960,464
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	624,952	625,363	0	558,424	629,388
25.5 All other (b)	168,693,472	173,881,041	0	128,773,069	126,798,717
25.6 Totals (sum of Lines 25.1 to 25.5)	217,475,873	221,452,118	0	162,210,713	161,378,022
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,481,695,549	1,511,039,383	0	1,078,568,457	1,077,579,725

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 526,879 and number of persons insured under indemnity only products 8,693

ANNUAL STATEMENT FOR THE YEAR 2015 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	8,941,484
2. Current year's realized pre-tax capital gains/(losses) of \$ 4,106,228 transferred into the reserve net of taxes of \$ 1,437,180	2,669,049
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)	11,610,533
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	2,717,258
6. Reserve as of December 31, current year (Line 4 minus Line 5)	8,893,274

AMORTIZATION

	1	2	3	4
Year of Amortization	Reserve as of December 31, Prior Year	Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2015	2,410,389	306,869	0	2,717,258
2. 2016	1,947,523	551,286	0	2,498,809
3. 2017	1,470,945	461,871	0	1,932,816
4. 2018	991,485	382,103	0	1,373,588
5. 2019	659,311	301,178	0	960,488
6. 2020	494,858	217,863	0	712,720
7. 2021	365,903	156,693	0	522,595
8. 2022	236,949	125,354	0	362,304
9. 2023	131,393	91,404	0	222,797
10. 2024	69,063	56,148	0	125,212
11. 2025	39,727	18,281	0	58,007
12. 2026	14,784	0	0	14,784
13. 2027	3,910	0	0	3,910
14. 2028	8,686	0	0	8,686
15. 2029	23,901	0	0	23,901
16. 2030	30,198	0	0	30,198
17. 2031	25,938	0	0	25,938
18. 2032	19,316	0	0	19,316
19. 2033	6,839	0	0	6,839
20. 2034	(6,196)	0	0	(6,196)
21. 2035	(5,240)	0	0	(5,240)
22. 2036	(306)	0	0	(306)
23. 2037	1,584	0	0	1,584
24. 2038	526	0	0	526
25. 2039	0	0	0	0
26. 2040	0	0	0	0
27. 2041	0	0	0	0
28. 2042	0	0	0	0
29. 2043	0	0	0	0
30. 2044	0	0	0	0
31. 2045 and Later	0	0	0	0
32. Total (Lines 1 to 31)	8,941,485	2,669,049	0	11,610,534

ANNUAL STATEMENT FOR THE YEAR 2015 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	1,883,700	0	1,883,700	0	258,976	258,976	2,142,677
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	299,536	0	299,536	0	5,186	5,186	304,723
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	2,183,237	0	2,183,237	0	264,163	264,163	2,447,399
9. Maximum reserve	1,863,939	0	1,863,939	0	233,532	233,532	2,097,471
10. Reserve objective	1,348,860	0	1,348,860	0	226,617	226,617	1,575,477
11. 20% of (Line 10 - Line 8)	(166,875)	0	(166,875)	0	(7,509)	(7,509)	(174,385)
12. Balance before transfers (Lines 8 + 11)	2,016,361	0	2,016,361	0	256,653	256,653	2,273,015
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(152,422)		(152,422)		(23,122)	(23,122)	(175,544)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,863,939	0	1,863,939	0	233,531	233,531	2,097,471

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	26,895,794	XXX	XXX	26,895,794	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality	384,186,039	XXX	XXX	384,186,039	0.0004	153,674	0.0023	883,628	0.0030	1,152,558
3.	2	High Quality	69,013,137	XXX	XXX	69,013,137	0.0019	131,125	0.0058	400,276	0.0090	621,118
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)	480,094,970	XXX	XXX	480,094,970	XXX	284,799	XXX	1,283,904	XXX	1,773,676
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	7,882,998	XXX	XXX	7,882,998	0.0000	0	0.0000	0	0.0000	0
19.	1	Highest Quality	18,508,250	XXX	XXX	18,508,250	0.0004	7,403	0.0023	42,569	0.0030	55,525
20.	2	High Quality	3,859,806	XXX	XXX	3,859,806	0.0019	7,334	0.0058	22,387	0.0090	34,738
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)	30,251,054	XXX	XXX	30,251,054	XXX	14,737	XXX	64,956	XXX	90,263
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)	510,346,024	XXX	XXX	510,346,024	XXX	299,536	XXX	1,348,860	XXX	1,863,939

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)	2,883,251			2,883,251	0.0000	0	0.0750	216,244	0.0750	216,244
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)	2,883,251	0	0	2,883,251	XXX	0	XXX	216,244	XXX	216,244
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	17,287,933			17,287,933	0.0003	5,186	0.0006	10,373	0.0010	17,288
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)	17,287,933	0	0	17,287,933	XXX	5,186	XXX	10,373	XXX	17,288
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)	17,287,933	0	0	17,287,933	XXX	5,186	XXX	10,373	XXX	17,288

(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 Replications (Synthetic) Assets

N O N E

Schedule F - Claims

N O N E

ANNUAL STATEMENT FOR THE YEAR 2015 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	1,476,046,258	XXX	1,262,856,806	XXX		XXX	401	XXX	0	XXX	44,497,935	XXX		XXX	619,480	XXX	168,071,635	XXX
2. Premiums earned	1,510,791,391	XXX	1,289,524,916	XXX		XXX	417	XXX	0	XXX	46,765,425	XXX		XXX	619,592	XXX	173,881,041	XXX
3. Incurred claims	1,075,578,615	71.2	916,204,136	71.0	0	0.0	264	63.3	0	0.0	32,094,514	68.6	0	0.0	634,949	102.5	126,644,752	72.8
4. Cost containment expenses	15,192,046	1.0	12,997,817	1.0		0.0	4	1.0	0	0.0	457,990	1.0		0.0	6,376	1.0	1,729,859	1.0
5. Incurred claims and cost containment expenses (Lines 3 and 4)	1,090,770,660	72.2	929,201,952	72.1	0	0.0	268	64.3	0	0.0	32,552,504	69.6	0	0.0	641,324	103.5	128,374,611	73.8
6. Increase in contract reserves	(766,168)	(0.1)	(24,004)	0.0	0	0.0	0	0.0	0	0.0	(896,128)	(1.9)	0	0.0	0	0.0	153,964	0.1
7. Commissions (a)	61,195,824	4.1	50,498,957	3.9		0.0	3	0.7	0	0.0	1,726,551	3.7		0.0	68,531	11.1	8,901,783	5.1
8. Other general insurance expenses	112,375,662	7.4	96,889,579	7.5		0.0	27	6.6	0	0.0	3,298,244	7.1		0.0	40,645	6.6	12,147,166	7.0
9. Taxes, licenses and fees	85,912,678	5.7	75,490,430	5.9		0.0	25	6.0	0	0.0	1,162,173	2.5		0.0	15,852	2.6	9,244,199	5.3
10. Total other expenses incurred	259,484,164	17.2	222,878,966	17.3	0	0.0	55	13.2	0	0.0	6,186,968	13.2	0	0.0	125,028	20.2	30,293,148	17.4
11. Aggregate write-ins for deductions	71,971	0.0	61,576	0.0	0	0.0	0	0.0	0	0.0	2,170	0.0	0	0.0	30	0.0	8,195	0.0
12. Gain from underwriting before dividends or refunds	161,230,764	10.7	137,406,427	10.7	0	0.0	94	22.5	0	0.0	8,919,912	19.1	0	0.0	(146,791)	(23.7)	15,051,122	8.7
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	161,230,764	10.7	137,406,427	10.7	0	0.0	94	22.5	0	0.0	8,919,912	19.1	0	0.0	(146,791)	(23.7)	15,051,122	8.7
DETAILS OF WRITE-INS																		
1101. Fines and Penalties	71,971	0.0	61,576	0.0		0.0	0	0.0	0	0.0	2,170	0.0		0.0	30	0.0	8,195	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)	71,971	0.0	61,576	0.0	0	0.0	0	0.0	0	0.0	2,170	0.0	0	0.0	30	0.0	8,195	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2015 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	58,566,470	50,772,075		12	0	1,242,335		282	6,551,766
2. Advance premiums	17,637,063	14,843,894		44	0	452,394		0	2,340,730
3. Reserve for rate credits	13,508,532	11,437,259		10	0	1,209,104		0	862,159
4. Total premium reserves, current year	89,712,065	77,053,228	0	66	0	2,903,834	0	282	9,754,655
5. Total premium reserves, prior year	125,378,619	104,659,246	0	127	0	5,016,976	0	607	15,701,664
6. Increase in total premium reserves	(35,666,554)	(27,606,017)	0	(61)	0	(2,113,142)	0	(325)	(5,947,009)
B. Contract Reserves:									
1. Additional reserves (a)	10,025,807	87,746		0	0	9,781,529		0	156,532
2. Reserve for future contingent benefits	0								
3. Total contract reserves, current year	10,025,807	87,746	0	0	0	9,781,529	0	0	156,532
4. Total contract reserves, prior year	10,791,976	111,751	0	0	0	10,677,658	0	0	2,567
5. Increase in contract reserves	(766,168)	(24,004)	0	0	0	(896,128)	0	0	153,964
C. Claim Reserves and Liabilities:									
1. Total current year	169,556,511	145,605,482	0	14	0	5,366,485	0	147,803	18,436,727
2. Total prior year	170,170,960	145,758,825	0	15	0	3,775,798	0	71,278	20,565,044
3. Increase	(614,448)	(153,343)	0	(1)	0	1,590,687	0	76,525	(2,128,317)

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	160,904,806	135,936,947	0	29	0	3,422,042		59,584	21,486,205
1.2 On claims incurred during current year	915,288,256	780,420,532	0	236	0	27,081,785		498,840	107,286,864
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	710,841	620,980	0	0	0	28,175		0	61,686
2.2 On claims incurred during current year	168,845,671	144,984,502	0	14	0	5,338,311		147,803	18,375,041
3. Test:									
3.1 Lines 1.1 and 2.1	161,615,647	136,557,927	0	29	0	3,450,216	0	59,584	21,547,891
3.2 Claim reserves and liabilities, December 31, prior year	170,170,960	145,758,825	0	15	0	3,775,798	0	71,278	20,565,044
3.3 Line 3.1 minus Line 3.2	(8,555,312)	(9,200,898)	0	14	0	(325,582)	0	(11,694)	982,847

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	244,274	58,570			0	180,290		5,414	0
2. Premiums earned	247,992	61,930			0	180,290		5,771	0
3. Incurred claims	2,877,826	21,308			100,000	2,762,079		(5,560)	0
4. Commissions	9,025	8,301	0		0	0		724	0

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2015 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	1,039,390,445	29,137,712	9,928,284	1,078,456,440
2. Beginning Claim Reserves and Liabilities	167,555,594	1,280,473	1,401,133	170,237,201
3. Ending Claim Reserves and Liabilities	166,687,093	1,211,950	2,226,142	170,125,185
4. Claims Paid	1,040,258,947	29,206,235	9,103,275	1,078,568,457
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.....	2,862,079	0	15,747	2,877,826
10. Beginning Claim Reserves and Liabilities	0	0	66,241	66,241
11. Ending Claim Reserves and Liabilities	2,762,079	0	81,988	2,844,067
12. Claims Paid	100,000	0	0	100,000
D. Net:				
13. Incurred Claims.....	1,036,528,366	29,137,712	9,912,537	1,075,578,615
14. Beginning Claim Reserves and Liabilities	167,555,594	1,280,473	1,334,892	170,170,960
15. Ending Claim Reserves and Liabilities	163,925,014	1,211,950	2,144,154	167,281,117
16. Claims Paid	1,040,158,947	29,206,235	9,103,275	1,078,468,457
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	1,051,720,412	29,137,712	9,912,537	1,090,770,660
18. Beginning Reserves and Liabilities	167,799,012	1,280,473	1,334,892	170,414,378
19. Ending Reserves and Liabilities	164,299,394	1,211,950	2,144,154	167,655,497
20. Paid Claims and Cost Containment Expenses	1,055,220,031	29,206,235	9,103,275	1,093,529,541

