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ANNUAL STATEMENT

For the Year Ended December 31, 2008

of the Condition and Affairs of the

HEALTHMARKETS INSURANCE COMPANY

NAIC Group Code.....264, 264 (Current Period) (Prior Period) NAIC Company Code..... 92908 Employer's ID Number..... 23-2850522

Organized under the Laws of OKLAHOMA State of Domicile or Port of Entry OKLAHOMA Country of Domicile US

Incorporated/Organized..... June 11, 1981 Commenced Business..... August 17, 1981

Statutory Home Office 120 NORTH ROBINSON..... OKLAHOMA CITY ..... OK 73102
(Street and Number) (City or Town, State and Zip Code)

Main Administrative Office 9151 BOULEVARD 26..... NORTH RICHLAND HILLS ..... TX 76180 817-255-3100
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 9151 BOULEVARD 26..... NORTH RICHLAND HILLS ..... TX 76180
(Street and Number or P. O. Box) (City or Town, State and Zip Code)

Primary Location of Books and Records 9151 BOULEVARD 26..... NORTH RICHLAND HILLS ..... TX 76180 817-255-3100
(Street and Number) (City or Town, State and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address HEALTHMARKETS.COM

Statutory Statement Contact MARIA C. PALACIOS 817-255-3100-5473
(Name) (Area Code) (Telephone Number) (Extension)
connie.palacios@healthmarkets.com 817-255-5390
(E-Mail Address) (Fax Number)

OFFICERS

Name	Title	Name	Title
1. PHILLIP JOHN HILDEBRAND	PRESIDENT & CHIEF EXECUTIVE OFFICER	2. PEGGY GIBBONS SIMPSON	SECRETARY
3. MARIA CONSUELO PALACIOS	TREASURER	4. PHILIP RYDZEWSKI	SENIOR VICE PRESIDENT & CHIEF ACCOUNTING OFFICER

OTHER

MICHAEL ALLAN COLLIFLOWER	Executive Vice President	SUSAN ELIZABETH DEW	Senior Vice President
DERRICK ANTHONY DUKE	Senior Vice President		

DIRECTORS OR TRUSTEES

MICHAEL ALLAN COLLIFLOWER DERRICK ANTHONY DUKE PHILLIP JOHN HILDEBRAND

State of..... TEXAS
County of..... TARRANT

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.

(Signature)	(Signature)	(Signature)
PHILLIP JOHN HILDEBRAND	PEGGY GIBBONS SIMPSON	MARIA CONSUELO PALACIOS
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT & CHIEF EXECUTIVE OFFICER	SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me
This 16TH day of FEBRUARY 2009

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

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Alaska

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Alabama

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Arkansas

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...American Samoa

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Arizona

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...California

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Canada

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Colorado

Does the company have credit insurance in this state?.....Yes ( ) No ( )

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Connecticut

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...District of Columbia

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Delaware

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Florida

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Georgia

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

Direct Business in the State of...Grand Total

Does the company have credit insurance in this state?.....Yes ( ) No (X)

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Guam

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Hawaii

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Iowa

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Idaho

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Illinois

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Indiana

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Kansas

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Kentucky

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Louisiana

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Massachusetts

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Maryland

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Maine

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Michigan

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Minnesota

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Missouri

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Northern Mariana Islands

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Mississippi

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Montana

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...North Carolina

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...North Dakota

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Nebraska

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...New Hampshire

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...New Jersey

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...New Mexico

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Nevada

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...New York

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Ohio

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Oklahoma

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Oregon

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Other Alien

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Pennsylvania

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Puerto Rico

Does the company have credit insurance in this state?.....Yes ( ) No ( )

92908200823040000

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Rhode Island

Does the company have credit insurance in this state?.....Yes ( ) No ( )

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CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...South Carolina

Does the company have credit insurance in this state?.....Yes ( ) No ( )

* 9 2 9 0 8 2 0 0 8 2 3 0 4 2 0 0 0 *

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...South Dakota

Does the company have credit insurance in this state?.....Yes ( ) No ( )

92908200823043000

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Tennessee

Does the company have credit insurance in this state?.....Yes ( ) No ( )

* 9 2 9 0 8 2 0 0 8 2 3 0 4 4 0 0 0 *

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Texas

Does the company have credit insurance in this state?.....Yes ( ) No ( )

* 9 2 9 0 8 2 0 0 8 2 3 0 4 5 0 0 0 *

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Utah

Does the company have credit insurance in this state?.....Yes ( ) No ( )

* 9 2 9 0 8 2 0 0 8 2 3 0 4 7 0 0 0 *

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

Direct Business in the State of...Virginia

Does the company have credit insurance in this state?.....Yes ( ) No (X)

* 9 2 9 0 8 2 0 0 8 2 3 0 5 5 0 0 0 *

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...U.S. Virgin Islands

Does the company have credit insurance in this state?.....Yes ( ) No ( )

92908200823046000

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Vermont

Does the company have credit insurance in this state?.....Yes ( ) No ( )

* 9 2 9 0 8 2 0 0 8 2 3 0 4 8 0 0 0 *

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Washington

Does the company have credit insurance in this state?.....Yes ( ) No ( )

92908200823050000

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Wisconsin

Does the company have credit insurance in this state?.....Yes ( ) No ( )

* 9 2 9 0 8 2 0 0 8 2 3 0 4 9 0 0 0 *

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...West Virginia

Does the company have credit insurance in this state?.....Yes ( ) No ( )

* 9 2 9 0 8 2 0 0 8 2 3 0 5 1 0 0 0 *

CREDIT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2008

(To Be Filed by April 1)

Of the.....HEALTHMARKETS INSURANCE COMPANY

Address (City, State and Zip Code)...OKLAHOMA CITY OK 73102

NAIC Group Code...264 NAIC Company Code...92908 Employer's ID Number...23-2850522

NONE

Direct Business in the State of...Wyoming

Does the company have credit insurance in this state?.....Yes ( ) No ( )

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Alaska	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Alabama	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Arkansas	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

