



LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017
OF THE CONDITION AND AFFAIRS OF THE

Golden Rule Insurance Company

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

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

Country of Domicile United States of America

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

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

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

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

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

Internet Website Address goldenrule.com

Statutory Statement Contact Jeremy Michael Schoettle, 317-715-7918
(Name) (Area Code) (Telephone Number)
jschoettle@unitedhealthone.com, 317-298-0875
(E-mail Address) (FAX Number)

OFFICERS

President, Chief Executive Officer, Chair Patrick Francis Carr Treasurer Robert Worth Oberrender
Vice President, Secretary Richard Charles Sullivan Vice President, Chief Financial Officer Jeremy Michael Schoettle

OTHER

Nyle Brent Cottingham, Vice President Douglas Ford Crockett, Vice President, Chief Operating Officer John Frederick Frank #, Vice President
James Mark Gabriel, Senior Vice President Joy Olilani Chieko Higa, Assistant Secretary Heather Anastasia Lang Jacobsen, Assistant Secretary
James Elmer Prochnow, Vice President

DIRECTORS OR TRUSTEES

Patrick Francis Carr Douglas Ford Crockett John Frederick Frank #
James Mark Gabriel Richard Charles Sullivan

State of Indiana SS:
County of Marion

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Patrick Francis Carr
President, Chief Executive Officer, Chair

Richard Charles Sullivan
Vice President, Secretary

Jeremy Michael Schoettle
Vice President, Chief Financial Officer

Subscribed and sworn to before me this _____ day of _____

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alabama

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	336,603		25,404		362,007
2. Annuity considerations	22,099				22,099
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	358,702	0	25,404	0	384,106
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,053,410		0		1,053,410
10. Matured endowments					0
11. Annuity benefits	85,731				85,731
12. Surrender values and withdrawals for life contracts	653,304				653,304
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,792,445	0	0	0	1,792,445
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	167,877	.0	.0	.0	.0	.0	.0	.1	167,877
17. Incurred during current year	.2	885,533			.0	.0			.2	885,533
Settled during current year:										
18.1 By payment in full	.3	1,053,410				.0			.3	1,053,410
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.3	1,053,410	.0	.0	.0	.0	.0	.0	.3	1,053,410
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.3	1,053,410	.0	.0	.0	.0	.0	.0	.3	1,053,410
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	317	44,866,277	0 (a)	0	.0	10,637,000	.0	.0	317	55,503,277
21. Issued during year	261	15,165,000			.0	0			261	15,165,000
22. Other changes to in force (Net)	(174)	(13,109,459)			.0	(2,085,000)			(174)	(15,194,459)
23. In force December 31 of current year	404	46,921,818	0 (a)	0	0	8,552,000	0	0	404	55,473,818

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	11,776,547	12,797,794		9,665,056	9,871,621
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	207,906	178,907		41,140	103,005
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	49,259	47,233		23,396	24,379
25.5 All other (b)	1,159,789	1,144,185		442,301	454,168
25.6 Totals (sum of Lines 25.1 to 25.5)	1,416,954	1,370,325	0	506,837	581,552
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,193,501	14,168,119	0	10,171,893	10,453,173

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products4,756 and number of persons
insured under indemnity only products557 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Alaska

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,007		(17)		990
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,007	0	(17)	0	990
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts					0
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	0	0	0	0	0
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year									0	0
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	33	9,541,611	0 (a)	0	No. of Policies	0	0	0	33	9,541,611
21. Issued during year									0	0
22. Other changes to in force (Net)	(1)	(249,471)			0	0			(1)	(249,471)
23. In force December 31 of current year	32	9,292,140	0 (a)	0	0	0	0	0	32	9,292,140

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	687	687		1	5
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	43,292	39,834		21,805	22,223
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	193	146		0	0
25.5 All other (b)	20,305	29,419		16,775	14,239
25.6 Totals (sum of Lines 25.1 to 25.5)	63,790	69,399	0	38,580	36,462
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	64,477	70,086	0	38,581	36,467

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products66 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arizona

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	505,223		97,527		602,750
2. Annuity considerations	50,005				50,005
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	555,228	0	97,527	0	652,755
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,192				1,192
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,192	0	0	0	1,192
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,192	0	0	0	1,192
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	577,487		100,000		677,487
10. Matured endowments					0
11. Annuity benefits	232,880				232,880
12. Surrender values and withdrawals for life contracts	332,269				332,269
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,142,636	0	100,000	0	1,242,636
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	13	578,007			1	100,000			14	678,007
Settled during current year:										
18.1 By payment in full	10	577,487			1	100,000			11	677,487
18.2 By payment on compromised claims									0	0
18.3 Totals paid	10	577,487	0	0	1	100,000	0	0	11	677,487
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	10	577,487	0	0	1	100,000	0	0	11	677,487
19. Unpaid Dec. 31, current year (16+17-18.6)	3	520	0	0	0	0	0	0	3	520
POLICY EXHIBIT										
20. In force December 31, prior year	518	100,671,619	0 (a)	0	0	48,745,000	0	0	518	149,416,619
21. Issued during year	274	11,180,000			0	0			274	11,180,000
22. Other changes to in force (Net)	(193)	(12,983,384)			0	(8,620,000)			(193)	(21,603,384)
23. In force December 31 of current year	599	98,868,235	0 (a)	0	0	40,125,000	0	0	599	138,993,235

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	86,364,462	86,711,075		73,079,851	73,317,889
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	524,149	478,783		257,005	285,386
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	161,916	156,118		7,857	16,706
25.5 All other (b)	3,252,450	3,245,118		1,223,850	1,329,604
25.6 Totals (sum of Lines 25.1 to 25.5)	3,938,515	3,880,019	0	1,488,712	1,631,696
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	90,302,977	90,591,094	0	74,568,563	74,949,585

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 28,297 and number of persons insured under indemnity only products 844



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Arkansas

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	349,732		27,226		376,958
2. Annuity considerations	8,764				8,764
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	358,496	0	27,226	0	385,722
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	980,101		150,000		1,130,101
10. Matured endowments					0
11. Annuity benefits	221,149				221,149
12. Surrender values and withdrawals for life contracts	124,077				124,077
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,325,327	0	150,000	0	1,475,327
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	9	1,040,071			1	150,000			10	1,190,071
Settled during current year:										
18.1 By payment in full	7	980,101			1	150,000			8	1,130,101
18.2 By payment on compromised claims									0	0
18.3 Totals paid	7	980,101	0	0	1	150,000	0	0	8	1,130,101
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	7	980,101	0	0	1	150,000	0	0	8	1,130,101
19. Unpaid Dec. 31, current year (16+17-18.6)	2	59,969	0	0	0	0	0	0	2	59,969
POLICY EXHIBIT										
20. In force December 31, prior year	420	71,386,828	0 (a)	0	9	11,076,000	0	0	429	82,462,828
21. Issued during year	62	2,340,000			0	0			62	2,340,000
22. Other changes to in force (Net)	(45)	(3,069,310)			2	(2,607,000)			(43)	(5,676,310)
23. In force December 31 of current year	437	70,657,518	0 (a)	0	11	8,469,000	0	0	448	79,126,518