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 2015 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	1,566,272,000	34,137,306	35,291,051	3,863,422	1,554,968	1,755,610	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	SC		1,971,944	2,269,173				0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	QL	3,881,486,777	1,256,445,349	1,268,362,242	29,863,874	12,100,576	13,661,941	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	FL		485,461,473	518,531,022	827,890	288,180	325,365	0	0
66346	58-0828824	01/01/2008	Munich American Reassurance Company	GA	CO/I	QL	221,833,000	10,130	41,220	581,408	0	0	0	0
0899999	General Account - Authorized U.S. Non-Affiliates						5,669,591,777	1,778,026,202	1,824,494,708	35,136,594	13,943,724	15,742,916	0	0
1099999	Total General Account - Authorized Non-Affiliates						5,669,591,777	1,778,026,202	1,824,494,708	35,136,594	13,943,724	15,742,916	0	0
1199999	Total General Account Authorized						5,669,591,777	1,778,026,202	1,824,494,708	35,136,594	13,943,724	15,742,916	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						5,669,591,777	1,778,026,202	1,824,494,708	35,136,594	13,943,724	15,742,916	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)						5,669,591,777	1,778,026,202	1,824,494,708	35,136,594	13,943,724	15,742,916	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						5,669,591,777	1,778,026,202	1,824,494,708	35,136,594	13,943,724	15,742,916	0	0

ANNUAL STATEMENT FOR THE YEAR 2015 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 of Reinsur- ance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
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	671,675	0	0	0	0
66346	58-0828824	01/01/2008	Munich American Reassurance Company	GA	CO/I	A	63,984	1,872	0	0	0	0	0
00000	AA-9990032	01/01/2015	U.S. Department of Health and Human Services	DC	CO/I	CM	180,290	0	0	0	0	0	0
0899999. General Account - Authorized U.S. Non-Affiliates							244,274	1,872	671,675	0	0	0	0
1099999. Total General Account - Authorized Non-Affiliates							244,274	1,872	671,675	0	0	0	0
1199999. Total General Account Authorized							244,274	1,872	671,675	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							244,274	1,872	671,675	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)							244,274	1,872	671,675	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							244,274	1,872	671,675	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 2015 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business
(000 OMITTED)

	1 2015	2 2014	3 2013	4 2012	5 2011
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	35,381	38,723	42,978	46,608	48,681
2. Commissions and reinsurance expense allowances	3,233	3,416	3,919	4,249	4,319
3. Contract claims	90,431	78,123	90,109	84,345	73,001
4. Surrender benefits and withdrawals for life contracts	43,473	48,187	49,904	49,076	54,416
5. Dividends to policyholders	105	114	113	112	129
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts	(46,583)	(38,016)	(38,160)	(17,341)	(31,359)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	180	0	0	0	0
9. Aggregate reserves for life and accident and health contracts	1,776,171	1,825,283	1,860,360	1,901,459	1,918,801
10. Liability for deposit-type contracts	2,528	2,788	2,939	3,277	3,782
11. Contract claims unpaid	8,420	9,998	11,445	9,159	11,020
12. Amounts recoverable on reinsurance	2,275	75	329	835	445
13. Experience rating refunds due or unpaid	577	752	760	771	797
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
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
23. Funds deposited by and withheld from (F)				0	XXX
24. Letters of credit (L)				0	XXX
25. Trust agreements (T)				0	XXX
26. Other (O)				0	XXX

ANNUAL STATEMENT FOR THE YEAR 2015 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)	527,674,592		527,674,592
2. Reinsurance (Line 16)	2,852,723	(2,852,723)	0
3. Premiums and considerations (Line 15)	13,716,529	180,290	13,896,819
4. Net credit for ceded reinsurance	XXX	1,787,264,129	1,787,264,129
5. All other admitted assets (balance)	91,321,671		91,321,671
6. Total assets excluding Separate Accounts (Line 26)	635,565,515	1,784,591,696	2,420,157,211
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	635,565,515	1,784,591,696	2,420,157,211
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	75,534,188	1,776,171,467	1,851,705,655
10. Liability for deposit-type contracts (Line 3)	0		0
11. Claim reserves (Line 4)	167,137,122	8,420,229	175,557,351
12. Policyholder dividends/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	17,652,742		17,652,742
14. Other contract liabilities (Line 9)	22,401,806		22,401,806
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)	84,813,163		84,813,163
20. Total liabilities excluding Separate Accounts (Line 26)	367,539,021	1,784,591,696	2,152,130,717
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	367,539,021	1,784,591,696	2,152,130,717
23. Capital & surplus (Line 38)	268,026,494	XXX	268,026,494
24. Total liabilities, capital & surplus (Line 39)	635,565,515	1,784,591,696	2,420,157,211
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	1,776,171,467		
26. Claim reserves	8,420,229		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	0		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	2,852,723		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	1,787,444,419		
34. Premiums and considerations	180,290		
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	180,290		
41. Total net credit for ceded reinsurance	1,787,264,129		

ANNUAL STATEMENT FOR THE YEAR 2015 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	407,863	25,008			.0	432,871
2. Alaska	AK	0	.0			.0	0
3. Arizona	AZ	671,877	42,501	11,128		.0	725,506
4. Arkansas	AR	416,895	15,080			.0	431,975
5. California	CA	1,536,788	252,127			.0	1,788,915
6. Colorado	CO	858,634	38,900			.0	897,534
7. Connecticut	CT	697,592	175,010			.0	872,602
8. Delaware	DE	109,694	25,939			.0	135,633
9. District of Columbia	DC	64,413	722			.0	65,135
10. Florida	FL	2,640,125	187,147	27,154		.0	2,854,426
11. Georgia	GA	832,185	44,384			.0	876,569
12. Hawaii	HI	151,986	9,673			.0	161,659
13. Idaho	ID	36,675	21,037			.0	57,712
14. Illinois	IL	2,885,481	216,066			.0	3,101,547
15. Indiana	IN	1,389,299	196,229	3,452		.0	1,588,980
16. Iowa	IA	738,131	12,386			.0	750,517
17. Kansas	KS	183,748	11,528			.0	195,276
18. Kentucky	KY	854,534	12,574			.0	867,108
19. Louisiana	LA	486,871	26,872			.0	513,743
20. Maine	ME	224,526	.0			.0	224,526
21. Maryland	MD	967,148	30,899			.0	998,047
22. Massachusetts	MA	184,799	36,829			.0	221,628
23. Michigan	MI	1,992,169	96,067	10,035		.0	2,098,271
24. Minnesota	MN	447,222	58,666			.0	505,888
25. Mississippi	MS	234,966	25,452			.0	260,418
26. Missouri	MO	1,497,435	96,681	9,597		.0	1,603,713
27. Montana	MT	3,974	(412)			.0	3,562
28. Nebraska	NE	333,824	19,638			.0	353,462
29. Nevada	NV	118,245	20,265			.0	138,510
30. New Hampshire	NH	191,938	19,825			.0	211,763
31. New Jersey	NJ	78,322	11,179			.0	89,501
32. New Mexico	NM	108,494	6,459			.0	114,953
33. New York	NY	48,829	3,809			.0	52,638
34. North Carolina	NC	776,833	45,550			.0	822,383
35. North Dakota	ND	92,103	.0			.0	92,103
36. Ohio	OH	1,618,238	108,693			.0	1,726,931
37. Oklahoma	OK	412,364	11,676			.0	424,040
38. Oregon	OR	150,668	13,148			.0	163,816
39. Pennsylvania	PA	1,256,597	12,475	6,722		.0	1,275,794
40. Rhode Island	RI	51,504	5,372			.0	56,876
41. South Carolina	SC	474,761	40,919			.0	515,680
42. South Dakota	SD	265,094	6,449			.0	271,543
43. Tennessee	TN	1,320,834	72,398			.0	1,393,232
44. Texas	TX	2,781,474	192,969	20,190		.0	2,994,633
45. Utah	UT	127,702	.0			.0	127,702
46. Vermont	VT	50,239	.0			.0	50,239
47. Virginia	VA	1,116,650	58,973			.0	1,175,623
48. Washington	WA	283,887	1,916			.0	285,803
49. West Virginia	WV	270,185	21,715			.0	291,900
50. Wisconsin	WI	1,560,985	41,848	8,765		.0	1,611,598
51. Wyoming	WY	69,697	.0			.0	69,697
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	42,508	6,681			.0	49,189
59. Total		34,117,005	2,379,324	97,043	0	0	36,593,372

ANNUAL STATEMENT FOR THE YEAR 2015 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	98-1258208				1031387 B.C. Unlimited Liability Company	CAN	UIP	OptumRx Group Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	27-2624551				310 Canyon Medical, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	02-0653265				Access I.V., LLC	CA	NIA	SCP Specialty Infusion, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	41-1913523				ACN Group IPA of New York, Inc.	NY	NIA	OptumHealth Care Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	27-0015861				ACN Group of California, Inc.	CA	IA	OptumHealth Care Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	11-3485985				Advanced Care Pharmacy, Inc.	NY	NIA	Advanced Care, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	11-2997132				Advanced Care, Inc.	NY	NIA	AxelaCare Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	38-3849068				AHJV MSO, Inc.	DE	NIA	AHJV, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	38-3849066				AHJV, Inc.	DE	NIA	NAMM Holdings, Inc.	Ownership	.75.000	UnitedHealth Group Incorporated	1
		.00000	22-3493126				Alere Health Improvement Company	DE	NIA	Alere Health, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	26-2564744				Alere Health, LLC	DE	NIA	OptumHealth Care Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	58-2068880				Alere Healthcare of Illinois, Inc.	GA	NIA	Alere Women's and Children's Health, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	58-1873062				Alere of New York, Inc.	NY	NIA	Alere Women's and Children's Health, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	02-0231080				Alere Wellbeing, Inc.	DE	NIA	Alere Health, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	54-1776557				Alere Wellology, Inc.	DE	NIA	Alere Health, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	58-2205984				Alere Women's and Children's Health, LLC	DE	NIA	Alere Health, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	82406	35-1665915				All Savers Insurance Company	IN	IA	Golden Rule Financial Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	73130	35-1744596				All Savers Life Insurance Company of California	CA	IA	Golden Rule Financial Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	55-0802777				Ambient Healthcare of Central Florida, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	55-0802779				Ambient Healthcare of Georgia, Inc.	GA	NIA	Ambient Healthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-4881413				Ambient Healthcare of Northeast Florida, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-1012700				Ambient Healthcare of S. Florida, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	55-0802774				Ambient Healthcare of West Florida, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	65-1095227				Ambient Healthcare, Inc.	FL	NIA	Ambient Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	45-2161438				Ambient Holdings, Inc.	DE	NIA	AxelaCare Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	26-3738273				Ambient Nursing Services, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	54-1743136				AmeriChoice Corporation	DE	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	54-1743141				AmeriChoice Health Services, Inc.	DE	NIA	AmeriChoice Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	13178	26-2481299				AmeriChoice of Connecticut, Inc.	CT	IA	AmeriChoice Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95497	22-3368602				AmeriChoice of New Jersey, Inc.	NJ	IA	AmeriChoice Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1108620				Amico Saúde Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.98.879	UnitedHealth Group Incorporated	
		.00000	98-1108620				Amico Saúde Ltda.	BRA	NIA	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership	.1.121	UnitedHealth Group Incorporated	
		.00000					Amil Assistência Médica Internacional S.A.	BRA	NIA	Polar II Fundo de Investimento em Participações	Ownership	.90.230	UnitedHealth Group Incorporated	2
		.00000	98-1109085				Amil Clinical Research Participações Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	.99.950	UnitedHealth Group Incorporated	
		.00000	98-1109085				Amil Clinical Research Participações Ltda.	BRA	NIA	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership	.0.050	UnitedHealth Group Incorporated	
		.00000	98-1138212				AMIL International S.á.r.l.	LUX	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1110579				Amil Lifesciences Participações Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1110579				Amil Lifesciences Participações Ltda.	BRA	NIA	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership	.0.000	UnitedHealth Group Incorporated	