American Samoa	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Arizona	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

California	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Canada	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.CN

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Colorado	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.CO

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Connecticut	Open-End		Closed-End		1 Single SP	2 Joint SP	3 Total SP + MOB
	1 Single	2 Joint	3 Single	4 Joint			
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

District of Columbia	Open-End		Closed-End		1 Single SP	2 Joint SP	3 Total SP + MOB
	1 Single	2 Joint	3 Single	4 Joint			
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Delaware	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Florida	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Georgia	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Grand Total	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Guam	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Hawaii	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Iowa	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Idaho	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

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Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Illinois	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Indiana	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Kansas	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.KS

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Kentucky	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.KY

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE
Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE
Single Premium (SP) and Total

Louisiana	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Massachusetts	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Maryland	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.MD

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Maine	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Michigan	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.MI

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Minnesota	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Missouri	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Northern Mariana Islands	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Mississippi	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Montana	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

North Carolina	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

North Dakota	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Nebraska	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.NE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

New Hampshire	Open-End		Closed-End		1 Single SP	2 Joint SP	3 Total SP + MOB
	1 Single	2 Joint	3 Single	4 Joint			
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

New Jersey	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

New Mexico	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.NM

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Nevada	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

New York	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.NY

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Ohio	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Oklahoma	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.OK

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Oregon	Open-End		Closed-End		1 Single SP	2 Joint SP	3 Total SP + MOB
	1 Single	2 Joint	3 Single	4 Joint			
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.OR

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Other Alien	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Pennsylvania	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Puerto Rico	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Rhode Island	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

South Carolina	Open-End		Closed-End		1 Single SP	2 Joint SP	3 Total SP + MOB
	1 Single	2 Joint	3 Single	4 Joint			
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.SC

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

South Dakota	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.SD

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Tennessee	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Texas	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Utah	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.UT

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Virginia	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

U.S. Virgin Islands	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Vermont	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Washington	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Wisconsin	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

West Virginia	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.WV

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 1A - CREDIT LIFE INSURANCE

Monthly Outstanding Balance (MOB)

PART 1B - CREDIT LIFE INSURANCE

Single Premium (SP) and Total

Wyoming	Open-End		Closed-End				
	1 Single	2 Joint	3 Single	4 Joint	1 Single SP	2 Joint SP	3 Total SP + MOB
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Mean insurance in force							0
6. Losses per $1,000 mean insurance in force [(1,000 X Line 2.6)/Line 5]	0	0	0	0	0	0	0

NONE

NONE

230.2.WY

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Alaska	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Alabama	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Arkansas	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

American Samoa	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Arizona	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

California	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Canada	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Colorado	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Connecticut	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

District of Columbia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Delaware	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Florida	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Georgia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Grand Total	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Guam	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Hawaii	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Iowa	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Idaho	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Illinois	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Indiana	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Kansas	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Kentucky	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Louisiana	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Massachusetts	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Maryland	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Maine	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Michigan	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Minnesota	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Missouri	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Northern Mariana Islands	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Mississippi	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Montana	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

North Carolina	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

North Dakota	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Nebraska	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

New Hampshire	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

New Jersey	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

New Mexico	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Nevada	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

New York	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Ohio	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Oklahoma	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Oregon	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Other Alien	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Pennsylvania	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Puerto Rico	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Rhode Island	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

South Carolina	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

South Dakota	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Tennessee	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Texas	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Utah	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Virginia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

U.S. Virgin Islands	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Vermont	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Washington	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Wisconsin	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

West Virginia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2A - CREDIT ACCIDENT AND HEALTH INSURANCE

Single Premium - Closed-End

Wyoming	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Alaska	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Alabama	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Arkansas	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

American Samoa	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Arizona	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

California	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Canada	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Colorado	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Connecticut	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

District of Columbia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Delaware	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Florida	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Georgia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Grand Total	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Guam	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Hawaii	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Iowa	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Idaho	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Illinois	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Indiana	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Kansas	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Kentucky	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Louisiana	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Massachusetts	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Maryland	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Maine	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Michigan	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Minnesota	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Missouri	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Northern Mariana Islands	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Mississippi	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Montana	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

North Carolina	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

North Dakota	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Nebraska	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

New Hampshire	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

New Jersey	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

New Mexico	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Nevada	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

New York	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Ohio	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Oklahoma	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Oregon	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Other Alien	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Pennsylvania	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Puerto Rico	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Rhode Island	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

South Carolina	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

South Dakota	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Tennessee	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Texas	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Utah	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Virginia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

U.S. Virgin Islands	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Vermont	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Washington	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Wisconsin	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

West Virginia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 2B - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Closed-End

Wyoming	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total
1. Earned Premiums:							
1.1 Gross written premiums							0
1.2 Refunds on terminations							0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0
1.5 Premium reserves, end of period							0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0
2. Incurred Claims:							
2.1 Claims paid							0
2.2 Unreported claim reserve, start of period							0
2.3 Unreported claim reserve, end of period							0
2.4 Claim reserves, start of period							0
2.5 Claim reserves, end of period							0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							0
3.2 Other incurred compensation							0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4. Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Alaska	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Alabama	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Arkansas	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

American Samoa	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Arizona	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

California	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Canada	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Colorado	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Connecticut	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

District of Columbia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Delaware	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Florida	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Georgia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Grand Total	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Guam	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Hawaii	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Iowa	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Idaho	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Illinois	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Indiana	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Kansas	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Kentucky	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Louisiana	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Massachusetts	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Maryland	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Maine	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Michigan	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Minnesota	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Missouri	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Northern Mariana Islands	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Mississippi	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Montana	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

North Carolina	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

North Dakota	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Nebraska	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

New Hampshire	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

New Jersey	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

New Mexico	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Nevada	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

New York	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Ohio	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Oklahoma	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Oregon	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Other Alien	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Pennsylvania	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Puerto Rico	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Rhode Island	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

South Carolina	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

South Dakota	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Tennessee	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Texas	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Utah	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Virginia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