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	13,930,746	13,976,600		11,670,901	11,778,750
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	387,212	377,648		336,142	338,476
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	16,337	15,514		0	939
25.5 All other (b)	481,142	471,545		164,397	173,328
25.6 Totals (sum of Lines 25.1 to 25.5)	884,691	864,707	0	500,539	512,743
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	14,815,437	14,841,307	0	12,171,440	12,291,493

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products4,999 and number of persons insured under indemnity only products381 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF California

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,242,016		(50)		1,241,966
2. Annuity considerations	178,865				178,865
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,420,881	0	(50)	0	1,420,831
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,042				1,042
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	229				229
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,271	0	0	0	1,271
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,271	0	0	0	1,271
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,971,696		0		3,971,696
10. Matured endowments					0
11. Annuity benefits	2,368,539				2,368,539
12. Surrender values and withdrawals for life contracts	2,432,974				2,432,974
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	8,773,209	0	0	0	8,773,209
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	320,709	0	0	0	0	0	0	5	320,709
17. Incurred during current year	26	4,009,813							26	4,009,813
Settled during current year:										
18.1 By payment in full	21	3,971,696							21	3,971,696
18.2 By payment on compromised claims									0	0
18.3 Totals paid	21	3,971,696	0	0	0	0	0	0	21	3,971,696
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	21	3,971,696	0	0	0	0	0	0	21	3,971,696
19. Unpaid Dec. 31, current year (16+17-18.6)	10	358,826	0	0	0	0	0	0	10	358,826
POLICY EXHIBIT										
20. In force December 31, prior year	843	181,259,291	0 (a)	0	No. of Policies	0	0	0	843	181,259,291
21. Issued during year	2	50,000			0	0	0	0	2	50,000
22. Other changes to in force (Net)	(44)	(9,163,340)			0	0	0	0	(44)	(9,163,340)
23. In force December 31 of current year	801	172,145,951	0 (a)	0	0	0	0	0	801	172,145,951

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	21,146	20,955		37,024	39,183
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	35,715	37,184		30,317	24,437
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	169	161		0	0
25.5 All other (b)	1,910,457	1,891,948		829,079	851,217
25.6 Totals (sum of Lines 25.1 to 25.5)	1,946,341	1,929,293	0	859,396	875,654
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,967,487	1,950,248	0	896,420	914,837

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products17 and number of persons
insured under indemnity only products24 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Colorado

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	653,022		5,692		658,714
2. Annuity considerations	14,082				14,082
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	667,104	0	5,692	0	672,796
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	464				464
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	464	0	0	0	464
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	464	0	0	0	464
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,087,013		0		1,087,013
10. Matured endowments					0
11. Annuity benefits	261,449				261,449
12. Surrender values and withdrawals for life contracts	892,618				892,618
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,241,080	0	0	0	2,241,080
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	9	1,193,685			0	0			9	1,193,685
Settled during current year:										
18.1 By payment in full	8	1,087,013				0			8	1,087,013
18.2 By payment on compromised claims									0	0
18.3 Totals paid	8	1,087,013	0	0	0	0	0	0	8	1,087,013
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	8	1,087,013	0	0	0	0	0	0	8	1,087,013
19. Unpaid Dec. 31, current year (16+17-18.6)	1	106,672	0	0	0	0	0	0	1	106,672
POLICY EXHIBIT										
20. In force December 31, prior year	687	119,611,678	0 (a)	0	0	1,526,000	0	0	687	121,137,678
21. Issued during year									0	0
22. Other changes to in force (Net)	(35)	(8,176,277)			0	(250,000)			(35)	(8,426,277)
23. In force December 31 of current year	652	111,435,401	0 (a)	0	0	1,276,000	0	0	652	112,711,401

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	16,468,436	16,381,844		14,417,786	14,431,995
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,345,531	8,905,487		7,190,897	6,432,282
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	13,622	15,497		0	302
25.5 All other (b)	5,705,445	5,666,790		5,052,994	5,313,349
25.6 Totals (sum of Lines 25.1 to 25.5)	11,064,598	14,587,774	0	12,243,891	11,745,933
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27,533,034	30,969,618	0	26,661,677	26,177,928

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products6,252 and number of persons
insured under indemnity only products1,235 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Connecticut

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	588,492		3,022		591,514
2. Annuity considerations	43,059				43,059
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	631,551	0	3,022	0	634,573
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,330,979		0		1,330,979
10. Matured endowments					0
11. Annuity benefits	265,314				265,314
12. Surrender values and withdrawals for life contracts	1,001,529				1,001,529
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,597,822	0	0	0	2,597,822
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	100,000	.0	.0	.0	.0	.0	.0	.1	100,000
17. Incurred during current year	.5	1,231,373			.0	.0			.5	1,231,373
Settled during current year:										
18.1 By payment in full	.5	1,330,979				.0			.5	1,330,979
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.5	1,330,979	.0	.0	.0	.0	.0	.0	.5	1,330,979
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.5	1,330,979	.0	.0	.0	.0	.0	.0	.5	1,330,979
19. Unpaid Dec. 31, current year (16+17-18.6)	1	395	0	0	0	0	0	0	1	395
POLICY EXHIBIT										
20. In force December 31, prior year	853	163,238,741	0 (a)	0	0	0	0	0	853	163,238,741
21. Issued during year	93	2,585,000			.0	.0			93	2,585,000
22. Other changes to in force (Net)	(110)	(14,404,871)			.0	.0			(110)	(14,404,871)
23. In force December 31 of current year	836	151,418,870	0 (a)	0	0	0	0	0	836	151,418,870

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	134,950	142,771		51,125	34,604
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					1,828
25.2 Guaranteed renewable (b)	6,155,123	6,570,019		6,660,488	6,710,790
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	103,596	116,843		2,987	3,564
25.5 All other (b)	13,311,297	13,808,756		8,645,394	8,241,160
25.6 Totals (sum of Lines 25.1 to 25.5)	19,570,016	20,495,618	0	15,308,869	14,957,342
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	19,704,966	20,638,389	0	15,359,994	14,991,946

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 4,243 and number of persons
 insured under indemnity only products 24



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Delaware

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	111,223		0		111,223
2. Annuity considerations	3,498				3,498
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	114,721	0	0	0	114,721
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	307,500		0		307,500
10. Matured endowments					0
11. Annuity benefits	27,415				27,415
12. Surrender values and withdrawals for life contracts	257,528				257,528
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	592,443	0	0	0	592,443
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	307,500			0	0			1	307,500
Settled during current year:										
18.1 By payment in full	1	307,500				0			1	307,500
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	307,500	0	0	0	0	0	0	1	307,500
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	307,500	0	0	0	0	0	0	1	307,500
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	122	20,804,589	0 (a)	0	0	0	0	0	122	20,804,589
21. Issued during year	11	375,000			0	0			11	375,000
22. Other changes to in force (Net)	(12)	(1,736,220)			0	0			(12)	(1,736,220)
23. In force December 31 of current year	121	19,443,369	0 (a)	0	0	0	0	0	121	19,443,369