ANNUAL STATEMENT FOR THE YEAR 2015 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	27-2068687				Angiografia e Hemodinâmica Madre Theodora Ltda.	.BRA	.NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	.50.000	UnitedHealth Group Incorporated	3
		.00000	26-4312858				AppleCare Medical Management, LLC	CA	.NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	86-0813232				ARC Infusion, LLC	CA	.NIA	SCP Specialty Infusion, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	90-0369702				Arizona Physicians IPA, Inc.	AZ	.IA	UnitedHealthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	26-3878957				ASI Global, LLC	TX	.NIA	FrontierMEDEX, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	47-0990056				AssuranceRx, LLC	AL	.NIA	BriovaRx, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	80-0368187				Audax Health Solutions, LLC	DE	.NIA	Rally Health, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	90-0632302				Aveta Arizona, Inc.	AZ	.NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-4057813				Aveta Health Solutions Inc.	DE	.NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	27-2823524				Aveta Inc.	DE	.NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	36-4704309				Aveta Kansas City, Inc.	KS	.NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	26-2565032				Aveta Tennessee, Inc.	DE	.NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	27-3918706		0001507772		AxelaCare Health Solutions, LLC	DE	.NIA	AxelaCare Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	30-0842394				AxelaCare Holdings, Inc.	DE	.NIA	AxelaCare, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	61-1708598				AxelaCare Intermediate Holdings, LLC	DE	.NIA	OptumRx, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	88-0267857				AxelaCare, LLC	DE	.NIA	AxelaCare Intermediate Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1112673				Behavioral Healthcare Options, Inc.	NV	.NIA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1112673				Bosque Medical Center S.A.	.BRA	.NIA	Amil Assistência Médica Internacional S.A.	Ownership	.78.210	UnitedHealth Group Incorporated	
		.00000	27-1930321				Bosque Medical Center S.A.	.BRA	.NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	.21.790	UnitedHealth Group Incorporated	
		.00000	27-2348504				BriovaRx of Georgia, LLC	GA	.NIA	BriovaRx, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-2731176				BriovaRx of Hawaii, LLC	HI	.NIA	Catamaran PBM of Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-2790537				BriovaRx of Indiana, LLC	IN	.NIA	Catamaran PBM of Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	01-0516051				BriovaRx of Louisiana, LLC	LA	.NIA	BriovaRx, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	27-3331130				BriovaRx of Maine, Inc.	ME	.NIA	Catamaran PBM of Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	45-2532834				BriovaRx of Massachusetts, LLC	MA	.NIA	Catamaran PBM of Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	55-0824381				BriovaRx of Nevada, LLC	NV	.NIA	Catamaran PBM of Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-1981651				BriovaRx, LLC	AL	.NIA	BriovaRx of Maine, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-8375685				Cardio Management, Inc.	DE	.NIA	OrthoNet Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	45-4976934				Care Improvement Plus Group Management, LLC	MD	.NIA	XLHealth Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.12558	20-3888112				Care Improvement Plus of Texas Insurance Company	TX	.IA	XLHealth Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.12567	27-5038136				Care Improvement Plus South Central Insurance Company	AR	.IA	XLHealth Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.14041	20-5807941				Care Improvement Plus Wisconsin Insurance Company	WI	.IA	XLHealth Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	31-1728846				Catalyst360, LLC	DE	.NIA	Optum Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-0666840				Catamaran Discount Card Services, LLC	DE	.NIA	Catamaran PBM of Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	80-0870454				Catamaran Health Solutions, LLC	DE	.UIP	Catamaran LLC 1031387 B.C. Unlimited Liability Company	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	11-3647935				Catamaran Holdings I, LLC	DE	.UIP	Catamaran PBM of Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	47-1734077				Catamaran Home Delivery of Florida, Inc.	IL	.NIA	Catamaran PBM of Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	34-1472211				Catamaran Home Delivery of Illinois, LLC	OH	.NIA	Catamaran PBM of Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-2719823				Catamaran Home Delivery of Ohio, Inc.	OH	.NIA	First Rx Specialty & Mail Services, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-0212381				Catamaran Home Delivery of Texas, Inc.	TX	.NIA	Catamaran Home Delivery of Florida, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.69647	31-0628424				Catamaran Hospice Services, LLC	DE	.NIA	Catamaran Health Solutions, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Catamaran Insurance of Ohio, Inc.	OH	.RE	Catamaran PBM of Maryland, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	

ANNUAL STATEMENT FOR THE YEAR 2015 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	20-0218027				Catamaran IPA III, Inc.	NY	NIA	Catamaran PBM of Illinois II, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	75-2578509		0001600762		Catamaran LLC	TX	UIP	Catamaran Holdings I, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	27-4241298				Catamaran Mail, LLC	DE	NIA	Catamaran Health Solutions, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	27-3419292				Catamaran of Pennsylvania, LLC	DE	NIA	Catamaran Health Solutions, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	36-4049815				Catamaran PBM of Illinois II, Inc.	IL	NIA	Catamaran PBM of Maryland, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	11-2581812				Catamaran PBM of Illinois, Inc.	DE	NIA	Catamaran LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	88-0361447				Catamaran PBM of Maryland, Inc.	NV	UDP	Catamaran Health Solutions, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	03-0592263				Catamaran PBM of Pennsylvania, LLC	PA	NIA	Catamaran of Pennsylvania, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	26-1424534				Catamaran PBM of Puerto Rico, LLC	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	38-3693753				Catamaran PBM Services, LLC	WI	NIA	Catamaran PBM of Illinois, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	61-1485410				Catamaran PD of Maryland, Inc.	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	16-1767416				Catamaran PD of Pennsylvania, LLC	PA	NIA	Catamaran of Pennsylvania, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	26-1438879				Catamaran PD of Puerto Rico, LLC	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	88-0373347				Catamaran Pharmacy of Nevada, Inc.	NV	NIA	Catamaran Health Solutions, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	26-3633484				Catamaran Rebate Management, Inc.	NV	NIA	Catamaran PBM of Maryland, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1069737				Catamaran S.á.r.l.	LUX	NIA	1031387 B.C. Unlimited Liability Company	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	26-0543382				Catamaran Senior Services, LLC	AL	NIA	Catamaran Hospice Services, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1111491				Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1111491				Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	BRA	NIA	Amico Saúde Ltda.	Ownership	.0.000	UnitedHealth Group Incorporated	
		.00000	98-1094627				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					CMS - Central de Manipulação e Serviços Farmacêuticos S.A.	BRA	NIA	COI - Clínicas Oncológicas Integradas S.A.	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	27-1193028				Coalition For Advanced Pharmacy Services, LLC	DE	NIA	Catamaran Health Solutions, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					COI - Clínicas Oncológicas Integradas S.A.	BRA	NIA	COI Participações S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					COI Participações S.A.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	.85.000	UnitedHealth Group Incorporated	.1
		.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	20-5654789				Crescent Drug Corp.	NY	NIA	Salveo Specialty Pharmacy, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	26-0080565				Cypress Care, Inc.	DE	NIA	Healthcare Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Day-Op Surgery Consulting Company, LLC	DE	NIA	ProHEALTH Medical Management, 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					Dental Benefit Providers of California, Inc.	CA	IA	Dental Benefit Providers, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	52-1452809				Dental Benefit Providers of Illinois, Inc.	IL	IA	Dental Benefit Providers, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.52053	36-4008355				Dental Benefit Providers, Inc.	DE	NIA	United HealthCare Services, 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	