U.S. Virgin Islands	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Vermont	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Washington	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Wisconsin	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

West Virginia	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

PART 2C - CREDIT ACCIDENT AND HEALTH INSURANCE

Monthly Outstanding Balance - Open-End

PART 2D - CREDIT ACCIDENT AND HEALTH INSURANCE

Wyoming	1 7 Day Retro	2 14 Day Retro	3 14 Day Non-Retro	4 30 Day Retro	5 30 Day Non-Retro	6 Other (a)	7 Total	1 All Other (b)	2 Total-Parts 2A, 2B, 2C and 2D
1. Earned Premiums:									
1.1 Gross written premiums							0		0
1.2 Refunds on terminations							0		0
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							0		0
1.5 Premium reserves, end of period							0		0
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							0		0
2. Incurred Claims:									
2.1 Claims paid							0		0
2.2 Unreported claim reserve, start of period							0		0
2.3 Unreported claim reserve, end of period							0		0
2.4 Claim reserves, start of period							0		0
2.5 Claim reserves, end of period							0		0
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0	0	0	0	0	0	0
3. Incurred Compensation:									
3.1 Commissions and service fees incurred							0		0
3.2 Other incurred compensation							0		0
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5. Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:									
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %

NONE

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 6):

(b) Provide a description of "other" coverages (including their percent of Line 1.6, Column 1):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Alaska	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Alabama	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Arkansas	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

American Samoa	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Arizona	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

California	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Canada	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Colorado	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Connecticut	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

District of Columbia	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Delaware	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Florida	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Georgia	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Grand Total	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Guam	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Hawaii	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Iowa	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Idaho	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Illinois	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Indiana	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Kansas	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Kentucky	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Louisiana	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

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Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Massachusetts	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Maryland	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Maine	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Michigan	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Minnesota	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Missouri	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Northern Mariana Islands	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Mississippi	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Montana	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

North Carolina	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

North Dakota	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Nebraska	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

New Hampshire	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

New Jersey	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

New Mexico	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Nevada	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

New York	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Ohio	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Oklahoma	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

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Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Oregon	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Other Alien	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Pennsylvania	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Puerto Rico	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Rhode Island	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

South Carolina	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

South Dakota	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

230.6.SD

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Tennessee	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Texas	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Utah	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

230.6.UT

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Virginia	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

U.S. Virgin Islands	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Vermont	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Washington	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Wisconsin	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

West Virginia	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

230.6.WV

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 3A - CREDIT UNEMPLOYMENT INSURANCE

Wyoming	1 30 Day Retro-SP	2 30 Day Non-Retro-SP	3 30 Day Retro-MOB
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Unreported claim reserve, start of period			
2.3 Unreported claim reserve, end of period			
2.4 Claim reserves, start of period			
2.5 Claim reserves, end of period			
2.6 Incurred claims (Lines 2.1 - 2.2 + 2.3 - 2.4 + 2.5)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.6 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.6 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

PART 3B - CREDIT UNEMPLOYMENT INSURANCE

1 30 Day Non-Retro-MOB	2 Other (a)	3 Total
		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 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %
0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 2):.....

PART 4 - CREDIT PROPERTY INSURANCE

Alaska	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Alabama	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Arkansas	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

American Samoa	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Arizona	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

California	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Canada	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Colorado	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Connecticut	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

District of Columbia	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Delaware	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Florida	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Georgia	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Grand Total	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Guam	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Hawaii	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Iowa	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Idaho	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 4 - CREDIT PROPERTY INSURANCE

Illinois	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Indiana	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Kansas	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Kentucky	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Louisiana	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Massachusetts	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Maryland	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Maine	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Michigan	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Minnesota	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Missouri	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Northern Mariana Islands	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Mississippi	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Montana	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

North Carolina	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

North Dakota	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Nebraska	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

New Hampshire	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

New Jersey	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

New Mexico	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Nevada	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

New York	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Ohio	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Oklahoma	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Oregon	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Other Alien	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

PART 4 - CREDIT PROPERTY INSURANCE

Pennsylvania	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Puerto Rico	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Rhode Island	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

South Carolina	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

South Dakota	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Tennessee	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Texas	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Utah	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Virginia	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

U.S. Virgin Islands	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Vermont	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Washington	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Wisconsin	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

West Virginia	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 4 - CREDIT PROPERTY INSURANCE

Wyoming	1 Creditor Placed Home- Single Interest	2 Creditor Placed Home- Dual Interest	3 Creditor Placed Auto- Single Interest	4 Creditor Placed Auto- Dual Interest	5 Personal Property- Single Interest	6 Personal Property- Dual Interest	7 Other (a)
1. Earned Premiums:							
1.1 Gross written premiums							
1.2 Refunds on terminations							
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0	0	0	0	0
1.4 Premium reserves, start of period							
1.5 Premium reserves, end of period							
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0	0	0	0	0
1.7 Earned premiums at prima facie rates							
2. Incurred Claims:							
2.1 Claims paid							
2.2 Total claim reserves, start of period							
2.3 Total claim reserves, end of period							
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0		0	0	0	0	0
3. Incurred Compensation:							
3.1 Commissions and service fees incurred							
3.2 Other incurred compensation							
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0	0	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4. Loss Percentage:							
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %	0.0 %
5. Incurred Loss Adjustment Expense							
5.1 Defense and cost containment expenses incurred							
5.2 Adjusting and other expenses incurred							

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 7):

PART 5 - OTHER CREDIT INSURANCE

Alaska	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Alabama	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Arkansas	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

American Samoa	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Arizona	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

California	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Canada	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Colorado	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Connecticut	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

District of Columbia	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Delaware	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Florida	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Georgia	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Grand Total	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Guam	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Hawaii	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Iowa	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Idaho	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Illinois	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Indiana	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Kansas	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Kentucky	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Louisiana	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Massachusetts	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Maryland	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Maine	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Michigan	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Minnesota	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Missouri	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Northern Mariana Islands	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Mississippi	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Montana	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

North Carolina	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

North Dakota	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Nebraska	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

New Hampshire	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

New Jersey	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

New Mexico	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Nevada	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

New York	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Ohio	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Oklahoma	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Oregon	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Other Alien	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Pennsylvania	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Puerto Rico	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Rhode Island	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

South Carolina	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

South Dakota	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Tennessee	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Texas	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Utah	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Virginia	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):.....