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	108,351	110,723		45,394	42,411
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	681,231	661,168		476,172	508,706
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	13,095	13,474		0	87
25.5 All other (b)	943,104	951,952		561,943	531,263
25.6 Totals (sum of Lines 25.1 to 25.5)	1,637,430	1,626,594	0	1,038,115	1,040,056
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,745,781	1,737,317	0	1,083,509	1,082,467

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products434 and number of persons
 insured under indemnity only products87



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF District of Columbia

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	45,030		0		45,030
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	45,030	0	0	0	45,030
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	68,866		0		68,866
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	99,770				99,770
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	168,636	0	0	0	168,636
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	0	68,866			0	0			0	68,866
Settled during current year:										
18.1 By payment in full	0	68,866				0			0	68,866
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	68,866	0	0	0	0	0	0	0	68,866
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	68,866	0	0	0	0	0	0	0	68,866
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	16	4,614,526	0 (a)	0	0	0	0	0	16	4,614,526
21. Issued during year	8	275,000			0	0			8	275,000
22. Other changes to in force (Net)	(6)	(1,326,467)			0	0			(6)	(1,326,467)
23. In force December 31 of current year	18	3,563,059	0 (a)	0	0	0	0	0	18	3,563,059

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	517	863		(20,544)	(20,309)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,850	2,645		668	681
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,474	1,369		0	255
25.5 All other (b)	101,547	99,771		48,507	65,455
25.6 Totals (sum of Lines 25.1 to 25.5)	105,871	103,785	0	49,175	66,391
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	106,388	104,648	0	28,631	46,082

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Florida

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,971,963		217,005		2,188,968
2. Annuity considerations	378,206				378,206
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,350,169	0	217,005	0	2,567,174
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	242				242
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	242	0	0	0	242
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	242	0	0	0	242
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,472,768		18,000		4,490,768
10. Matured endowments					0
11. Annuity benefits	1,200,562				1,200,562
12. Surrender values and withdrawals for life contracts	2,248,308				2,248,308
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,921,638	0	18,000	0	7,939,638
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	42,998	0	0	0	0	0	0	.1	42,998
17. Incurred during current year	19	5,509,498			1	18,000			20	5,527,498
Settled during current year:										
18.1 By payment in full	12	4,472,768			1	18,000			13	4,490,768
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	4,472,768	0	0	1	18,000	0	0	13	4,490,768
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	4,472,768	0	0	1	18,000	0	0	13	4,490,768
19. Unpaid Dec. 31, current year (16+17-18.6)	8	1,079,729	0	0	0	0	0	0	8	1,079,729
POLICY EXHIBIT										
20. In force December 31, prior year	2,062	346,392,750	0 (a)	0	0	101,546,000	0	0	2,062	447,938,750
21. Issued during year	970	42,015,000			0	0			970	42,015,000
22. Other changes to in force (Net)	(527)	(35,773,662)			0	(14,656,000)			(527)	(50,429,662)
23. In force December 31 of current year	2,505	352,634,088	0 (a)	0	0	86,890,000	0	0	2,505	439,524,088

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	215,624,733	217,407,428		161,763,575	159,393,916
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					2,179
25.2 Guaranteed renewable (b)	3,224,671	2,859,950		1,269,911	2,021,377
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	392,986	371,443		41,252	71,557
25.5 All other (b)	10,907,947	10,871,359		5,332,194	6,338,986
25.6 Totals (sum of Lines 25.1 to 25.5)	14,525,604	14,102,752	0	6,643,357	8,434,099
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	230,150,337	231,510,180	0	168,406,932	167,828,015

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products57,481 and number of persons insured under indemnity only products6,141 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Georgia

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	772,271		2,993		775,264
2. Annuity considerations	30,871				30,871
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	803,142	0	2,993	0	806,135
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	649				649
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	649	0	0	0	649
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	649	0	0	0	649
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,630,081		0		1,630,081
10. Matured endowments					0
11. Annuity benefits	759,893				759,893
12. Surrender values and withdrawals for life contracts	557,748				557,748
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,947,722	0	0	0	2,947,722
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	101,812	0	0	.1	200,000	0	0	2	301,812
17. Incurred during current year	12	1,708,320			(1)	(200,000)			11	1,508,320
Settled during current year:										
18.1 By payment in full	12	1,630,081				0			12	1,630,081
18.2 By payment on compromised claims									0	0
18.3 Totals paid	12	1,630,081	0	0	0	0	0	0	12	1,630,081
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	12	1,630,081	0	0	0	0	0	0	12	1,630,081
19. Unpaid Dec. 31, current year (16+17-18.6)	1	180,051	0	0	0	0	0	0	1	180,051
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	723	121,458,630	0 (a)	0	0	2,058,000	0	0	723	123,516,630
21. Issued during year	603	26,125,000			0	0			603	26,125,000
22. Other changes to in force (Net)	(344)	(20,800,342)			0	(169,000)			(344)	(20,969,342)
23. In force December 31 of current year	982	126,783,288	0 (a)	0	0	1,889,000	0	0	982	128,672,288

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,360,449	2,118,362		2,612,550	2,613,766
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	94,927	71,408		41,489	(336,608)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	418,434	415,754		46,504	53,759
25.5 All other (b)	34,710,476	36,303,137		25,120,523	24,522,177
25.6 Totals (sum of Lines 25.1 to 25.5)	35,223,837	36,790,299	0	25,208,516	24,239,328
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	38,584,286	38,908,661	0	27,821,066	26,853,094

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products10,044 and number of persons insured under indemnity only products287 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Hawaii

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	128,743		0		128,743
2. Annuity considerations	6,304				6,304
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	135,047	0	0	0	135,047
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	585,788		0		585,788
10. Matured endowments					0
11. Annuity benefits	1,110,231				1,110,231
12. Surrender values and withdrawals for life contracts	497,722				497,722
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,193,741	0	0	0	2,193,741
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	3	585,788			0	0			3	585,788
Settled during current year:										
18.1 By payment in full	3	585,788				0			3	585,788
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	585,788	0	0	0	0	0	0	3	585,788
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	585,788	0	0	0	0	0	0	3	585,788
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	130	17,705,336	0 (a)	0	0	0	0	0	130	17,705,336
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(540,421)			0	0			(3)	(540,421)
23. In force December 31 of current year	127	17,164,915	0 (a)	0	0	0	0	0	127	17,164,915

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,172	1,386		12	(144)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	17,089	14,595		297	5,388
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	(11)	(14)		0	0
25.5 All other (b)	55,440	55,450		18,364	20,222
25.6 Totals (sum of Lines 25.1 to 25.5)	72,518	70,031	0	18,661	25,610
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	73,690	71,417	0	18,673	25,466