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ANNUAL STATEMENT FOR THE YEAR 2015 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	30-0238641				Distance Learning Network, Inc.	DE	NIA	OptumHealth Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Duncan Printing Services, LLC	SC	NIA	UnitedHealthcare Insurance Company	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	59-3625966				DWIC of Tampa Bay, Inc.	FL	NIA	MedExpress Development, LLC	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	Frontier MEDEX 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	.99.206	UnitedHealth Group Incorporated	4
		.00000					Etho – Empresa de Tecnologia Hospitalar Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	.71.910	UnitedHealth Group Incorporated	1
		.00000	86-0964571				Evercare Collaborative Solutions, Inc.	DE	NIA	Ovations, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1111239				Excellion Serviços Biomédicos S.A.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	11-3669765				Executive Health Resources, Inc.	PA	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Exploration for Mine Clearance LLC	JRQ	NIA	Frontier MEDEX Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	98-1113428				Exploration Logistics B.C. Ltd.	CAN	NIA	FrontierMEDEX Canada Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.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	26-4106571				First Rx Specialty & Mail Services, LLC	DE	NIA	Catamaran Health Solutions, LLC	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					Frontier MEDEX Limited	GBR	NIA	UnitedHealthcare International I B.V.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Frontier Medex Tanzania Limited	TZA	NIA	Frontier MEDEX Limited	Ownership	.99.000	UnitedHealth Group Incorporated	
		.00000					Frontier Medex Tanzania Limited	TZA	NIA	FrontierMEDEX Limited	Ownership	.1.000	UnitedHealth Group Incorporated	
		.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	Frontier MEDEX Limited	Ownership	.99.900	UnitedHealth Group Incorporated	
		.00000	98-1147103				FrontierMEDEX Kenya Limited	KEN	NIA	UnitedHealthcare International I B.V.	Ownership	.0.100	UnitedHealth Group Incorporated	
		.00000	98-1101521				FrontierMEDEX Limited	JRQ	NIA	Frontier MEDEX Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-1219808				FrontierMEDEX US, Inc.	DE	NIA	FMG Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	52-2230470				FrontierMEDEX, Inc.	MN	NIA	FrontierMEDEX US, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	37-0920164				gethealthinsurance.com Agency Inc.	IN	NIA	Golden Rule Financial Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-3420886				Golden Outlook, Inc.	CA	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	37-0855360				Golden Rule Financial Corporation	DE	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.62286	37-6028756	3057283			Golden Rule Insurance Company	IN	IA	Golden Rule Financial Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Guardian Health Systems Limited Partnership	OK	NIA	AxelaCare Holdings, Inc.	Ownership	.99.950	UnitedHealth Group Incorporated	
		.00000	75-2196224				Guardian Health Systems Limited Partnership	OK	NIA	AxelaCare Health Solutions, LLC	Ownership	.0.050	UnitedHealth Group Incorporated	
		.00000	98-0213198				H&W Indemnity (SPC), Ltd.	CYM	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.79480	35-1279304				Harken Health Insurance Company	WI	IA	UnitedHealthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	23-2171049				Health Business Systems, Inc.	PA	NIA	Catamaran LLC	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	
		.00000	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	
		.00000	98-1098167				Health Technology Analysts Pty Limited	AUS	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	95-4763349				HealthAllies, Inc.	DE	NIA	OptumHealth Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	77-0693060				Healthcare Solutions, Inc.	DE	NIA	Catamaran LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	84-1472832				Highlands Ranch Healthcare, LLC	CO	NIA	Urgent Care MSO, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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		.0000	93-1103256				Home Care I.V. of Bend, LLC	OR	NIA	SCP Specialty Infusion, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	27-0668812				Home Infusion With Heart, LLC	NE	NIA	AxelaCare Holdings, Inc.	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	.74.397	UnitedHealth Group Incorporated	
		.0000	98-1111920				Hospital Alvorada de Taguatinga Ltda.	BRA	NIA	Bosque Medical Center S.A.	Ownership	.15.000	UnitedHealth Group Incorporated	
		.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 Maternidade Promater Ltda.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000					Hospital Maternidade Promater Ltda.	BRA	NIA	Seisa Serviços Integrados de Saúde Ltda.	Ownership	.0.000	UnitedHealth Group Incorporated	
		.0000					HPP – Medicina Molecular, S.A.	PRT	NIA	LMN – Laboratório de Medicina Nuclear, Unipessoal, Lda.	Ownership	.59.999	UnitedHealth Group Incorporated	
		.0000					HPP – Medicina Molecular, S.A.	PRT	NIA	Lusiadas, S.A.	Ownership	.40.001	UnitedHealth Group Incorporated	
		.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	CAN	NIA	UnitedHealth Group International L.P.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000					Imed Star – Serviços de Desempenho Organizacional Ltda.	BRA	NIA	Optum Health & Technology Serviços do Brasil Ltda.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000					Imed Star – Serviços de Desempenho Organizacional Ltda.	BRA	NIA	UHG Brasil Participações S.A.	Ownership	.0.000	UnitedHealth Group Incorporated	
		.0000	47-0941801				Infusource, LLC	CA	NIA	SCP Specialty Infusion, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	62-1641102				Ingram & Associates, LLC	TN	NIA	Optum360, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	88-0482274				inPharmative, Inc.	NV	NIA	Catamaran Health Solutions, 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					IRX Financing I LLC	DE	NIA	Catamaran LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	57-1089983				IV Specialists, Inc.	SC	NIA	Ambient Healthcare, Inc.	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	
		.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	Lusiadas, 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				Lusiadas A.C.E.	PRT	NIA	Lusiadas, SGPS, S.A.	Ownership	.70.000	UnitedHealth Group Incorporated	
		.0000	98-1139095				Lusiadas A.C.E.	PRT	NIA	Lusiadas, S.A.	Ownership	.20.000	UnitedHealth Group Incorporated	
		.0000	98-1139095				Lusiadas A.C.E.	PRT	NIA	Lusiadas-Parcerias Cascais, S.A.	Ownership	.10.000	UnitedHealth Group Incorporated	
		.0000	98-1139089				Lusiadas, S.A.	PRT	NIA	Lusiadas, SGPS, S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1138570				Lusiadas, SGPS, S.A.	PRT	NIA	Amil International S.á.r.l.	Ownership	.100.000	UnitedHealth Group Incorporated	

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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	98-1137620				Lusíadas-Parcerias Cascais, S.A.	PRT	NIA	Lusíadas, SGPS, S.A.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	52-2129787				MAMSI Insurance Resources, LLC	MD	NIA	OneNet PPO, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.60321	52-1803283				MAMSI Life and Health Insurance Company	MD	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	14-1782475				Managed Physical Network, Inc.	NY	NIA	OptumHealth Care Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	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	
		.00000					Medalliance Net Ltda	BRA	NIA	Optum Health & Technology Serviços do Brasil Ltda.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	52-2178531				MEDEX Insurance Services, Inc.	MD	NIA	FrontierMEDEX, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-3824377				MedExpress Development, LLC	FL	NIA	Urgent Care MSO, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-2545363				MedExpress Urgent Care of Boynton Beach, LLC	FL	NIA	MedExpress Development, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					MedExpress Urgent Care, Inc. - Ohio	OH	NIA	Urgent Care Holdings, 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	
		.00000	26-4808018				Medical Preparatory School of Allied Health, LLC	TX	NIA	WellMed Medical Management, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	32-0037402				Medical Transportation Services, LLC	FL	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	75-2682287				MedSynergies North Texas, Inc.	TX	NIA	MedSynergies, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	75-2515691				MedSynergies, Inc.	DE	NIA	Mustang Razorback Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	27-2252446				MHC Real Estate Holdings, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-2881462				Minnesota Waypoint Physical Therapy, Inc.	DE	NIA	Orthology, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	20-4515146				Mission Road Pharmacy, Inc.	CA	NIA	Salveo Specialty Pharmacy, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-3949765				MN Waypoint Sports Physical Therapy, Inc.	DE	NIA	Orthology, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	31-1191553				Modern Medical, Inc.	OH	NIA	Healthcare Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	45-3142852				Monarch Management Services, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	47-1935798				Mustang Razorback Holdings, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	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	
		.00000	20-4755277				Netwerkes, LLC	TN	NIA	Payment Resolution Services, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	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	
		.00000	36-3984647				North American Medical Management - Illinois, Inc.	IL	NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	33-0673955				North American Medical Management California, Inc.	TN	NIA	NAMM Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	88-0245121				Northern Nevada Health Network, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	63-0954765				Nutritional/Parenteral Home Care of Decatur, Inc.	AL	NIA	Nutritional/Parenteral Home Care, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	63-0964525				Nutritional/Parenteral Home Care of Huntsville, Inc.	AL	NIA	Nutritional/Parenteral Home Care, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	63-1284325				Nutritional/Parenteral Home Care, Inc.	AL	NIA	Ambient Healthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	52-2129786				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	
		.00000	47-0858534	3202702			Optum Bank, Inc.	UT	NIA	OptumHealth Financial Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.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	37-1782217				Optum Clinics Holdings, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	.97.200	UnitedHealth Group Incorporated	1
		.00000	38-3969193				Optum Clinics Intermediate Holdings, Inc.	DE	NIA	Optum Clinics Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	

ANNUAL STATEMENT FOR THE YEAR 2015 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	98-1201187				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 UK Solutions Group 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	88-0492251				Optum Health & Technology FZ-LLC	.ARE	NIA	Optum Global Solutions International B.V.	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	.99.996	UnitedHealth Group Incorporated	
		.00000	98-1184561				Optum Health & Technology Serviços do Brasil Ltda.	.BRA	NIA	OptumInsight, Inc.	Ownership	.0.004	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	98-1249178				Optum Labs International (UK) Ltd.	.GBR	NIA	Optum, 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	OptumInsight, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	45-4683454				Optum Services, Inc.	.DE	NIA	Optum, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda.	.BRA	NIA	Optum Global Solutions International B.V.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000					Optum Solutions do Brasil – Tecnologia e Serviços de Suporte Ltda.	.BRA	NIA	OptumHealth International B.V.	Ownership	.0.000	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	
		.00000	98-1097769				Optum UK Solutions Group Limited	.GBR	NIA	Optum Solutions UK Holdings Limited	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	30-0580620	3119994			Optum, Inc.	.DE	UIP	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.00000	46-3983926				Optum360 Services, Inc.	.DE	NIA	Optum Rocket, Inc.	Ownership	.69.000	UnitedHealth Group Incorporated	.1
		.00000	46-3328307				Optum360, LLC	.DE	NIA	Optum Rocket, Inc.	Ownership	.75.000	UnitedHealth Group Incorporated	.1
		.00000	41-1591944				OptumHealth Care Solutions, Inc.	.MN	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	

ANNUAL STATEMENT FOR THE YEAR 2015 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	47-1192395				OptumHealth Holdings, LLC	DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1106868				OptumHealth International B.V.	MLD	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					OptumInsight Holdings, LLC	DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		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	47-4734235				OptumRx Group Holdings, Inc.	DE	UIP	Optum, Inc.	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	47-3146510				OptumRx Pharmacy, Inc.	DE	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	46-2742615				Orthology, Inc.	DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	80.000	UnitedHealth Group Incorporated	1
		00000	13-3960641				OrthoNet Holdings, Inc.	DE	NIA	OptumHealth Care Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	13-3818652				OrthoNet LLC	NY	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	13-4025898				OrthoNet New York IPA, Inc.	NY	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	30-0029448				OrthoNet of the Mid-Atlantic, Inc.	DE	IA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	26-2884306				OrthoNet of the South, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	46-1581769				OrthoNet Services, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	20-0221966				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	20-2447772				PCN DE Corp.	DE	NIA	Catamaran PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	68-0044962				Pharmaceutical Care Network	CA	NIA	PCN DE Corp.	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	20-8016933				PHYS Holding Corp.	DE	NIA	MedSynergies, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	20-8016984				PhysServe Holdings, Inc.	DE	NIA	MedSynergies, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	80-0654665				Physician Care Partners, Inc.	IL	NIA	Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	11494	04-3677255				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					Polo Holdco, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	81.900	UnitedHealth Group Incorporated	1
		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	

ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

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

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0707	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	
		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	NAMM 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	
		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	14-1873402				Procura Management, Inc.	DE	NIA	Healthcare Solutions, 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	1
		00000	47-1049961				ProHealth Medical Management, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.000	UnitedHealth Group Incorporated	1
		00000					ProHealth Physicians, ACO, LLC.		NIA	ProHealth Physicians, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000					ProHealth Physicians, Inc.	CT	NIA	Polo Holdco, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	32-0455430				ProHealth Proton Center Management, LLC	DE	NIA	ProHealth Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	57-0861358				Protonics Health Care Group, Inc.	SC	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1103015				QSSI Technologies India Private Limited	JND	NIA	Quality Software Services, Inc.	Ownership	99.900	UnitedHealth Group Incorporated	1
		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	1
		00000	80-0947972				Real Appeal, Inc.	DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	98.000	UnitedHealth Group Incorporated	1
		00000	74-3103518				RxCare Providers Corp.	NY	NIA	Salveo Specialty Pharmacy, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	45-2219585				Salveo Specialty Pharmacy, Inc.	DE	NIA	Catamaran LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	27-2635371				SCP Specialty Infusion, LLC	DE	NIA	AxelaCare Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	88-0492251				ScriptNet, LLC	DE	NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		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	100.000	UnitedHealth Group Incorporated	
		00000	98-1202716				Seisa Serviços Integrados de Saúde Ltda.	BRA	NIA	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated	
		00000	20-4763091				Senior Care Partners, Inc.	IL	NIA	North American Medical Management - Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	27-1533951				Serquinox Holdings LLC	DE	NIA	AxelaCare Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	27-1533840				Serquinox LLC	DE	NIA	Serquinox Holdings LLC	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	20-3741084				Sirona Infusion, L.L.C.	AZ	NIA	SCP Specialty Infusion, LLC	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	