PART 5 - OTHER CREDIT INSURANCE

U.S. Virgin Islands	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Vermont	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Washington	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Wisconsin	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

West Virginia	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 5 - OTHER CREDIT INSURANCE

Wyoming	1 Credit Family Leave	2 Personal GAP	3 All Other (a)
1. Earned Premiums:			
1.1 Gross written premiums			
1.2 Refunds on terminations			
1.3 Net written premiums (Lines 1.1 - 1.2)	0	0	0
1.4 Premium reserves, start of period			
1.5 Premium reserves, end of period			
1.6 Actual earned premiums (Lines 1.3 + 1.4 - 1.5)	0	0	0
1.7 Earned premiums at prima facie rates			
2. Incurred Claims:			
2.1 Claims paid			
2.2 Total claim reserve, start of period			
2.3 Total claim reserve, end of period			
2.4 Incurred claims (Lines 2.1 - 2.2 + 2.3)	0	0	0
3. Incurred Compensation:			
3.1 Commissions and service fees incurred			
3.2 Other incurred compensation			
3.3 Total incurred compensation (Lines 3.1 + 3.2)	0	0	0
3.4 Commissions/service fee percentage (Lines 3.1 / 1.3)	0.0 %	0.0 %	0.0 %
3.5 Other incurred compensation percentage (Lines 3.2 / 1.6)	0.0 %	0.0 %	0.0 %
4. Loss Percentage:			
4.1 Actual loss percentage (Lines 2.4 / 1.6)	0.0 %	0.0 %	0.0 %
4.2 Loss percentage at prima facie rates (Lines 2.4 / 1.7)	0.0 %	0.0 %	0.0 %

NONE

(a) Provide a description of "other" coverages (including their percent of Line 1.6, Column 3):

PART 6 - NATIONWIDE CREDIT PROPERTY PREMIUMS AND UNDERWRITING EXPENSES

	1 Creditor Placed Home	2 Creditor Placed Auto	3 Personal Property	4 Other (a)
1. Premiums:				
1.1 1.1 Direct written premiums				
1.2 Direct earned premiums				
2. Underwriting expenses incurred:				
2.1 Commissions and brokerage expenses incurred				
2.2 Taxes, licenses and fees incurred				
2.3 Other acquisitions, field supervision and collection expenses incurred				
2.4 General expenses incurred				

(a) Provide a description of "other" coverages (including their percent of Line 1.2, Column 4):

NONE

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SUPPLEMENTAL INVESTMENT RISKS INTERROGATORIES

For the year ended December 31, 2008

(To be filed by April 1)

Of HEALTHMARKETS INSURANCE COMPANY

Address (City, State, Zip Code): OKLAHOMA CITY OK 73102

NAIC Group Code.....264 NAIC Company Code.....92908 Employer's ID Number.....23-2850522

The Investment Risks Interrogatories are to be filed by April 1. They are also to be included with the Audited Statutory Financial Statements.

Answer the following interrogatories by reporting the applicable U.S. dollar amounts and percentages of the reporting entity's total admitted assets held in that category of investments.

1. Reporting entity's total admitted assets as reported on Page 2 of this annual statement. $.....9,405,672

2. Ten largest exposures to a single issuer/borrower/investment.

	1 Issuer	2 Description of Exposure	3 Amount	4 Percentage of Total Admitted Assets
2.01			$	0.000 %
2.02			$	0.000 %
2.03			$	0.000 %
2.04			$	0.000 %
2.05			$	0.000 %
2.06			$	0.000 %
2.07			$	0.000 %
2.08			$	0.000 %
2.09			$	0.000 %
2.10			$	0.000 %

3. Amounts and percentages of the reporting entity's total admitted assets held in bonds and preferred stocks by NAIC rating.

	Bonds	1	2
3.01	NAIC-1	$8,938,441	95.032 %
3.02	NAIC-2	$	0.000 %
3.03	NAIC-3	$	0.000 %
3.04	NAIC-4	$	0.000 %
3.05	NAIC-5	$	0.000 %
3.06	NAIC-6	$	0.000 %
	Preferred Stocks	**3**	**4**
3.07	P/RP-1	$	0.000 %
3.08	P/RP-2	$	0.000 %
3.09	P/RP-3	$	0.000 %
3.10	P/RP-4	$	0.000 %
3.11	P/RP-5	$	0.000 %
3.12	P/RP-6	$	0.000 %

4. Assets held in foreign investments:

4.01 Are assets held in foreign investments less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 4.01 above is yes, responses are not required for interrogatories 5-10.

4.02	Total admitted assets held in foreign investments	$	0.000 %
4.03	Foreign-currency-denominated investments	$	0.000 %
4.04	Insurance liabilities denominated in that same foreign currency	$	0.000 %

5. Aggregate foreign investment exposure categorized by NAIC sovereign rating:

		1	2
5.01	Countries rated NAIC-1	$	0.000 %
5.02	Countries rated NAIC-2	$	0.000 %
5.03	Countries rated NAIC-3 or below	$	0.000 %

6. Largest foreign investment exposures by country, categorized by the country's NAIC sovereign rating:

		1	2
	Countries rated NAIC-1:		
6.01	Country 1:	$	0.000 %
6.02	Country 2:	$	0.000 %
	Countries rated NAIC-2:		
6.03	Country 1:	$	0.000 %
6.04	Country 2:	$	0.000 %
	Countries rated NAIC-3 or below:		
6.05	Country 1:	$	0.000 %
6.06	Country 2:	$	0.000 %