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Idaho

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	36,130		0		36,130
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	36,130	0	0	0	36,130
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	10,889		0		10,889
10. Matured endowments					0
11. Annuity benefits	31,188				31,188
12. Surrender values and withdrawals for life contracts	99,802				99,802
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	141,879	0	0	0	141,879
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	10,889			0	0			2	10,889
Settled during current year:										
18.1 By payment in full	2	10,889				0			2	10,889
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	10,889	0	0	0	0	0	0	2	10,889
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	10,889	0	0	0	0	0	0	2	10,889
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	62	8,574,954	0 (a)	0	No. of Policies	0	0	0	62	8,574,954
21. Issued during year	1	25,000			0	0			1	25,000
22. Other changes to in force (Net)	(3)	169,962			0	0			(3)	169,962
23. In force December 31 of current year	60	8,769,916	0 (a)	0	0	0	0	0	60	8,769,916

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	9,211	9,145		373	382
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,275	4,170		0	(1,090)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	46,660	45,721		28,427	31,052
25.6 Totals (sum of Lines 25.1 to 25.5)	51,935	49,891	0	28,427	29,962
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	61,146	59,036	0	28,800	30,344

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1 and number of persons
 insured under indemnity only products7 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Illinois

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,342,088		64,327		2,406,415
2. Annuity considerations	187,769				187,769
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,529,857	0	64,327	0	2,594,184
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	69,111				69,111
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	3,439				3,439
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	72,550	0	0	0	72,550
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	72,550	0	0	0	72,550
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	6,132,144		0		6,132,144
10. Matured endowments					0
11. Annuity benefits	2,431,472				2,431,472
12. Surrender values and withdrawals for life contracts	3,480,970				3,480,970
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	12,044,586	0	0	0	12,044,586
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	10	351,299	0	0	0	0	0	0	10	351,299
17. Incurred during current year	87	6,762,400			0	0			87	6,762,400
Settled during current year:										
18.1 By payment in full	67	6,132,144				0			67	6,132,144
18.2 By payment on compromised claims									0	0
18.3 Totals paid	67	6,132,144	0	0	0	0	0	0	67	6,132,144
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	67	6,132,144	0	0	0	0	0	0	67	6,132,144
19. Unpaid Dec. 31, current year (16+17-18.6)	30	981,556	0	0	0	0	0	0	30	981,556
POLICY EXHIBIT										
20. In force December 31, prior year	4,273	443,398,709	0 (a)	0	111	23,692,500	0	0	4,384	467,091,209
21. Issued during year	347	14,880,000			0	0			347	14,880,000
22. Other changes to in force (Net)	(463)	(32,090,262)			(11)	(3,028,000)			(474)	(35,118,262)
23. In force December 31 of current year	4,157	426,188,446	0 (a)	0	100	20,664,500	0	0	4,257	446,852,946

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	64,764,976	66,297,687		44,447,385	45,830,461
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	(1,677)	(1,154)			0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	2,118,676	1,903,437		984,130	1,090,062
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	202,884	193,052		6,768	12,031
25.5 All other (b)	4,076,326	4,047,675		1,880,517	2,047,308
25.6 Totals (sum of Lines 25.1 to 25.5)	6,397,886	6,144,164	0	2,871,415	3,149,401
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	71,161,185	72,440,697	0	47,318,800	48,979,862

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products21,040 and number of persons insured under indemnity only products3,251 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Indiana

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,036,030		58,674		1,094,704
2. Annuity considerations	157,188				157,188
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,193,218	0	58,674	0	1,251,892
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	2,182				2,182
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	2,510				2,510
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	4,692	0	0	0	4,692
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	4,692	0	0	0	4,692
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,033,299		50,500		3,083,799
10. Matured endowments					0
11. Annuity benefits	1,043,030				1,043,030
12. Surrender values and withdrawals for life contracts	524,467				524,467
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,600,796	0	50,500	0	4,651,296
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	6	307,536	0	0	1	50,000	0	0	7	357,536
17. Incurred during current year	41	3,174,560			0	500			41	3,175,060
Settled during current year:										
18.1 By payment in full	36	3,033,299			1	50,500			37	3,083,799
18.2 By payment on compromised claims									0	0
18.3 Totals paid	36	3,033,299	0	0	1	50,500	0	0	37	3,083,799
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	36	3,033,299	0	0	1	50,500	0	0	37	3,083,799
19. Unpaid Dec. 31, current year (16+17-18.6)	11	448,797	0	0	0	0	0	0	11	448,797
POLICY EXHIBIT										
20. In force December 31, prior year	1,465	202,720,966	0 (a)	0	0	28,737,000	0	0	1,465	231,457,966
21. Issued during year	144	5,445,000			0	0			144	5,445,000
22. Other changes to in force (Net)	(169)	(12,374,110)			0	(4,505,000)			(169)	(16,879,110)
23. In force December 31 of current year	1,440	195,791,856	0 (a)	0	0	24,232,000	0	0	1,440	220,023,856

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	50,140,554	50,559,982		41,798,370	39,330,423
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					2,604
25.2 Guaranteed renewable (b)	826,837	839,753		628,287	749,630
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	85,868	82,898		1,405	613,553
25.5 All other (b)	2,553,982	2,549,342		1,348,972	1,368,329
25.6 Totals (sum of Lines 25.1 to 25.5)	3,466,687	3,471,993	0	1,978,664	2,734,116
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	53,607,241	54,031,975	0	43,777,034	42,064,539

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products15,518 and number of persons insured under indemnity only products257 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Iowa

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	587,416		15,114		602,530
2. Annuity considerations	47,397				47,397
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	634,813	0	15,114	0	649,927
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,040,259		0		2,040,259
10. Matured endowments					0
11. Annuity benefits	402,373				402,373
12. Surrender values and withdrawals for life contracts	1,034,046				1,034,046
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,476,678	0	0	0	3,476,678
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	362,407	0	0	0	0	0	0	5	362,407
17. Incurred during current year	11	1,999,112			0	0			11	1,999,112
Settled during current year:										
18.1 By payment in full	11	2,040,259				0			11	2,040,259
18.2 By payment on compromised claims									0	0
18.3 Totals paid	11	2,040,259	0	0	0	0	0	0	11	2,040,259
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	11	2,040,259	0	0	0	0	0	0	11	2,040,259
19. Unpaid Dec. 31, current year (16+17-18.6)	5	321,259	0	0	0	0	0	0	5	321,259
POLICY EXHIBIT										
20. In force December 31, prior year	817	111,087,775	0 (a)	0	0	6,832,000	0	0	817	117,919,775
21. Issued during year	39	1,375,000			0	0			39	1,375,000
22. Other changes to in force (Net)	(61)	(6,904,932)			0	(1,051,000)			(61)	(7,955,932)
23. In force December 31 of current year	795	105,557,842	0 (a)	0	0	5,781,000	0	0	795	111,338,842

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	14,454,655	14,661,198		11,509,492	11,295,943
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	253,632	238,343		157,000	(45,923)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	23,363	22,497		615	991
25.5 All other (b)	486,504	472,667		191,163	222,721
25.6 Totals (sum of Lines 25.1 to 25.5)	763,499	733,507	0	348,778	177,789
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	15,218,154	15,394,705	0	11,858,270	11,473,732

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products5,460 and number of persons insured under indemnity only products340