ANNUAL STATEMENT FOR THE YEAR 2015 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	71-0886811				Spectera of New York, IPA, Inc.	NY	NIA	Spectera, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	52-1260282				Spectera, Inc.	MD	NIA	Specialty Benefits, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	46-5587702				Spotlite, Inc.	DE	NIA	Rally Health, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	90-0884047				Summit Home Infusion, LLC	DE	NIA	AxelaCare Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000					SXC Comet, LLC	DE	NIA	Catamaran LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	56-1970224				The Lewin Group, Inc.	NC	NIA	Optum Public Sector Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	25-1825549				Three Rivers Holdings, Inc.	DE	NIA	AmeriChoice Corporation	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	52-1431155				Travel Express Incorporated	MD	NIA	FrontierMEDEX, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	20-4963945				Trinity Infusion, Inc.	NC	NIA	Ambient Healthcare, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	94-3077084				U.S. Behavioral Health Plan, California	CA	IA	United Behavioral Health	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	41-1913059				UHC International Services, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.0000	95-2931460				UHC of California	CA	IA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000					UHG Brasil Participações S.A.	BRA	NIA	Polar II Fundo de Investimento em Participações	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	41-1921008				UHC Holdings, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	14-1892398				Ultima Rx, LLC	FL	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	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	
		.0000	25-1877716				Unison Administrative Services, LLC	PA	NIA	Three Rivers Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	20-5917714				Unison Health Plan of Delaware, Inc.	DE	IA	Three Rivers Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	.13032	26-0651931				Unison Health Plan of the Capital Area, Inc.	DC	IA	Three Rivers Holdings, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	94-2649097				United Behavioral Health	CA	NIA	OptumHealth Holdings, LLC	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	41-1868911				United Behavioral Health of New York, I.P.A., Inc.	NY	NIA	United Behavioral Health	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	41-1941615				United Health Foundation	MIN	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	41-1289245	3410132			United HealthCare Services, Inc.	MIN	UIP	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	30-0318238				United Resource Networks IPA of New York, Inc.	NY	NIA	OptumHealth Care Solutions, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	01-0538317				UnitedHealth Advisors, LLC	ME	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1097761				UnitedHealth Group Global Healthcare Services Limited	JRL	NIA	Optum Global Solutions International B.V.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1097776				UnitedHealth Group Global Services, Inc.	PHL	NIA	Optum Global Solutions International B.V.	Ownership	.99.990	UnitedHealth Group Incorporated	1
		.0000	41-1321939		0000731766	New York Stock Exchange	UnitedHealth Group Incorporated	DE	UIP					
		.0000	98-1093259				UnitedHealth Group Information Services Private Limited	JND	NIA	Optum Global Solutions International B.V.	Ownership	.99.370	UnitedHealth Group Incorporated	
		.0000	98-1093259				UnitedHealth Group Information Services Private Limited	JND	NIA	UnitedHealth International, Inc.	Ownership	.0.630	UnitedHealth Group Incorporated	
		.0000	98-1079826				UnitedHealth Group International GP	CYM	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-1080118				UnitedHealth Group International L.P.	CYM	NIA	UnitedHealth Group International GP	Ownership	.84.984	UnitedHealth Group Incorporated	7
		.0000	98-1080118				UnitedHealth Group International L.P.	CYM	NIA	FMG Holdings, LLC	Ownership	.14.815	UnitedHealth Group Incorporated	7
		.0000	98-1080118				UnitedHealth Group International L.P.	CYM	NIA	Hygeia Corporation	Ownership	.0.201	UnitedHealth Group Incorporated	7
		.0000	46-3311984				UnitedHealth Group Ventures, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	41-1917398				UnitedHealth International, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	26-2574977				UnitedHealth Military & Veterans Services, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	.100.000	UnitedHealth Group Incorporated	
		.0000	98-0559902				UnitedHealth UK Limited	GBR	NIA	Optum Solutions UK Holdings Limited	Ownership	.100.000	UnitedHealth Group Incorporated	

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ANNUAL STATEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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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)	*
...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	47-3221444				UnitedHealthcare Benefits Plan of California	CA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	46-4348775				UnitedHealthcare Community Plan of California, Inc.	CA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	13168	26-2688274				UnitedHealthcare Community Plan of Georgia, Inc.	GA	IA	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	98-1200034				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 V 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	
...0707	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	
		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	98-1079459				UnitedHealthcare International II S.á.r.l.	LUX	NIA	UnitedHealthcare International I S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1077436				UnitedHealthcare International III S.á.r.l.	LUX	NIA	UnitedHealthcare International IV S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1080926				UnitedHealthcare International IV S.á.r.l.	LUX	NIA	UnitedHealthcare International II S.á.r.l.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	98-1257473				UnitedHealthcare International V S.á.r.l.	LUX	NIA	UnitedHealth Group International L.P.	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	97179	86-0207231				UnitedHealthcare Life Insurance Company	WI	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	95784	63-0899562				UnitedHealthcare of Alabama, Inc.	AL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	96016	86-0507074				UnitedHealthcare of Arizona, Inc.	AZ	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	95446	63-1036819				UnitedHealthcare of Arkansas, Inc.	AR	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	95090	84-1004639				UnitedHealthcare of Colorado, Inc.	CO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	95264	59-1293865				UnitedHealthcare of Florida, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	95850	58-1653544				UnitedHealthcare of Georgia, Inc.	GA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	95776	36-3280214				UnitedHealthcare of Illinois, Inc.	IL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	96644	62-1240316				UnitedHealthcare of Kentucky, Ltd.	KY	IA	United HealthCare Services, Inc.	Ownership	94.180	UnitedHealth Group Incorporated	6
...0707	UnitedHealth Group Incorporated	96644	62-1240316				UnitedHealthcare of Kentucky, Ltd.	KY	IA	UnitedHealthcare, Inc.	Ownership	5.820	UnitedHealth Group Incorporated	6
...0707	UnitedHealth Group Incorporated	95833	72-1074008				UnitedHealthcare of Louisiana, Inc.	LA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	95716	63-1036817				UnitedHealthcare of Mississippi, Inc.	MS	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
...0707	UnitedHealth Group Incorporated	95149	05-0413469				UnitedHealthcare of New England, Inc.	RI	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	

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ANNUAL STATEMENT FOR THE YEAR 2015 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)	*
.0707	UnitedHealth Group Incorporated	13214	26-2697886				UnitedHealthcare of New Mexico, Inc.	NM	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95085	06-1172891				UnitedHealthcare of New York, Inc.	NY	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95103	56-1461010				UnitedHealthcare of North Carolina, Inc.	NC	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95186	31-1142815				UnitedHealthcare of Ohio, Inc.	OH	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	96903	33-0115166				UnitedHealthcare of Oklahoma, Inc.	OK	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95893	93-0938819				UnitedHealthcare of Oregon, Inc.	OR	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95220	25-1756858				UnitedHealthcare of Pennsylvania, Inc.	PA	IA	Three Rivers Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95765	95-3939697				UnitedHealthcare of Texas, Inc.	TX	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95025	52-1130183				UnitedHealthcare of the Mid-Atlantic, Inc.	MD	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95591	47-0676824				UnitedHealthcare of the Midlands, Inc.	NE	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	96385	43-1361841				UnitedHealthcare of the Midwest, Inc.	MO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95501	41-1488563				UnitedHealthcare of Utah, Inc.	UT	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	48038	91-1312551				UnitedHealthcare of Washington, Inc.	WA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95710	39-1555888				UnitedHealthcare of Wisconsin, Inc.	WI	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
.0707	UnitedHealth Group Incorporated	95378	36-3379945				UnitedHealthcare Plan of the River Valley, Inc.	IL	IA	UnitedHealthcare Services Company of the River Valley, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	47-0854646				UnitedHealthcare Service LLC	DE	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	36-3355110				UnitedHealthcare Services Company of the River Valley, Inc.	DE	NIA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	01-0518346				UnitedHealthcare Specialty Benefits, LLC	ME	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	41-1922511				UnitedHealthcare, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	26-0382877				Urgent Care Holdings, Inc.	DE	NIA	Optum Clinics Intermediate Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	26-3667220				Urgent Care MSO, LLC	DE	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	87-0757396				Valley Physicians Network, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		00000	74-2797745				WellMed Medical Management of Florida, Inc.	FL	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated	
		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	United HealthCare Services, Inc.	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
	The remaining percentage is owned by outside party(ies), external shareholder(s), external investors or non-affiliated company(ies).
	The remaining percentage is owned by former controlling shareholders of the parent company.
	The remaining 50% is owned by 28 individual partners.
	The remaining 0.759041% owned by external shareholders and 0.034900% owned by Treasury Shares.
	The remaining percentage is owned by officer(s) and/or director(s) of the legal entity or its parent company.
	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 5.82%.
	UnitedHealth Group International GP is the general partner of UnitedHealth Group International, L.P.

ANNUAL STATEMENT FOR THE YEAR 2015 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.					2,775,721				2,775,721	
	27-0015861	ACN Group of California, Inc.	(3,000,000)				6,854,278				3,854,278	
82406	35-1665915	All Savers Insurance Company		908,000,000			(35,074,220)	1,442,503			874,368,283	1,373,698
73130	35-1744596	All Savers Life Insurance Company of California					59,118				59,118	
	54-1743136	AmeriChoice Corporation		(3,500,000)							(3,500,000)	
13178	26-2481299	AmeriChoice of Connecticut, Inc.					28,598				28,598	
13168	26-2688274	AmeriChoice of Georgia, Inc.					2,815				2,815	
95497	22-3368602	AmeriChoice of New Jersey, Inc.	(86,750,000)				(244,217,095)				(330,967,095)	
	86-0813232	APIPA	(15,000,000)				(306,319,445)				(321,319,445)	
	88-0267857	Behavioral Healthcare Options, Inc.					16,765,999				16,765,999	
12558	45-4976934	Care Improvement Plus of Texas Insurance Company	(55,000,000)				(157,318,053)				(212,318,053)	
12567	20-3888112	Care Improvement Plus South Central Insurance Company	(65,000,000)				(438,200,040)	(47,433)			(503,247,473)	
14041	27-5038136	Care Improvement Plus Wisconsin Insurance Company		4,000,000			(10,127,584)				(6,127,584)	
	52-1811176	DBP Services of New York IPA, Inc.					1,481,740				1,481,740	
	52-1452809	Dental Benefit Providers of California, Inc.	(15,000,000)				544,260				(14,455,740)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.					(412,224)				(412,224)	
	41-2014834	Dental Benefit Providers, Inc.					107,705,713				107,705,713	
	88-0223385	Family Health Care Services					27,921,601				27,921,601	
	88-0257036	Family Home Hospice, Inc.					914,895				914,895	
	37-0855360	Golden Rule Financial Corporation		(1,153,000,000)							(1,153,000,000)	
62286	37-6028756	Golden Rule Insurance Company	(150,000,000)				(194,938,799)				(344,938,799)	
	98-0213198	H&W Indemnity (SPC), Ltd.						(4,993,374)			(4,993,374)	21,437,824
79480	35-1279304	Harken Health Insurance Company		40,000,000			10,451,310				50,451,310	
43893	13-3584296	Health Net Insurance of New York, Inc.					(23,799)				(23,799)	
95968	06-1084283	Health Net of Connecticut, Inc.						987			987	
96342	88-0201035	Health Plan of Nevada	(88,200,000)				(784,751,223)	11,583			(872,939,640)	95,924
	13-4138668	INSPIRIS of New York IPA, Inc.					243,456,614				243,456,614	
	45-3143218	Lifepoint East, Inc.					57,725,709				57,725,709	
	27-2309024	Lifepoint Health, Inc.					1,215,980,667				1,215,980,667	
60321	52-1803283	MAMSI Life and Health Insurance Company	(10,500,000)				(8,048,033)	(88,006)			(18,636,039)	215,133
96310	52-1169135	MD-Individual Practice Association, Inc.	(51,000,000)				(33,641,925)	(743,488)			(85,385,413)	1,001,056
12756	20-3391186	Medica Health Plans of Florida, Inc.					881,064				881,064	
12155	01-0788576	Medica HealthCare Plans, Inc.		22,000,000			(44,985,878)				(22,985,878)	
95251	76-0196559	National Pacific Dental, Inc.	(2,900,000)				(3,225,035)				(6,125,035)	
95123	65-0996107	Neighborhood Health Partnership, Inc.	(14,000,000)				(63,682,901)				(77,682,901)	
95758	88-0228572	Nevada Pacific Dental					(460,643)				(460,643)	
96940	52-1518174	Optimum Choice, Inc.	(41,500,000)	(6,000,000)			(29,232,390)	(318,199)			(77,050,589)	35,956
	41-1591944	OptumHealth Care Solutions, Inc.					74,517,576				74,517,576	