		1	2
7.	Aggregate unhedged foreign currency exposure:	$.....	.....0.000 %

8. Aggregate unhedged foreign currency exposure categorized by NAIC sovereign rating:

		1	2
8.01	Countries rated NAIC-1	$.....	.....0.000 %
8.02	Countries rated NAIC-2	$.....	.....0.000 %
8.03	Countries rated NAIC-3 or below	$.....	.....0.000 %

9. Largest unhedged foreign currency exposures by country, categorized by the country's NAIC sovereign rating:

		1	2
	Countries rated NAIC-1:		
9.01	Country 1:	$.....	.....0.000 %
9.02	Country 2:	$.....	.....0.000 %
	Countries rated NAIC-2:		
9.03	Country 1:	$.....	.....0.000 %
9.04	Country 2:	$.....	.....0.000 %
	Countries rated NAIC-3 or below:		
9.05	Country 1:	$.....	.....0.000 %
9.06	Country 2:	$.....	.....0.000 %

10. Ten largest non-sovereign (i.e. non-governmental) foreign issues:

	1 Issuer	2 NAIC Rating	3	4
10.01			$.....	.....0.000 %
10.02			$.....	.....0.000 %
10.03			$.....	.....0.000 %
10.04			$.....	.....0.000 %
10.05			$.....	.....0.000 %
10.06			$.....	.....0.000 %
10.07			$.....	.....0.000 %
10.08			$.....	.....0.000 %
10.09			$.....	.....0.000 %
10.10			$.....	.....0.000 %

11. Amounts and percentages of the reporting entity's total admitted assets held in Canadian investments and unhedged Canadian currency exposure:

11.01	Are assets held in Canadian investments less than 2.5% of the reporting entity's total admitted assets?		Yes [X] No [ ]
	If response to 11.01 is yes, detail is not required for the remainder of Interrogatory 11.		
11.02	Total admitted assets held in Canadian Investments	$.....	.....0.000 %
11.03	Canadian currency-denominated investments	$.....	.....0.000 %
11.04	Canadian-denominated insurance liabilities	$.....	.....0.000 %
11.05	Unhedged Canadian currency exposure	$.....	.....0.000 %

12. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments with contractual sales restrictions.

12.01	Are assets held in investments with contractual sales restrictions less than 2.5% of the reporting entity's total admitted assets?		Yes [X] No [ ]
	If response to 12.01 is yes, responses are not required for the remainder of Interrogatory 12.		
	1	2	3
12.02	Aggregate statement value of investments with contractual sales restrictions:	$.....	.....0.000 %
	Largest three investments with contractual sales restrictions:		
12.03		$.....	.....0.000 %
12.04		$.....	.....0.000 %
12.05		$.....	.....0.000 %

13. Amounts and percentages of admitted assets held in the ten largest equity interests:

13.01	Are assets held in equity interest less than 2.5% of the reporting entity's total admitted assets?		Yes [X] No [ ]
	If response to 13.01 above is yes, responses are not required for the remainder of Interrogatory 13.		
	1 Name of Issuer	2	3
13.02		$.....	.....0.000 %
13.03		$.....	.....0.000 %
13.04		$.....	.....0.000 %
13.05		$.....	.....0.000 %
13.06		$.....	.....0.000 %
13.07		$.....	.....0.000 %
13.08		$.....	.....0.000 %
13.09		$.....	.....0.000 %
13.10		$.....	.....0.000 %
13.11		$.....	.....0.000 %

14. Amounts and percentages of the reporting entity's total admitted assets held in nonaffiliated, privately placed equities:

14.01 Are assets held in nonaffiliated, privately placed equities less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 14.01 above is yes, responses are not required for the remainder of Interrogatory 14.

	1	2	3
14.02 Aggregate statement value of investments held in nonaffiliated, privately placed equities:		$	0.000 %
Largest three investments held in nonaffiliated, privately placed equities:			
14.03		$	0.000 %
14.04		$	0.000 %
14.05		$	0.000 %

15. Amounts and percentages of the reporting entity's total admitted assets held in general partnership interests:

15.01 Are assets held in general partnership interests less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 15.01 above is yes, responses are not required for the remainder of Interrogatory 15.

	1	2	3
15.02 Aggregate statement value of investments held in general partnership interests:		$	0.000 %
Largest three investments in general partnership interests:			
15.03		$	0.000 %
15.04		$	0.000 %
15.05		$	0.000 %

16. Amounts and percentages of the reporting entity's total admitted assets held in mortgage loans:

16.01 Are mortgage loans reported in Schedule B less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 16.01 above is yes, responses are not required for the remainder of Interrogatory 16 and Interrogatory 17.

	1 Type (Residential, Commercial, Agricultural)	2	3
16.02		$	0.000 %
16.03		$	0.000 %
16.04		$	0.000 %
16.05		$	0.000 %
16.06		$	0.000 %
16.07		$	0.000 %
16.08		$	0.000 %
16.09		$	0.000 %
16.10		$	0.000 %
16.11		$	0.000 %

Amount and percentage of the reporting entity's total admitted assets held in the following categories of mortgage loans:

	Loans	
16.12 Construction loans	$	0.000 %
16.13 Mortgage loans over 90 days past due	$	0.000 %
16.14 Mortgage loans in the process of foreclosure	$	0.000 %
16.15 Mortgage loans foreclosed	$	0.000 %
16.16 Restructured mortgage loans	$	0.000 %

17. Aggregate mortgage loans having the following loan-to-value ratios as determined from the most current appraisal as of the annual statement date:

Loan-to-Value	Residential		Commercial		Agricultural	
	1	2	3	4	5	6
17.01 above 95%	$	0.000 %	$	0.000 %	$	0.000 %
17.02 91% to 95%	$	0.000 %	$	0.000 %	$	0.000 %
17.03 81% to 90%	$	0.000 %	$	0.000 %	$	0.000 %
17.04 71% to 80%	$	0.000 %	$	0.000 %	$	0.000 %
17.05 below 70%	$	0.000 %	$	0.000 %	$	0.000 %

18. Amounts and percentages of the reporting entity's total admitted assets held in each of the five largest investments in real estate:

18.01 Are assets held in real estate reported less than 2.5% of the reporting entity's total admitted assets? Yes [X] No [ ]

If response to 18.01 above is yes, responses are not required for the remainder of Interrogatory 18.