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kansas

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	136,086		983		137,069
2. Annuity considerations	11,578				11,578
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	147,664	0	983	0	148,647
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	420,303		0		420,303
10. Matured endowments					0
11. Annuity benefits	182,655				182,655
12. Surrender values and withdrawals for life contracts	129,799				129,799
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	732,757	0	0	0	732,757
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	108,801	.0	.0	.0	.0	.0	.0	.1	108,801
17. Incurred during current year	.1	311,502			.0	.0			.1	311,502
Settled during current year:										
18.1 By payment in full	.2	420,303				.0			.2	420,303
18.2 By payment on compromised claims									.0	0
18.3 Totals paid	.2	420,303	.0	.0	.0	.0	.0	.0	.2	420,303
18.4 Reduction by compromise									.0	0
18.5 Amount rejected									.0	0
18.6 Total settlements	.2	420,303	.0	.0	.0	.0	.0	.0	.2	420,303
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1	0	0	0	0	0	0	0	1
POLICY EXHIBIT										
20. In force December 31, prior year	222	28,189,214	.0 (a)	.0	.0	505,000	.0	.0	222	28,694,214
21. Issued during year	76	3,830,000			.0	.0			76	3,830,000
22. Other changes to in force (Net)	(64)	(3,318,663)			.0	(165,000)			(64)	(3,483,663)
23. In force December 31 of current year	234	28,700,551	0 (a)	0	0	340,000	0	0	234	29,040,551

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	557,652	(245,517)		638,895	611,324
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	48,551	48,178		36,062	37,845
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	46,475	47,698		88	716
25.5 All other (b)	6,319,916	7,100,900		4,510,021	4,721,892
25.6 Totals (sum of Lines 25.1 to 25.5)	6,414,942	7,196,776	0	4,546,171	4,760,453
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	6,972,594	6,951,259	0	5,185,066	5,371,777

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,999 and number of persons insured under indemnity only products23 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Kentucky

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	741,950		94		742,044
2. Annuity considerations	1,610				1,610
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	743,560	0	94	0	743,654
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	716				716
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	716	0	0	0	716
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	716	0	0	0	716
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,058,480		0		1,058,480
10. Matured endowments					0
11. Annuity benefits	680,998				680,998
12. Surrender values and withdrawals for life contracts	1,190,063				1,190,063
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,929,541	0	0	0	2,929,541
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	9	1,058,480			0	0			9	1,058,480
Settled during current year:										
18.1 By payment in full	9	1,058,480				0			9	1,058,480
18.2 By payment on compromised claims									0	0
18.3 Totals paid	9	1,058,480	0	0	0	0	0	0	9	1,058,480
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	9	1,058,480	0	0	0	0	0	0	9	1,058,480
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	601	86,943,905	0 (a)	0	0	150,000	0	0	601	87,093,905
21. Issued during year	68	2,490,000			0	0			68	2,490,000
22. Other changes to in force (Net)	(64)	(8,254,885)			0	(150,000)			(64)	(8,404,885)
23. In force December 31 of current year	605	81,179,021	0 (a)	0	0	0	0	0	605	81,179,021

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	28,103	27,341		2,335	(41,687)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,935,255	2,798,609		2,205,250	2,180,848
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	55,226	55,026		790	1,479
25.5 All other (b)	2,564,802	2,744,140		875,446	664,144
25.6 Totals (sum of Lines 25.1 to 25.5)	4,555,283	5,597,775	0	3,081,486	2,846,471
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	4,583,386	5,625,116	0	3,083,821	2,804,784

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,458 and number of persons
 insured under indemnity only products403



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Louisiana
NAIC Group Code 0707

DURING THE YEAR 2017
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	396,258		(6)		396,252
2. Annuity considerations	35,273				35,273
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	431,531	0	(6)	0	431,525
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	220				220
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	220	0	0	0	220
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	220	0	0	0	220
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	945,785		0		945,785
10. Matured endowments					0
11. Annuity benefits	164,276				164,276
12. Surrender values and withdrawals for life contracts	475,354				475,354
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,585,415	0	0	0	1,585,415
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	312,554	0	0	0	0	0	0	2	312,554
17. Incurred during current year	3	716,679			0	0			3	716,679
Settled during current year:										
18.1 By payment in full	1	945,785				0			1	945,785
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	945,785	0	0	0	0	0	0	1	945,785
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	945,785	0	0	0	0	0	0	1	945,785
19. Unpaid Dec. 31, current year (16+17-18.6)	4	83,448	0	0	0	0	0	0	4	83,448
POLICY EXHIBIT										
20. In force December 31, prior year	597	99,917,197	0 (a)	0	No. of Policies	0	0	0	597	99,917,197
21. Issued during year	143	5,565,000			0	0			143	5,565,000
22. Other changes to in force (Net)	(106)	(8,644,181)			0	0			(106)	(8,644,181)
23. In force December 31 of current year	634	96,838,016	0 (a)	0	0	0	0	0	634	96,838,016

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	367,397	(787,178)		147,067	158,195
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,059,496	1,026,006		552,358	1,065,900
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	67,326	73,117		0	1,818
25.5 All other (b)	7,416,147	8,656,905		4,729,591	4,502,026
25.6 Totals (sum of Lines 25.1 to 25.5)	8,542,969	9,756,028	0	5,281,949	5,569,744
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,910,366	8,968,850	0	5,429,016	5,727,939

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products2,176 and number of persons
insured under indemnity only products952



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maine

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	154,050		0		154,050
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	154,050	0	0	0	154,050
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	351,535		0		351,535
10. Matured endowments					0
11. Annuity benefits	81,133				81,133
12. Surrender values and withdrawals for life contracts	286,628				286,628
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	719,296	0	0	0	719,296
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	3	471,046			0	0			3	471,046
Settled during current year:										
18.1 By payment in full	2	351,535				0			2	351,535
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	351,535	0	0	0	0	0	0	2	351,535
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	351,535	0	0	0	0	0	0	2	351,535
19. Unpaid Dec. 31, current year (16+17-18.6)	1	119,511	0	0	0	0	0	0	1	119,511
POLICY EXHIBIT										
20. In force December 31, prior year	173	29,849,815	0 (a)	0	0	0	0	0	173	29,849,815
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(1,860,573)			0	0			(11)	(1,860,573)
23. In force December 31 of current year	162	27,989,242	0 (a)	0	0	0	0	0	162	27,989,242

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(149)	(9)		171	198
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,984	4,210		65	64
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	70,767	71,242		19,677	18,996
25.6 Totals (sum of Lines 25.1 to 25.5)	76,751	75,452	0	19,742	19,060
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	76,602	75,443	0	19,913	19,258

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
 insured under indemnity only products25 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Maryland