ANNUAL STATEMENT FOR THE YEAR 2015 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.					248,353,819				248,353,819	
	33-0441200	OptumRx, Inc.					921,839,930				921,839,930	
	13-3818652	OrthoNet LLC					5,193,200				5,193,200	
	30-0029448	OrthoNet of the Mid-Atlantic, Inc.					(1,452,793)				(1,452,793)	
	41-1921007	Ovations, Inc.	25,000,000	7,500,000							32,500,000	
78026	22-2797560	Oxford Health Insurance, Inc.	(75,000,000)				(572,872,133)	(17,579,185)			(665,451,318)	17,837,372
96798	06-1181201	Oxford Health Plans (CT), Inc.	(35,913,213)	(19,086,787)			(68,392,667)	(913,149)			(124,305,816)	89,207
95506	22-2745725	Oxford Health Plans (NJ), Inc.	(22,500,000)				(135,231,398)	7,032,031			(150,699,367)	5,663,803
95479	06-1181200	Oxford Health Plans (NY), Inc.	(40,000,000)				(208,350,204)				(248,350,204)	
70785	35-1137395	PacifiCare Life and Health Insurance Company					(1,999,377)	157			(1,999,220)	12,168
84506	95-2829463	PacifiCare Life Assurance Company					201,986				201,986	
95617	94-3267522	PacifiCare of Arizona, Inc.	(57,000,000)				(316,597,848)	(965,121)			(374,562,969)	
95434	84-1011378	PacifiCare of Colorado, Inc.	(50,000,000)	(13,000,000)			(138,198,737)	(973,618)			(202,172,355)	
95685	86-0875231	PacifiCare of Nevada, Inc.		(7,000,000)			(13,797,013)	(210,777)			(21,007,790)	
11494	04-3677255	Physicians Health Choice of Texas, LLC		(20,000,000)			(34,323,110)	(1,139,470)			(55,462,580)	686,046
11176	65-0885893	Preferred Care Partners, Inc.	(65,278,058)	(7,794,307)			(74,774,496)				(147,846,861)	
	33-0607478	PrimeCare Medical Network, Inc.					238,156,198				238,156,198	
71420	94-0734860	Sierra Health and Life Insurance Company		620,000,000			(679,336,956)	(448,869)			(59,785,825)	(95,924)
	88-0200415	Sierra Health Services, Inc.		(620,000,000)							(620,000,000)	
	88-0385705	Sierra Home Medical Products, Inc.					42,431,777				42,431,777	
	88-0201420	Southwest Medical Associates, Inc.					609,577,000				609,577,000	
	71-0886811	Spectera of New York, IPA, Inc.					12,088				12,088	
	52-1260282	Spectera, Inc.					11,982,936				11,982,936	
	94-3077084	U.S. Behavioral Health Plan, California					42,286,212				42,286,212	
91529	52-1996029	Unimerica Insurance Company	(85,000,000)				(57,473,367)	34,452,721			(108,020,646)	(91,607,245)
11596	01-0637149	Unimerica Life Insurance Company of New York					(1,494,115)				(1,494,115)	
	20-5917714	Unison Health Plan of Delaware, Inc.	(20,000,000)				(53,287,951)	(5,438,055)			(78,726,006)	1,207,067
13032	26-0651931	Unison Health Plan of the Capital Area, Inc.					(2,527,110)	(669)			(2,527,779)	
	94-2649097	United Behavioral Health					843,975,986				843,975,986	
	41-1868911	United Behavioral Health of New York, I.P.A., Inc.					2,059,474				2,059,474	
	41-1289245	United HealthCare Services, Inc.	3,741,278,058	(2,705,693)			8,559,408,232				12,297,980,597	
	30-0318238	United Resource Networks IPA of New York, Inc.					587,395				587,395	
	41-1321939	UnitedHealth Group Incorporated	487,363,213	19,086,787			2,810,370,513				3,316,820,513	
95174	33-0115163	UnitedHealthcare Benefits of Texas, Inc.	(155,000,000)				(277,516,986)	(2,220,299)			(434,737,285)	4,093,654
	47-3221444	UnitedHealthcare Benefits Plan of California		5,000,000			87,179				5,087,179	
	46-4348775	UnitedHealthcare Community Plan of California, Inc.		3,500,000							3,500,000	

ANNUAL STATEMENT FOR THE YEAR 2015 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)
12323	56-2451429	UnitedHealthcare Community Plan of Ohio, Inc.	(47,000,000)				(319,083,713)	(2,966,170)			(369,049,883)	11,089,373
11141	91-2008361	UnitedHealthcare Community Plan of Texas, L.L.C.	(30,000,000)				(246,337,264)	(672,343)			(277,009,607)	11,407,579
95467	38-3204052	UnitedHealthcare Community Plan, Inc.	(55,000,000)				(127,995,806)	1,489,794			(181,506,012)	756,165
79413	36-2739571	UnitedHealthcare Insurance Company	(1,786,500,000)				(5,438,410,464)	115,560,663			(7,109,349,801)	(419,734,142)
60318	36-3800349	UnitedHealthcare Insurance Company of Illinois	(49,500,000)				(136,027,661)	75,749			(185,451,912)	5,058,189
60093	11-3283886	UnitedHealthcare Insurance Company of New York	(45,000,000)				(286,947,058)	(72,826,414)			(404,773,472)	341,874,070
12231	20-1902768	UnitedHealthcare Insurance Company of the River Valley		45,000,000			(70,160,640)	(222,106)			(25,382,746)	114,664
	86-0618309	UnitedHealthcare Integrated Services, Inc.	(25,000,000)	(7,500,000)			(444,419)				(32,944,419)	
97179	86-0207231	UnitedHealthcare Life insurance Company		245,000,000			(3,463,620)	(2,451)			241,533,929	(11,547)
95784	63-0899562	UnitedHealthcare of Alabama, Inc.	(30,500,000)				(75,026,807)	471,151			(105,055,656)	
96016	86-0507074	UnitedHealthcare of Arizona, Inc.	(35,000,000)				(35,835,994)	(260,715)			(71,096,709)	
95446	63-1036819	UnitedHealthcare of Arkansas, Inc.	(1,500,000)				(1,497,574)	(10,837)			(3,008,411)	
	95-2931460	UnitedHealthcare of California, Inc.	(180,000,000)				(845,445,032)				(1,025,445,032)	
95090	84-1004639	UnitedHealthcare of Colorado, Inc.		(5,000,000)			(6,256,711)	(38,048)			(11,294,759)	
95264	59-1293865	UnitedHealthcare of Florida, Inc.		173,072,365			(324,105,065)	(3,268,216)			(154,300,916)	
95850	58-1653544	UnitedHealthcare of Georgia, Inc.	(3,000,000)	31,500,000			(18,985,581)	(166,018)			9,348,401	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.	(12,000,000)				(14,886,101)	(306,135)			(27,192,236)	8,603
96644	62-1240316	UnitedHealthcare of Kentucky, Ltd.					(11,298,321)	(89,950)			(11,388,271)	
95833	72-1074008	UnitedHealthcare of Louisiana, Inc.		40,000,000			(92,863,028)	(1,592,479)			(54,455,507)	693,298
95716	63-1036817	UnitedHealthcare of Mississippi, Inc.		19,500,000			(75,562,245)	(4,934,179)			(60,996,424)	8,905,471
95149	05-0413469	UnitedHealthcare of New England, Inc.	(16,000,000)				(154,255,296)	(320,037)			(170,575,333)	3,699,393
13214	26-2697886	UnitedHealthcare of New Mexico	(26,000,000)				(92,897,187)	2,147,804			(116,749,383)	1,092,334
95085	06-1172891	UnitedHealthcare of New York, Inc.	(15,700,000)				(571,994,027)				(587,694,027)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	(15,000,000)				(235,399,368)	(1,441,582)			(251,840,950)	
95186	31-1142815	UnitedHealthcare of Ohio, Inc.	(96,500,000)				(115,442,445)	(680,758)			(212,623,203)	
96903	33-0115166	UnitedHealthcare of Oklahoma, Inc.	(16,400,000)				(44,621,451)				(61,021,451)	
95893	93-0938819	UnitedHealthcare of Oregon, Inc.		42,000,000			(32,921,216)				9,078,784	
95220	25-1756858	UnitedHealthcare of Pennsylvania, Inc.	(14,500,000)				(119,586,986)				(134,086,986)	
95765	95-3939697	UnitedHealthcare of Texas, Inc.					(1,700,542)	(421,355)			(2,121,897)	33,331
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.		50,000,000			(60,717,831)	(968,393)			(11,686,224)	9,129
95591	47-0676824	UnitedHealthcare of the Midlands, Inc.					(35,332,385)	(1,123,458)			(36,455,843)	
96385	43-1361841	UnitedHealthcare of the Midwest, Inc.	(25,000,000)				(239,368,385)	(28,924,327)			(293,292,712)	72,958,351
95501	41-1488563	UnitedHealthcare of Utah, Inc.		(7,500,000)			(378,432,031)	(443,717)			(386,375,748)	
48038	91-1312551	UnitedHealthcare of Washington, Inc.					(167,667,922)				(167,667,922)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.		50,000,000			(298,688,479)	(1,516,910)			(250,205,389)	
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.	(275,000,000)				(433,652,540)	(3,408,833)			(712,061,373)	

ANNUAL STATEMENT FOR THE YEAR 2015 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)
	47-0854646	UnitedHealthcare Service LLC	(250,000,000)				996,283				(249,003,717)	
	36-3355110	UnitedHealthcare Services Company of the River Valley, Inc.		(45,000,000)							(45,000,000)	
	01-0518346	UnitedHealthcare Specialty Benefits, LLC					8,857				8,857	
	41-1922511	UnitedHealthcare, Inc.		(404,072,365)							(404,072,365)	
	52-2102846	XLHealth Corporation		(4,000,000)							(4,000,000)	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

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? YES

AUGUST FILING

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

Explanations:

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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] 

ANNUAL STATEMENT FOR THE YEAR 2015 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	445	3,582
2597. Summary of remaining write-ins for Line 25 from overflow page	75,445	78,582

Additional Write-ins for Exhibit 2 Line 9.3

	Insurance			4 All Other Lines of Business	5 Investment	6 Total
	1 Life	2 Accident and Health				
		3 Cost Containment	3 All Other			
09.304. Professional Fees & Consulting	22,745	1,523,758	14,075,570			15,622,073
09.305. Training & Recruiting	784	52,499	484,952			538,234
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	23,529	1,576,257	14,560,522	0	0	16,160,307



SUPPLEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	6,592	762	11.4	1	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	9,710	7,024	72.3	4	0	0	0.0	0
0199999. Total Experience on Individual Policies										16,302	7,776	47.7	5	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu.....
 Title Senior Actuarial Analyst..... Telephone Number 317-715-7578.....