Largest five investments in any one parcel or group of contiguous parcels of real estate.

	Description	2	3
18.02		$	0.000 %
18.03		$	0.000 %
18.04		$	0.000 %
18.05		$	0.000 %
18.06		$	0.000 %

19. Report aggregate amounts and percentages of the reporting entity's total admitted assets held in investments held in mezzanine real estate loans.

19.01 Are assets held in investments held in mezzanine real estate loans less than 2.5% of the reporting entity's admitted assets? Yes [X] No [ ]

If response to 19.01 is yes, responses are not required for the remainder of Interrogatory 19.

	1	2	3
19.02 Aggregate statement value of investments held in mezzanine real estate loans:		$	0.000 %
Largest three investments held in mezzanine real estate loans.			
19.03		$	0.000 %
19.04		$	0.000 %
19.05		$	0.000 %

20. Amounts and percentages of the reporting entity's total admitted assets subject to the following types of agreements:

	At Year-End		At End of Each Quarter		
			1st Qtr	2nd Qtr	3rd Qtr
	1	2	3	4	5
20.01 Securities lending agreements (do not include assets held as collateral for such transactions)	$	0.000 %	$	$	$
20.02 Repurchase agreements	$	0.000 %	$	$	$
20.03 Reverse repurchase agreements	$	0.000 %	$	$	$
20.04 Dollar repurchase agreements	$	0.000 %	$	$	$
20.05 Dollar reverse repurchase agreements	$	0.000 %	$	$	$

21. Amounts and percentages of the reporting entity's total admitted assets for warrants not attached to other financial instruments, options, caps and floors:

	Owned		Written	
	1	2	3	4
21.01 Hedging	$	0.000 %	$	0.000 %
21.02 Income generation	$	0.000 %	$	0.000 %
21.03 Other	$	0.000 %	$	0.000 %

22. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for collars, swaps, and forwards:

	At Year-End		At End of Each Quarter		
			1st Qtr	2nd Qtr	3rd Qtr
	1	2	3	4	5
22.01 Hedging	$	0.000 %	$	$	$
22.02 Income generation	$	0.000 %	$	$	$
22.03 Replications	$	0.000 %	$	$	$
22.04 Other	$	0.000 %	$	$	$

23. Amounts and percentages of the reporting entity's total admitted assets of potential exposure for futures contracts:

	At Year-End		At End of Each Quarter		
			1st Qtr	2nd Qtr	3rd Qtr
	1	2	3	4	5
23.01 Hedging	$	0.000 %	$	$	$
23.02 Income generation	$	0.000 %	$	$	$
23.03 Replications	$	0.000 %	$	$	$
23.04 Other	$	0.000 %	$	$	$

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Alaska NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Alabama NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 2 9 0 0 4 0 0 0 *

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Arkansas NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Arizona NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....California NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Colorado NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Connecticut NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....District of Columbia NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Delaware NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Florida NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Georgia NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Grand Total NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Hawaii NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Iowa NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 2 9 0 1 3 0 0 0 *

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Idaho NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 2 9 0 1 4 0 0 0 *

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Illinois NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Indiana NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Kansas NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Kentucky NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Louisiana NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Massachusetts NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Maryland NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Maine NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Michigan NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Minnesota NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Missouri NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Mississippi NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Montana NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....North Carolina NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....North Dakota NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Nebraska NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....New Hampshire NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....New Jersey NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....New Mexico NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Nevada NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....New York NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Ohio NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Oklahoma NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Oregon NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Pennsylvania NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Puerto Rico NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Rhode Island NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....South Carolina NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....South Dakota NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Tennessee NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Texas NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Utah NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Virginia NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Vermont NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Washington NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 2 9 0 5 0 0 0 0 *

LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Wisconsin NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....West Virginia NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF.....Wyoming NAIC COMPANY CODE.....92908

PREMIUMS, CONSIDERATIONS AND DEPOSITS	1 Life Insurance Premiums	2 Annuity Considerations	3 A & H Premiums	4 Deposit-Type Contract Funds and Other Considerations
1. Premiums, considerations and deposits from Schedule T				
2. Premiums, considerations and deposits NOT reported in Schedule T, including investment contract receipts credited to liability account	0	0	0	0
2.1 Contract fees for variable contracts with guarantees				
2.2 Any other premiums, considerations and deposits not reported in Schedule T				
3. Amounts, if applicable, that were deducted prior to determining amounts included in Lines 1 or 2 which are in the following categories:				
3.1 Transfers to guaranteed separate accounts				
3.2 Roll over of GICs or annuities into other companies				
3.3 Surrenders or other benefits paid out				
3.4 Excess interest credited to accounts				
3.5 Aggregate write-ins for other amounts deducted prior to determining amounts included in Lines 1 or 2	0	0	0	0
3.99 Total (Lines 3.1 thru 3.5)	0	0	0	0
4. Transfers:				
4.1 Enter in Column 2, as a negative number, and Column 4, as a positive number, the total of all amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, that are included in Column 2, Lines 1, 2 and 3.99				
4.2 Enter in Column 2, as a positive number, and Column 4, as a negative number, any amounts reported in Column 4, Lines 1, 2 and 3.99 that are allocated. (Note: amounts received to fund contracts established under Section 403(b) of the U.S. Internal Revenue Code, should not be included in Line 4.2)				
4.3 Enter in Column 4, as a positive number, and Column 2 as a negative number, any amounts reported in Column 2, Lines 1, 2 and 3.99 that are unallocated				
4.99 Total (Lines 4.1 + 4.2 + 4.3)	0	0	0	0
5. Total (Lines 1 + 2 + 3.99 + 4.99)	0	0	0	0
DEVELOPMENT OF AMOUNTS INCLUDED IN LINES 1 THROUGH 5 THAT SHOULD BE DEDUCTED IN DETERMINING THE BASE				
Do not include any amount more than once in Lines 6 through 9				
6. Aggregate write-ins for amounts where the insurer is not subject to risk. Premiums for portions of policies or contracts NOT guaranteed or under which the entire investment risk is borne by the policyholder. (Please specify such deductions and indicate where such amounts were reported in the Annual Statement)	0	0	0	0
7. Amounts NOT allocated to individuals or individual certificate holders or amounts received for such contracts in excess of limits:				
7.1 Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans	XXX	XXX	XXX	
7.2 Unallocated funding obligations that fund any employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.3 Unallocated funding obligations that fund governmental lotteries or employee, union, or association of natural persons benefit plans in excess of $5 million per contract which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation	XXX	XXX	XXX	
7.4 Total (Lines 7.1 + 7.2 + 7.3)	XXX	XXX	XXX	0
8. Dividends/Experience rating credits paid or credited, but only if NOT guaranteed in advance (include only amounts NOT already deducted in determining Lines 1 and 2)				
9. Aggregate write-ins for other deductions	0	0	0	0
10. Total (Lines 6 + 7.4 + 8 + 9)	0	0	0	0
MODEL ACT BASE (Line 5 minus Line 10)				
11. Current Year	0	0	0	0