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	763,888		14,493		778,381
2. Annuity considerations	32,182				32,182
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	796,070	0	14,493	0	810,563
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,887,830		0		1,887,830
10. Matured endowments					0
11. Annuity benefits	903,079				903,079
12. Surrender values and withdrawals for life contracts	1,259,698				1,259,698
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,050,607	0	0	0	4,050,607
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	5	1,920,745			0	0			5	1,920,745
Settled during current year:										
18.1 By payment in full	4	1,887,830				0			4	1,887,830
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	1,887,830	0	0	0	0	0	0	4	1,887,830
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	1,887,830	0	0	0	0	0	0	4	1,887,830
19. Unpaid Dec. 31, current year (16+17-18.6)	1	32,915	0	0	0	0	0	0	1	32,915
POLICY EXHIBIT										
20. In force December 31, prior year	755	137,906,816	0 (a)	0	0	5,082,000	0	0	755	142,988,816
21. Issued during year	31	1,275,000			0	0			31	1,275,000
22. Other changes to in force (Net)	(64)	(7,478,508)			0	(200,000)			(64)	(7,678,508)
23. In force December 31 of current year	722	131,703,309	0 (a)	0	0	4,882,000	0	0	722	136,585,309

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	10,869,442	10,907,233		7,094,949	7,070,585
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	532,565	453,846		254,716	275,275
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	24,297	22,010		0	301
25.5 All other (b)	2,091,541	2,084,487		887,471	997,259
25.6 Totals (sum of Lines 25.1 to 25.5)	2,648,403	2,560,343	0	1,142,187	1,272,835
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	13,517,845	13,467,576	0	8,237,136	8,343,420

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products3,240 and number of persons insured under indemnity only products1,201 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Massachusetts

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	176,490		0		176,490
2. Annuity considerations	22,005				22,005
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	198,495	0	0	0	198,495
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	44,942		0		44,942
10. Matured endowments					0
11. Annuity benefits	526,506				526,506
12. Surrender values and withdrawals for life contracts	274,853				274,853
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	846,301	0	0	0	846,301
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	4	45,660			0	0			4	45,660
Settled during current year:										
18.1 By payment in full	3	44,942				0			3	44,942
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	44,942	0	0	0	0	0	0	3	44,942
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	44,942	0	0	0	0	0	0	3	44,942
19. Unpaid Dec. 31, current year (16+17-18.6)	1	718	0	0	0	0	0	0	1	718
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	232	60,306,099	0 (a)	0	0	0	0	0	232	60,306,099
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(2,381,183)			0	0			(11)	(2,381,183)
23. In force December 31 of current year	221	57,924,916	0 (a)	0	0	0	0	0	221	57,924,916

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,719	4,316		56,591	56,730
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,837	6,794		7,272	6,532
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	53	53		0	0
25.5 All other (b)	20,726	22,350		14,775	15,141
25.6 Totals (sum of Lines 25.1 to 25.5)	27,616	29,197	0	22,047	21,673
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	30,335	33,513	0	78,638	78,403

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
insured under indemnity only products3



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Michigan

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,484,601		100,229		1,584,830
2. Annuity considerations	43,551				43,551
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,528,152	0	100,229	0	1,628,381
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	193				193
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	193	0	0	0	193
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	193	0	0	0	193
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,123,455		0		4,123,455
10. Matured endowments					0
11. Annuity benefits	1,682,382				1,682,382
12. Surrender values and withdrawals for life contracts	2,789,804				2,789,804
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	8,595,641	0	0	0	8,595,641
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	5	500,572	0	0	0	0	0	0	5	500,572
17. Incurred during current year	20	4,154,386							20	4,154,386
Settled during current year:										
18.1 By payment in full	14	4,123,455							14	4,123,455
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	4,123,455	0	0	0	0	0	0	14	4,123,455
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	4,123,455	0	0	0	0	0	0	14	4,123,455
19. Unpaid Dec. 31, current year (16+17-18.6)	11	531,503	0	0	0	0	0	0	11	531,503
POLICY EXHIBIT										
20. In force December 31, prior year	1,801	274,142,992	0 (a)	0	No. of Policies 0	39,448,000	0	0	1,801	313,590,992
21. Issued during year	207	9,630,000			0	0			207	9,630,000
22. Other changes to in force (Net)	(237)	(23,721,626)			0	(4,602,000)			(237)	(28,323,626)
23. In force December 31 of current year	1,771	260,051,366	0 (a)	0	0	34,846,000	0	0	1,771	294,897,366

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	67,102,484	68,135,819		55,923,292	54,505,095
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,291,998	1,253,669		704,022	625,916
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	73,867	70,759		483	3,497
25.5 All other (b)	2,481,792	2,469,005		1,097,499	1,148,626
25.6 Totals (sum of Lines 25.1 to 25.5)	3,847,657	3,793,433	0	1,802,004	1,778,039
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	70,950,141	71,929,252	0	57,725,296	56,283,134

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products23,293 and number of persons insured under indemnity only products1,317 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Minnesota
NAIC Group Code 0707

DURING THE YEAR 2017
NAIC Company Code 62286

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	456,227		0		456,227
2. Annuity considerations	42,819				42,819
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	499,046	0	0	0	499,046
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,428,017		0		2,428,017
10. Matured endowments					0
11. Annuity benefits	351,154				351,154
12. Surrender values and withdrawals for life contracts	548,783				548,783
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,327,954	0	0	0	3,327,954
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	21	2,615,851							21	2,615,851
Settled during current year:										
18.1 By payment in full	16	2,428,017							16	2,428,017
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	2,428,017	0	0	0	0	0	0	16	2,428,017
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	2,428,017	0	0	0	0	0	0	16	2,428,017
19. Unpaid Dec. 31, current year (16+17-18.6)	5	187,834	0	0	0	0	0	0	5	187,834
POLICY EXHIBIT										
20. In force December 31, prior year	782	139,464,687	0 (a)	0	No. of Policies	0	0	0	782	139,464,687
21. Issued during year	2	75,000			0	0	0	0	2	75,000
22. Other changes to in force (Net)	(32)	(4,367,096)			0	0	0	0	(32)	(4,367,096)
23. In force December 31 of current year	752	135,172,591	0 (a)	0	0	0	0	0	752	135,172,591

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	(12,091)	(12,038)		1,998	1,143
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,934	4,520		8,702	7,491
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	172	100		0	0
25.5 All other (b)	169,735	170,034		107,357	106,270
25.6 Totals (sum of Lines 25.1 to 25.5)	175,841	174,654	0	116,059	113,761
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	163,750	162,616	0	118,057	114,904

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products4 and number of persons
insured under indemnity only products24



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Mississippi

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	186,504		30,863		217,367
2. Annuity considerations	17,630				17,630
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	204,134	0	30,863	0	234,997
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	281,277		0		281,277
10. Matured endowments					0
11. Annuity benefits	361,177				361,177
12. Surrender values and withdrawals for life contracts	52,055				52,055
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	694,509	0	0	0	694,509
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	3	281,277			1	50,000			4	331,277
Settled during current year:										
18.1 By payment in full	3	281,277				0			3	281,277
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	281,277	0	0	0	0	0	0	3	281,277
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	281,277	0	0	0	0	0	0	3	281,277
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	1	50,000	0	0	1	50,000
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	258	43,388,959	0 (a)	0	0	14,223,000	0	0	258	57,611,959
21. Issued during year	162	8,120,000			0	0			162	8,120,000
22. Other changes to in force (Net)	(98)	(5,944,795)			0	(2,108,000)			(98)	(8,052,795)
23. In force December 31 of current year	322	45,564,164	0 (a)	0	0	12,115,000	0	0	322	57,679,164