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 2012				Policies Issued in 2013; 2014; 2015			
										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	.654	6.3	.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	.12,831	.11,382	88.7	.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	.7,895	.1,662	21.1	.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	.0	0.0	.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	.18,107	.6,859	37.9	.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	.11,605	.8,870	76.4	.3	.0	.0	0.0	.0
0199999. Total Experience on Individual Policies										63,531	29,427	46.3	17	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu.....
 Title Senior Actuarial Analyst..... Telephone Number 317-715-7578.....

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 2012				Policies Issued in 2013; 2014; 2015			
										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	2,978	347	11.7	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	66,944	30,705	45.9	9	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	502	16.0	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	8,835	50.9	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	7,450	5,315	71.3	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	128,682	124,495	96.7	62	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	10,647	26,961	253.2	2	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	231,355	129,975	56.2	66	0	0	0.0	0
0199999. Total Experience on Individual Policies										468,532	327,135	69.8	146	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	2,368	70.8	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	2,324	73.2	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	7,668	1,307	17.0	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	90,878	67,673	74.5	46	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	5,078	0	0.0	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	240,718	262,523	109.1	129	0	0	0.0	0
0199999. Total Experience on Individual Policies										350,859	336,195	95.8	184	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	2,739	421	15.4	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	29,511	40,680	137.8	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	5,157	23	0.4	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	5,488	28.6	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	5,549	14,093	254.0	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	316,252	268,462	84.9	144	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	4,974	7,053	141.8	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	389,630	186,497	47.9	122	0	0	0.0	0
0199999. Total Experience on Individual Policies										773,004	522,717	67.6	279	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	2,508	70.8	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	67,055	97,037	144.7	23	0	0	0.0	0
0199999. Total Experience on Individual Policies										70,596	99,545	141.0	24	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

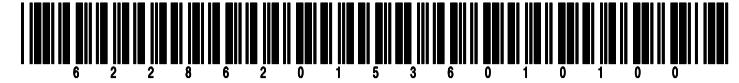
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

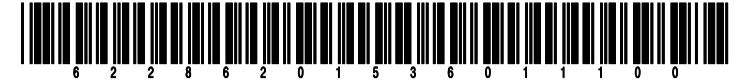
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	129	3.4	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	129,941	55,731	42.9	23	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	17,413	13,018	74.8	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	687,890	512,863	74.6	133	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	61,838	65,614	106.1	50	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	975,152	752,374	77.2	463	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,876,068	1,399,729	74.6	675	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

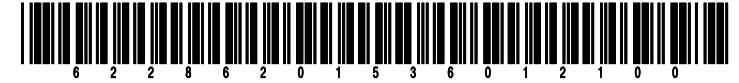
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	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	3,405	2,738	80.4	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	24,422	41,040	168.0	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										68,559	57,808	84.3	10	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (To Be Filed by March 1)

FOR THE STATE OF Hawaii.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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".

360.HI



SUPPLEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	1,980	88.0	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,250	1,980	88.0	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".

360 ID



SUPPLEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	50,459	57,616	114.2	14	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	66,442	42,901	64.6	7	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	58,172	36,796	63.3	23	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	378,504	197,533	52.2	59	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	546	13.7	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	10,121	4,945	48.9	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	53,293	59,603	111.8	20	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	182,124	76,221	41.9	25	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	14,009	23,468	167.5	7	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	830,197	656,532	79.1	380	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	3,508	419	11.9	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	339,015	237,007	69.9	115	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,989,834	1,393,587	70.0	654	0	0	0.0	0

GENERAL INTERROGATORIES

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



SUPPLEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	11,966	1,397	11.7	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	12,191	650	5.3	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	13,408	13,895	103.6	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	120,352	81,720	67.9	17	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	8,516	71.5	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	64,931	17,699	27.3	8	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	3,515	387	11.0	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	370,727	386,767	104.3	150	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	40,770	9,849	24.2	11	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	471,653	358,853	76.1	135	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,121,419	879,733	78.4	336	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	2,197	2,218	101.0	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	7,924	9,952	125.6	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	9,183	9,273	101.0	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	62,297	41,512	66.6	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	3,042	11,680	384.0	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	39,950	78,176	195.7	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	72,816	58,996	81.0	38	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	70,690	25,716	36.4	28	0	0	0.0	0
0199999. Total Experience on Individual Policies										268,099	237,523	88.6	87	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	704	16.3	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	3,006	5,944	197.7	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	53,553	14,186	26.5	8	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	1,632	26.2	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	266	16.3	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	11,684	6,800	58.2	6	0	0	0.0	0
0199999. Total Experience on Individual Policies										80,430	29,532	36.7	19	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	163	4.2	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	6,473	235	3.6	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	15,311	3,715	24.3	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	91,924	55,535	60.4	18	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	16,775	4,239	25.3	6	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	28,376	18,844	66.4	5	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	1,539	228	14.8	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	159,358	140,380	88.1	97	0	0	0.0	0
0199999. Total Experience on Individual Policies										323,618	223,339	69.0	135	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 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	4,119	22	0.5	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	11,722	1,798	15.3	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	18,614	9,877	53.1	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	106,103	68,361	64.4	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	45,725	22,561	49.3	15	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	29,591	5,121	17.3	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	3,796	1,599	42.1	2	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	615,988	413,472	67.1	265	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	2,988	537	18.0	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	179,392	96,430	53.8	56	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,018,038	619,778	60.9	365	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	14,122	11,372	80.5	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										14,122	11,372	80.5	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

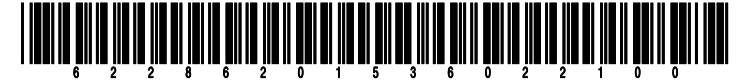
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	75,496	84,913	112.5	33	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	83,803	101,625	121.3	22	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	157,973	65,452	41.4	54	0	0	0.0	0
0199999. Total Experience on Individual Policies										317,272	251,990	79.4	109	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (To Be Filed by March 1)

FOR THE STATE OF Massachusetts.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	.10,653	4,769	44.8	.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	172,624	82,804	48.0	33	.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	6,586	89.9	.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	14,964	6,454	43.1	.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	15,907	3,677	23.1	.6	.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	318,883	182,404	57.2	147	.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	116,910	73,538	62.9	.31	.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	564,602	296,875	52.6	207	.0	.0	0.0	.0
0199999. Total Experience on Individual Policies										1,221,867	657,107	53.8	430	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	2,601	2	0.1	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	126	4.1	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	4,855	491	10.1	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	80,494	71,278	88.6	39	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	98,204	107,200	109.2	28	0	0	0.0	0
0199999. Total Experience on Individual Policies										189,243	179,097	94.6	70	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	6,821	2,396	35.1	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	5,523	1,032	18.7	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	13,066	12,031	92.1	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	207,250	139,437	67.3	50	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	1,221	22.4	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	17,831	12,860	72.1	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	77,890	1,233,523	1,583.7	13	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	12,743	9,987	78.4	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	1,869,917	1,158,771	62.0	794	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,216,491	2,571,258	116.0	882	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (To Be Filed by March 1)

FOR THE STATE OF Montana.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

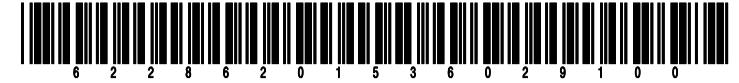
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	5,839	585	10.0	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	49,586	23,227	46.8	8	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	6,080	2,015	33.1	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	26,526	24,101	90.9	3	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	12/01/1991		.06/20/2005	.12/31/2009	M-CARE SUPP	84,305	50,902	60.4	40	0	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	660	15.8	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034000	12/01/1998		.06/20/2005	.12/31/2009	M-CARE SUPP	128,615	79,760	62.0	44	0	0	0.0	0
0199999. Total Experience on Individual Policies										305,120	181,250	59.4	100	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	832	22.8	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	2,508	7,200	287.1	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	10,292	10,119	98.3	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	497	18.8	1	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	40,042	19,643	49.1	20	0	0	0.0	0
0199999. Total Experience on Individual Policies										59,140	38,291	64.7	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	2,589	839	32.4	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	14,084	3,000	21.3	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										16,673	3,839	23.0	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".

HN 093



SUPPLEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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".

360.NJ



SUPPLEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (To Be Filed by March 1)

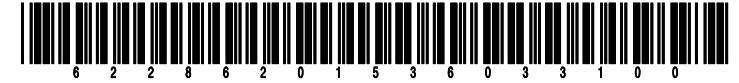
FOR THE STATE OF New Mexico.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	8	0.2	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	3,006	2,050	68.2	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	5,243	533	10.2	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	870	10.4	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	32,971	21,823	66.2	14	0	0	0.0	0
0199999. Total Experience on Individual Policies										53,805	25,284	47.0	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".

360.NM



SUPPLEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	155	4.9	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	21,964	26,942	122.7	10	0	0	0.0	0
0199999. Total Experience on Individual Policies										25,135	27,097	107.8	11	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	0034000	12/01/1991		06/14/2005	12/31/2009	M-CARE SUPP	26	0	0.0	0	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	41,411	24,233	58.5	21	0	0	0.0	0
0199999. Total Experience on Individual Policies										41,437	24,233	58.5	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".