NONE

DETAILS OF WRITE-INS

03.501.				
03.502.				
03.503.				
03.598. Summary of remaining write-ins for Line 3.5 from overflow page	0	0	0	0
03.599. Totals (Lines 3.501 thru 3.503 plus 3.598) (Line 3.5 above)	0	0	0	0
0601.				
0602.				
0603.				
0698. Summary of remaining write-ins for Line 6 from overflow page	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above)	0	0	0	0
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page	0	0	0	0
0999. Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above)	0	0	0	0

Overflow Page for Write-Ins

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 0 2 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Alaska NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Alabama NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 0 4 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Arkansas NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 0 3 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Arizona NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 0 5 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....California NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 0 6 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Colorado NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 0 7 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Connecticut NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 0 9 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....District of Columbia NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 0 8 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Delaware NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Florida NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 1 2 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Hawaii NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 1 6 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Iowa NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 1 3 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008
(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Idaho NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 1 5 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Indiana NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 1 7 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Kansas NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 1 8 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Kentucky NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 1 9 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Louisiana NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 2 2 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Massachusetts NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 2 1 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Maryland NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 2 0 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Maine NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 2 3 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Michigan NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 2 4 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Minnesota NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 2 6 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Missouri NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 2 5 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Mississippi NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 2 7 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Montana NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 3 5 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....North Dakota NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Nebraska NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 3 1 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....New Jersey NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 3 2 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....New Mexico NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 2 9 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Nevada NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 3 3 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....New York NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Ohio NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

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ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Oklahoma NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 3 8 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Oregon NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 5 4 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Puerto Rico NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 4 0 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Rhode Island NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 4 1 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....South Carolina NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 4 2 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....South Dakota NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 4 3 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Tennessee NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 4 4 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Texas NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 4 5 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Utah NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 4 7 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Virginia NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 4 6 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Vermont NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 4 8 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Washington NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 5 0 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Wisconsin NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 4 9 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....West Virginia NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 0 0 5 1 0 0 0 *

ADJUSTMENTS TO THE LIFE, HEALTH & ANNUITY GUARANTY ASSOCIATION MODEL ACT ASSESSMENT BASE RECONCILIATION EXHIBIT

FOR YEAR ENDED DECEMBER 31, 2008

(To Be Filed by April 1)

OF.....HEALTHMARKETS INSURANCE COMPANY

DIRECT BUSINESS IN THE STATE OF....Wyoming NAIC COMPANY CODE.....92908

	1 Life Insurance Premiums	2 Allocated Annuity and Other Allocated Fund Deposits	3 Accident & Health Premium	4 Unallocated Annuity & Other Unallocated Fund Deposits
1. MODEL ACT BASE (Line 11 of the Reconciliation Exhibit)				
AMOUNTS REQUIRED TO DETERMINE THIS STATE'S ASSESSMENT BASE				
2. Enter in Column 2, as a positive number, and Column 4, as a negative number, the total of all amounts received to fund allocated contracts established under Section 403(b) of the U.S. Internal Revenue Code that are included in Column 4, Line 1 above	XXX		XXX	
3. Unallocated funding obligations that do NOT fund government lotteries or employee, union, or association of natural persons benefit plans:				
3.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
3.2 All amounts	XXX	XXX	XXX	
4. Unallocated funding obligations issued to fund government lotteries or employee, union, or association of natural persons benefit plans which are NOT: (a) government retirement plans established under Sections 401, 403(b) or 457 of the U.S. Internal Revenue Code, or (b) protected by the Federal Pension Benefit Guaranty Corporation:				
4.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
4.2 Amounts in excess of $1 million but NOT in excess of $5 million per contract	XXX	XXX	XXX	
4.3 Amounts in excess of $5 million per contract	XXX	XXX	XXX	
4.4 Total (Lines 4.1 + 4.2 + 4.3)	XXX	XXX	XXX	0
4.5 Amounts up to $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
5. Unallocated funding obligations issued to fund governmental retirement plans established under Sections 401 and 457 of the U.S. Internal Revenue Code:				
5.1 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
5.2 All amounts	XXX	XXX	XXX	
5.3 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
5.4 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
6. Unallocated funding obligations issued to fund governmental retirement plans established under Section 403(b) of the U.S. Internal Revenue Code:				
6.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
6.2 Amounts in excess of $1 million per contract	XXX	XXX	XXX	
6.3 Total (Lines 6.1 + 6.2)	XXX	XXX	XXX	0
6.4 Amounts in excess of $2 million per contract (New Jersey Only)	XXX	XXX	XXX	
6.5 Amounts not in excess of $7.5 million per contract (Minnesota only)	XXX	XXX	XXX	
7. Unallocated funding obligations that fund employee, union, or association of natural persons benefit plans protected by the Federal Pension Benefit Guaranty Corporation:				
7.1 Amounts NOT in excess of $1 million per contract	XXX	XXX	XXX	
7.2 All amounts	XXX	XXX	XXX	
7.3 Amounts NOT in excess of $2 million per contract (New Jersey only)	XXX	XXX	XXX	
8. Unallocated funding obligations issued to fund government lotteries NOT in excess of $5 million per contractholder (New Jersey only)	XXX	XXX	XXX	
9. Unallocated funding obligations that fund employee or an association of natural persons benefit plans in excess of $2 million but NOT in excess of $5 million per contract (New Jersey Only)	XXX	XXX	XXX	
10. Aggregate write-ins for other deductions	0	0	0	0
BASE				
11. Current Year (2008)	0	0	0	0