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	22,170,755	22,319,289		14,226,203	14,399,313
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	289,137	260,350		118,825	130,286
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	46,282	43,830		71,238	113,088
25.5 All other (b)	1,164,315	1,127,324		443,055	470,625
25.6 Totals (sum of Lines 25.1 to 25.5)	1,499,734	1,431,504	0	633,118	713,999
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	23,670,489	23,750,793	0	14,859,321	15,113,312

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products7,443 and number of persons insured under indemnity only products518 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Missouri

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,118,306		76,657		1,194,963
2. Annuity considerations	67,843				67,843
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,186,149	0	76,657	0	1,262,806
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,461				1,461
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	1,461	0	0	0	1,461
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	1,461	0	0	0	1,461
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,969,805		50,000		3,019,805
10. Matured endowments					0
11. Annuity benefits	1,897,908				1,897,908
12. Surrender values and withdrawals for life contracts	1,630,000				1,630,000
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,497,713	0	50,000	0	6,547,713
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	6	355,796	0	0	0	0	0	0	6	355,796
17. Incurred during current year	23	2,809,638			0	50,000			23	2,859,638
Settled during current year:										
18.1 By payment in full	19	2,969,805				50,000			19	3,019,805
18.2 By payment on compromised claims									0	0
18.3 Totals paid	19	2,969,805	0	0	0	50,000	0	0	19	3,019,805
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	19	2,969,805	0	0	0	50,000	0	0	19	3,019,805
19. Unpaid Dec. 31, current year (16+17-18.6)	10	195,629	0	0	0	0	0	0	10	195,629
POLICY EXHIBIT										
20. In force December 31, prior year	1,487	175,142,581	0 (a)	0	No. of Policies 3	37,172,053	0	0	1,490	212,314,634
21. Issued during year	318	11,940,000			0	0			318	11,940,000
22. Other changes to in force (Net)	(235)	(16,288,563)			0	(5,393,000)			(235)	(21,681,563)
23. In force December 31 of current year	1,570	170,794,017	0 (a)	0	3	31,779,053	0	0	1,573	202,573,070

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	59,545,945	59,812,705		48,870,248	48,742,021
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,549,395	1,547,929		1,254,189	642,795
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	278,414	272,168		20,380	27,219
25.5 All other (b)	11,097,361	11,505,096		6,288,307	5,240,921
25.6 Totals (sum of Lines 25.1 to 25.5)	12,925,170	13,325,193	0	7,562,876	5,910,935
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	72,471,115	73,137,898	0	56,433,124	54,652,956

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products20,923 and number of persons insured under indemnity only products623



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Montana

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	4,387		0		4,387
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	4,387	0	0	0	4,387
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	35,894		0		35,894
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	176,715				176,715
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	212,609	0	0	0	212,609
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year									0	0
17. Incurred during current year	0	35,894			0	0			0	35,894
Settled during current year:										
18.1 By payment in full	0	35,894				0			0	35,894
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	35,894	0	0	0	0	0	0	0	35,894
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	35,894	0	0	0	0	0	0	0	35,894
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	17	2,316,572	0 (a)	0	0	0	0	0	17	2,316,572
21. Issued during year									0	0
22. Other changes to in force (Net)	(3)	(256,443)			0	0			(3)	(256,443)
23. In force December 31 of current year	14	2,060,129	0 (a)	0	0	0	0	0	14	2,060,129

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	3,364	4,909		0	50
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	0	0		0	(13)
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	15,477	15,324		4,415	1,050
25.6 Totals (sum of Lines 25.1 to 25.5)	15,477	15,324	0	4,415	1,037
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	18,841	20,233	0	4,415	1,087

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nebraska

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	274,370		18,307		292,677
2. Annuity considerations	39,138				39,138
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	313,508	0	18,307	0	331,815
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	234,856		0		234,856
10. Matured endowments					0
11. Annuity benefits	198,662				198,662
12. Surrender values and withdrawals for life contracts	125,330				125,330
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	558,848	0	0	0	558,848
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	234,856			0	0			0	234,856
Settled during current year:										
18.1 By payment in full	0	234,856				0			0	234,856
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	234,856	0	0	0	0	0	0	0	234,856
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	234,856	0	0	0	0	0	0	0	234,856
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	461	69,976,741	0 (a)	0	0	8,020,000	0	0	461	77,996,741
21. Issued during year	45	1,885,000			0	0			45	1,885,000
22. Other changes to in force (Net)	(34)	(3,606,342)			0	(1,978,000)			(34)	(5,584,342)
23. In force December 31 of current year	472	68,255,399	0 (a)	0	0	6,042,000	0	0	472	74,297,399

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	30,290,488	30,382,198		24,064,226	24,758,995
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	(236)	(207)			(3)
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	279,591	262,034		168,357	172,348
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	37,123	35,338		711	2,136
25.5 All other (b)	1,045,354	1,036,808		457,002	475,102
25.6 Totals (sum of Lines 25.1 to 25.5)	1,362,068	1,334,180	0	626,070	649,586
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	31,652,320	31,716,171	0	24,690,296	25,408,578

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 8,998 and number of persons
 insured under indemnity only products 269



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Nevada

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	56,769		279		57,048
2. Annuity considerations	8,578				8,578
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	65,347	0	279	0	65,626
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	264				264
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	264	0	0	0	264
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	264	0	0	0	264
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	411,635		0		411,635
10. Matured endowments					0
11. Annuity benefits	206,039				206,039
12. Surrender values and withdrawals for life contracts	54,520				54,520
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	672,194	0	0	0	672,194
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	2	411,635			0	0			2	411,635
Settled during current year:										
18.1 By payment in full	2	411,635				0			2	411,635
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	411,635	0	0	0	0	0	0	2	411,635
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	411,635	0	0	0	0	0	0	2	411,635
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	91	15,748,204	0 (a)	0	0	150,000	0	0	91	15,898,204
21. Issued during year	51	1,780,000			0	0			51	1,780,000
22. Other changes to in force (Net)	(29)	(996,868)			0	(150,000)			(29)	(1,146,868)
23. In force December 31 of current year	113	16,531,336	0 (a)	0	0	0	0	0	113	16,531,336

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	222,374	225,212		84,795	82,383
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,617,694	3,152,267		2,610,162	2,492,881
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	36,806	46,077		88	528
25.5 All other (b)	7,430,799	7,455,999		4,888,249	4,640,558
25.6 Totals (sum of Lines 25.1 to 25.5)	11,085,299	10,654,343	0	7,498,499	7,133,967
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,307,673	10,879,555	0	7,583,294	7,216,350

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 3,722 and number of persons insured under indemnity only products 552 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Hampshire

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	187,371		0		187,371
2. Annuity considerations	11,288				11,288
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	198,659	0	0	0	198,659
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	425,315		0		425,315
10. Matured endowments					0
11. Annuity benefits	140,746				140,746
12. Surrender values and withdrawals for life contracts	453,381				453,381
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,019,442	0	0	0	1,019,442
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	425,315			0	0			1	425,315
Settled during current year:										
18.1 By payment in full	1	425,315				0			1	425,315
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	425,315	0	0	0	0	0	0	1	425,315
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	425,315	0	0	0	0	0	0	1	425,315
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	191	31,456,009	0 (a)	0	0	0	0	0	191	31,456,009
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(1,926,350)			0	0			(11)	(1,926,350)
23. In force December 31 of current year	180	29,529,659	0 (a)	0	0	0	0	0	180	29,529,659