360.ND



SUPPLEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 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	4,283	271	6.3	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	49,607	15,710	31.7	4	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	46,714	17,194	36.8	16	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	426,690	269,271	63.1	61	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	50,787	71,300	140.4	16	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	191,796	83,095	43.3	24	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	42,117	11,415	27.1	23	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	2,260,841	1,527,186	67.5	1,026	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	1,342,865	720,988	53.7	398	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	1,982,762	1,216,604	61.4	697	0	0	0.0	0
0199999. Total Experience on Individual Policies										6,398,462	3,933,034	61.5	2,266	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (To Be Filed by March 1)

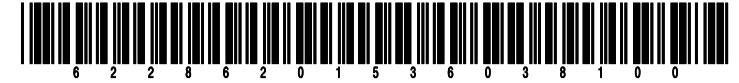
FOR THE STATE OF Oklahoma.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	4,763	60.4	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	24,689	9,947	40.3	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	5,473	911	16.6	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	27,218	18,438	67.7	4	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	32,403	21,217	65.5	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	183,347	122,490	66.8	93	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	3,309	146	4.4	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	314,426	126,751	40.3	118	0	0	0.0	0
0199999. Total Experience on Individual Policies										598,749	304,663	50.9	236	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (To Be Filed by March 1)

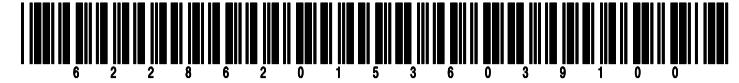
FOR THE STATE OF Oregon.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	347	5.2	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	110	4.7	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										9,018	457	5.1	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012				Policies Issued in 2013; 2014; 2015					
										11	12		13	14	15	16		17	18
											Premiums Earned	Amount				Percent of Premiums Earned	Number of Covered Lives		
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	13,324	188.7	2	0	0	0.0	0		
0199999. Total Experience on Individual Policies										7,062	13,324	188.7	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

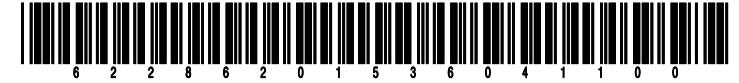
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

FOR THE STATE OF Rhode Island.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

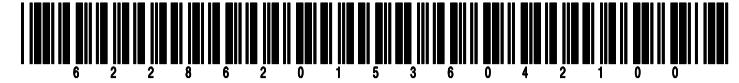
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 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	1,014	0	0.0	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	30,245	35,483	117.3	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	319	0	0.0	0	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	34,927	13,256	38.0	5	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034060	12/01/1991		.07/01/2005	.12/31/2009	M-CARE SUPP	143,567	53,378	37.2	71	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034060	12/01/1991		.07/01/2005	.12/31/2009	M-CARE SUPP	19,056	4,113	21.6	5	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034060	12/01/1998		.07/01/2005	.12/31/2009	M-CARE SUPP	138,836	69,264	49.9	50	0	0	0.0	0
0199999. Total Experience on Individual Policies										367,964	175,494	47.7	136	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

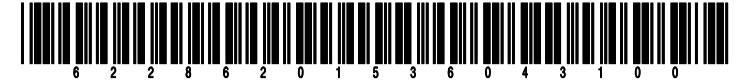
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	741	23.8	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	59,246	57,123	96.4	23	0	0	0.0	0
0199999. Total Experience on Individual Policies										62,359	57,864	92.8	24	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										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	.837	.7.9	.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	.31,597	.20,252	.64.1	.11	.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	.200,848	.86,628	.43.1	.37	.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	.38,917	.24,144	.62.0	.15	.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	.10,671	.782	.7.3	.2	.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	.2,119	.134.5	.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	.241,097	.232,782	.96.6	.131	.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	.11,130	.1,841	.16.5	.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	.130,115	.88,753	.68.2	.46	.0	.0	.0.0	.0
0199999. Total Experience on Individual Policies										676,564	458,138	67.7	247	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

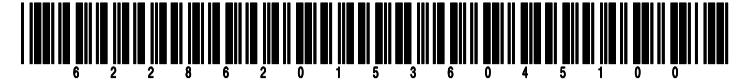
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012				Policies Issued in 2013; 2014; 2015			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 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	8,027	97.9	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	9,378	498	5.3	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	12,217	3,378	27.6	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	153,774	61,985	40.3	23	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	40,831	35,031	85.8	16	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	145,146	68,035	46.9	18	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	55,247	57,767	104.6	14	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	1,048,096	675,786	64.5	419	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	33,493	13,631	40.7	8	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	1,621,116	868,212	53.6	576	0	0	0.0	0
0199999. Total Experience on Individual Policies										3,127,494	1,792,350	57.3	1,082	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

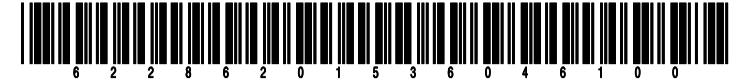
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	2,743	2,803	102.2	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	17,711	18,517	104.6	13	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	1,370	139	10.1	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										21,824	21,459	98.3	16	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

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 2012			Policies Issued in 2013; 2014; 2015				
										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	2,430	43	1.8	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	27,497	15,267	55.5	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	20,615	6,623	32.1	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	39,845	22,980	57.7	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	17,252	7,987	46.3	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	271,246	206,065	76.0	126	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	28,737	18,204	63.3	8	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	268,940	139,071	51.7	81	0	0	0.0	0
0199999. Total Experience on Individual Policies										676,562	416,240	61.5	241	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (To Be Filed by March 1)

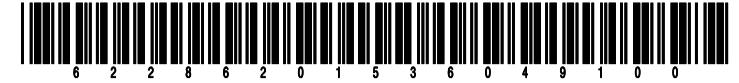
FOR THE STATE OF Washington.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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".

360.WA



SUPPLEMENT FOR THE YEAR 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu.....
 Title Senior Actuarial Analyst..... Telephone Number 317-715-7578.....

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 2012				Policies Issued in 2013; 2014; 2015			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 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	1,624	37.9	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	1,884	21.1	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	50	1.7	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	5,317	961	18.1	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	21,646	13,093	60.5	3	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	12,900	387.9	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	144,584	109,944	76.0	71	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	7,098	1,816	25.6	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	92,985	64,833	69.7	34	0	0	0.0	0
0199999. Total Experience on Individual Policies										291,168	207,105	71.1	116	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

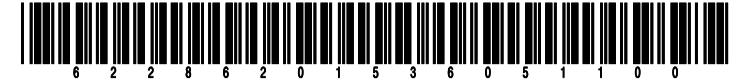
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

FOR THE STATE OF Wisconsin.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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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 - 2.2 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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu.....
 Title Senior Actuarial Analyst..... Telephone Number 317-715-7578.....

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 2012			Policies Issued in 2013; 2014; 2015				
										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	7,268	7,990	109.9	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										7,268	7,990	109.9	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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

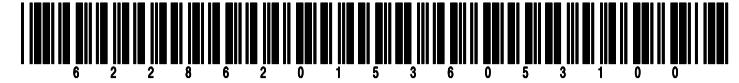
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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

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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.
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 - 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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

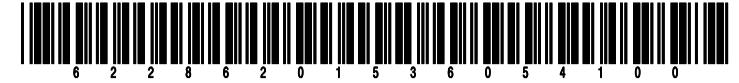
For The Year Ended December 31, 2015
 (To Be Filed by March 1)

FOR THE STATE OF Guam.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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

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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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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 2015 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2015
 (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 Bing Wu
 Title Senior Actuarial Analyst Telephone Number 317-715-7578

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2012			Policies Issued in 2013; 2014; 2015				
										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

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 - 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 2015 OF THE Golden Rule Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2015
(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 2011, 2 2012, 3 2013, 4 2014, 5 2015(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section B - Other Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2011, 2 2012, 3 2013, 4 2014, 5 2015(a). Rows 1-6 showing cumulative net amounts paid policyholders.

Section C - Credit Accident and Health

Table with 5 columns: Years in Which Losses Were Incurred, 1 2011, 2 2012, 3 2013, 4 2014, 5 2015(a). Rows 1-6 showing cumulative net amounts paid policyholders. Large 'NONE' watermark across the table.

Section D -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2011, 2 2012, 3 2013, 4 2014, 5 2015(a). Rows 1-6 showing cumulative net amounts paid policyholders. Large 'NONE' watermark across the table.

Section E -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2011, 2 2012, 3 2013, 4 2014, 5 2015(a). Rows 1-6 showing cumulative net amounts paid policyholders. Large 'NONE' watermark across the table.

Section F -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2011, 2 2012, 3 2013, 4 2014, 5 2015(a). Rows 1-6 showing cumulative net amounts paid policyholders. Large 'NONE' watermark across the table.

Section G -

Table with 5 columns: Years in Which Losses Were Incurred, 1 2011, 2 2012, 3 2013, 4 2014, 5 2015(a). Rows 1-6 showing cumulative net amounts paid policyholders. Large 'NONE' watermark across the table.

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

SUPPLEMENT FOR THE YEAR 2015 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 2011	2 2012	3 2013	4 2014	5 2015
1. Prior	466	0	0	0	
2. 2011	14,412	507			
3. 2012	XXX	15,607	519		
4. 2013	XXX	XXX	15,586	1,881	
5. 2014	XXX	XXX	XXX	12,250	1,477
6. 2015	XXX	XXX	XXX	XXX	11,521

Section B - Other Accident and Health

1. Prior	54	0	0	0	
2. 2011	2,657	83			
3. 2012	XXX	3,029	58		
4. 2013	XXX	XXX	2,951	104	
5. 2014	XXX	XXX	XXX	2,513	93
6. 2015	XXX	XXX	XXX	XXX	2,101

Section C - Credit Accident and Health

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section D -

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section E -

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section F -

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

Section G -

1. Prior					
2. 2011					
3. 2012	XXX				
4. 2013	XXX	XXX			
5. 2014	XXX	XXX	XXX		
6. 2015	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2015 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 2011	2 2012	3 2013	4 2014	5 2015
1. 2011	1,013,371	990,587	991,311	XXX	XXX
2. 2012	XXX	1,157,537	1,137,029	1,135,354	XXX
3. 2013	XXX	XXX	1,291,596	1,275,910	1,274,383
4. 2014	XXX	XXX	XXX	1,199,802	1,192,128
5. 2015	XXX	XXX	XXX	XXX	925,405

Section B - Other Accident and Health

1. 2011	191,551	188,762	187,688	XXX	XXX
2. 2012	XXX	208,044	200,280	199,004	XXX
3. 2013	XXX	XXX	227,839	225,512	224,198
4. 2014	XXX	XXX	XXX	210,979	212,938
5. 2015	XXX	XXX	XXX	XXX	158,729

Section C - Credit Accident and Health

1. 2011				XXX	XXX
2. 2012	XXX				XXX
3. 2013	XXX				
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	

Section D -

1. 2011				XXX	XXX
2. 2012	XXX				XXX
3. 2013	XXX				
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	

Section E -

1. 2011				XXX	XXX
2. 2012	XXX				XXX
3. 2013	XXX				
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	

Section F -

1. 2011				XXX	XXX
2. 2012	XXX				XXX
3. 2013	XXX				
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	

Section G -

1. 2011				XXX	XXX
2. 2012	XXX				XXX
3. 2013	XXX				
4. 2014	XXX	XXX	XXX		
5. 2015	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 2011	2 2012	3 2013	4 2014	5 2015
1. 2011	1,028,142	991,095	991,311		
2. 2012	XXX	1,173,550	1,137,549	1,135,354	
3. 2013	XXX	XXX	1,307,565	1,277,792	1,274,383
4. 2014	XXX	XXX	XXX	1,212,262	1,193,606
5. 2015	XXX	XXX	XXX	XXX	937,316

Section B - Other Accident and Health

1. 2011	194,271	188,846	187,688		
2. 2012	XXX	211,133	200,338	199,004	
3. 2013	XXX	XXX	230,843	225,616	224,198
4. 2014	XXX	XXX	XXX	213,524	213,032
5. 2015	XXX	XXX	XXX	XXX	160,880

Section C - Credit Accident and Health

1. 2011					
2. 2012	XXX				
3. 2013	XXX				
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	

Section D -

1. 2011					
2. 2012	XXX				
3. 2013	XXX				
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	

Section E -

1. 2011					
2. 2012	XXX				
3. 2013	XXX				
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	

Section F -

1. 2011					
2. 2012	XXX				
3. 2013	XXX				
4. 2014	XXX	XXX	XXX		
5. 2015	XXX	XXX	XXX	XXX	

Section G -

1. 2011					
2. 2012	XXX				
3. 2013	XXX				
4. 2014	XXX	XXX	XXX		
5. 2015	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	59
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life	Standard Factor	574
7. Group Annuities		
8. Group Accident and Health	Development	145,605
9. Credit Accident and Health		
10. Other Accident and Health	Development	23,951
11. Total		170,189

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