NONE

DETAILS OF WRITE-INS

1001.				
1002.				
1003.				
1098. Summary of remaining write-ins for Line 10 from overflow page	0	0	0	0
1099. Total (Line 1001 thru 1003 plus 1098) (Line 10 above)	0	0	0	0

Overflow Page for Write-Ins

NONE

* 9 2 9 0 8 2 0 0 8 3 3 0 0 2 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF ALASKA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.AK

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 0 1 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF ALABAMA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.AL

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF ARKANSAS

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.AR

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF AMERICAN SAMOA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.AS

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 0 3 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF ARIZONA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.AZ

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

* 9 2 9 0 8 2 0 0 8 3 3 0 0 5 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF CALIFORNIA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.CA

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 0 6 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF COLORADO

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.CO

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

* 9 2 9 0 8 2 0 0 8 3 3 0 0 7 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF CONNECTICUT

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

	1	2	3	4	5	6	7	8
Calendar Duration	Policy Form	First Year Issued	Actual Earned Premiums	Actual Incurred Claims	Anticipated Earned Premium	Anticipated Incurred Claim	Policy Reserves	Number of Insured Lives

NONE

330.3.CT

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 0 9 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF DISTRICT OF COLUMBIA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.DC

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

* 9 2 9 0 8 2 0 0 8 3 3 0 0 8 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF DELAWARE

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.DE

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

* 9 2 9 0 8 2 0 0 8 3 3 0 1 0 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF FLORIDA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.FL

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF GEORGIA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.GA

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

* 9 2 9 0 8 2 0 0 8 3 3 0 5 3 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF GUAM

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.GU

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

* 9 2 9 0 8 2 0 0 8 3 3 0 1 2 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF HAWAII

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.HI

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF IOWA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.IA

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF IDAHO

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.ID

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF ILLINOIS

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.IL

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 1 5 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF INDIANA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.IN

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 1 7 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF KANSAS

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.KS

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 1 8 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF KENTUCKY

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.KY

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

* 9 2 9 0 8 2 0 0 8 3 3 0 1 9 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF LOUISIANA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.LA

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 2 2 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF MASSACHUSETTS

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.MA

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 2 1 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF MARYLAND

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.MD

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF MAINE

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.ME

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF MICHIGAN

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.MI

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 2 4 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF MINNESOTA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.MN

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF MISSOURI

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.MO

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 2 5 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF MISSISSIPPI

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.MS

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 2 7 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF MONTANA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.MT

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 3 4 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF NORTH CAROLINA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.NC

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF NORTH DAKOTA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.ND

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF NEBRASKA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.NE

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 3 0 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF NEW HAMPSHIRE

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.NH

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 3 1 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF NEW JERSEY

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.NJ

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 3 2 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF NEW MEXICO

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.NM

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 2 9 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF NEVADA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.NV

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 3 3 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF NEW YORK

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.NY

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 3 6 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF OHIO

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.OH

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF OKLAHOMA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.OK

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF OREGON

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.OR

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 3 9 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF PENNSYLVANIA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.PA

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 5 4 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF PUERTO RICO

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.PR

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

* 9 2 9 0 8 2 0 0 8 3 3 0 4 0 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF RHODE ISLAND

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.RI

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 4 1 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF SOUTH CAROLINA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.SC

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 4 2 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF SOUTH DAKOTA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.SD

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF TENNESSEE

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.TN

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF TEXAS

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.TX

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF UTAH

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.UT

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF VIRGINIA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.VA

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

* 9 2 9 0 8 2 0 0 8 3 3 0 5 5 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF U.S. VIRGIN ISLANDS

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.VI

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 4 6 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF VERMONT

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.VT

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 4 8 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF WASHINGTON

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.WA

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 5 0 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF WISCONSIN

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.WI

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 4 9 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF WEST VIRGINIA

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.WV

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE

Supplement for the year 2008 of the **HEALTHMARKETS INSURANCE COMPANY**

* 9 2 9 0 8 2 0 0 8 3 3 0 5 1 0 0 0 *

LONG-TERM CARE EXPERIENCE REPORTING FORM-C
EXPERIENCE IN THE STATE OF WYOMING

CUMULATIVE CLAIM EXPERIENCE

(TO BE FILED BY APRIL 1)

NAIC Group Code.....264

NAIC Company Code.....92908

Calendar Duration	1 Policy Form	2 First Year Issued	3 Actual Earned Premiums	4 Actual Incurred Claims	5 Anticipated Earned Premium	6 Anticipated Incurred Claim	7 Policy Reserves	8 Number of Insured Lives

NONE

330.3.WY

	3	4	5	6	7	8
1. Individual			XXX	XXX	XXX	XXX
2. Group direct response			XXX	XXX	XXX	XXX
3. Other group			XXX	XXX	XXX	XXX
4. Total (Sum Lines 1 to 3)	0	0	XXX	XXX	XXX	XXX
5. Actual total reported experience through statement year			XXX	XXX	XXX	XXX
6. Actual total reported experience through prior year			XXX	XXX	XXX	XXX
7. Calendar year reported experience (Lines 5 minus 6)	0	0	XXX	XXX	XXX	XXX

Note: (a) Was experience prior to 1991 used in preparing this form? Yes [ ] No [ ]

(b) If yes, indicate the calendar years that were included:.....

NONE