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,917	2,047		38	(49)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,685	4,656		2,837	4,322
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	71	70		0	0
25.5 All other (b)	45,508	45,301		13,722	15,042
25.6 Totals (sum of Lines 25.1 to 25.5)	50,264	50,027	0	16,559	19,364
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	52,181	52,074	0	16,597	19,315

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Jersey

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	59,968		0		59,968
2. Annuity considerations	11,179				11,179
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	71,147	0	0	0	71,147
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	300,186		0		300,186
10. Matured endowments					0
11. Annuity benefits	101,299				101,299
12. Surrender values and withdrawals for life contracts	70,753				70,753
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	472,238	0	0	0	472,238
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	1	113,688	0	0	0	0	0	0	1	113,688
17. Incurred during current year	1	186,498			0	0			1	186,498
Settled during current year:										
18.1 By payment in full	2	300,186				0			2	300,186
18.2 By payment on compromised claims									0	0
18.3 Totals paid	2	300,186	0	0	0	0	0	0	2	300,186
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	2	300,186	0	0	0	0	0	0	2	300,186
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	66	16,663,776	0 (a)	0	0	0	0	0	66	16,663,776
21. Issued during year	3	100,000			0	0			3	100,000
22. Other changes to in force (Net)	(9)	(1,714,325)			0	0			(9)	(1,714,325)
23. In force December 31 of current year	60	15,049,451	0 (a)	0	0	0	0	0	60	15,049,451

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	2,140	2,410		133	(28)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	10,299	10,117		8,519	7,697
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	91	77		0	0
25.5 All other (b)	955,873	959,211		388,230	397,880
25.6 Totals (sum of Lines 25.1 to 25.5)	966,263	969,405	0	396,749	405,577
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	968,403	971,815	0	396,882	405,549

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products3 and number of persons insured under indemnity only products8 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New Mexico

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	74,976		0		74,976
2. Annuity considerations	5,755				5,755
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	80,731	0	0	0	80,731
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits	182,140				182,140
12. Surrender values and withdrawals for life contracts	52,905				52,905
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	235,045	0	0	0	235,045
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	84	14,146,552	0 (a)	0	0	0	0	0	84	14,146,552
21. Issued during year									0	0
22. Other changes to in force (Net)	(6)	(1,459,253)			0	0			(6)	(1,459,253)
23. In force December 31 of current year	78	12,687,299	0 (a)	0	0	0	0	0	78	12,687,299

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	14,134	14,305		14,504	6,398
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	51,306	50,553		16,123	16,250
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	82,827	82,892		43,131	35,679
25.6 Totals (sum of Lines 25.1 to 25.5)	134,133	133,445	0	59,254	51,929
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	148,267	147,750	0	73,758	58,327

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF New York

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	41,259		38		41,297
2. Annuity considerations	3,809				3,809
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	45,068	0	38	0	45,106
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	355,800		0		355,800
10. Matured endowments					0
11. Annuity benefits	26,035				26,035
12. Surrender values and withdrawals for life contracts	23,871				23,871
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	405,706	0	0	0	405,706
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	355,800			0	0			0	355,800
Settled during current year:										
18.1 By payment in full	0	355,800				0			0	355,800
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	355,800	0	0	0	0	0	0	0	355,800
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	355,800	0	0	0	0	0	0	0	355,800
19. Unpaid Dec. 31, current year (16+17-18.6)	0	1	0	0	0	0	0	0	0	1
POLICY EXHIBIT										
20. In force December 31, prior year	69	10,061,206	0 (a)	0	0	0	0	0	69	10,061,206
21. Issued during year	1	25,000			0	0			1	25,000
22. Other changes to in force (Net)	(3)	(990,077)			0	0			(3)	(990,077)
23. In force December 31 of current year	67	9,096,129	0 (a)	0	0	0	0	0	67	9,096,129

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	10,530	11,615		6,699	6,608
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	19,276	18,357		12,175	13,982
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	(120)	(118)		0	0
25.5 All other (b)	34,520	35,276		145,851	149,841
25.6 Totals (sum of Lines 25.1 to 25.5)	53,676	53,515	0	158,026	163,823
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	64,206	65,130	0	164,725	170,431

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products9 and number of persons
insured under indemnity only products7 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Carolina

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	760,823		13,813		774,636
2. Annuity considerations	41,807				41,807
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	802,630	0	13,813	0	816,443
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,674,970		50,000		1,724,970
10. Matured endowments					0
11. Annuity benefits	330,437				330,437
12. Surrender values and withdrawals for life contracts	873,914				873,914
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,879,321	0	50,000	0	2,929,321
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.3	189,674	.0	.0	.0	.0	.0	.0	.3	189,674
17. Incurred during current year	.4	1,485,296			.1	50,000			.5	1,535,296
Settled during current year:										
18.1 By payment in full	.7	1,674,970			.1	50,000			.8	1,724,970
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.7	1,674,970	.0	.0	.1	50,000	.0	.0	.8	1,724,970
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.7	1,674,970	.0	.0	.1	50,000	.0	.0	.8	1,724,970
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	.721	105,347,021	.0 (a)	.0	.0	7,027,000	.0	.0	.721	112,374,021
21. Issued during year	.639	34,305,000			.0	0			.639	34,305,000
22. Other changes to in force (Net)	(450)	(31,576,467)			.0	(1,227,000)			(450)	(32,803,467)
23. In force December 31 of current year	910	108,075,554	0 (a)	0	0	5,800,000	0	0	910	113,875,554

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	24,374,889	25,047,287		19,138,402	18,970,489
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)	0	(364)			0
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	922,971	795,152		202,335	451,444
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	210,675	199,202		90,928	58,490
25.5 All other (b)	9,870,819	9,548,533		4,477,293	4,839,818
25.6 Totals (sum of Lines 25.1 to 25.5)	11,004,465	10,542,887	0	4,770,556	5,349,752
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,379,354	35,589,810	0	23,908,958	24,320,241

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products9,913 and number of persons insured under indemnity only products2,230 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF North Dakota

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	74,230		0		74,230
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	74,230	0	0	0	74,230
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	277,492		0		277,492
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	35,234				35,234
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	312,726	0	0	0	312,726
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	3	277,492			0	0			3	277,492
Settled during current year:										
18.1 By payment in full	3	277,492				0			3	277,492
18.2 By payment on compromised claims									0	0
18.3 Totals paid	3	277,492	0	0	0	0	0	0	3	277,492
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	3	277,492	0	0	0	0	0	0	3	277,492
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	105	14,591,846	0 (a)	0	0	0	0	0	105	14,591,846
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(1,210,173)			0	0			(11)	(1,210,173)
23. In force December 31 of current year	94	13,381,673	0 (a)	0	0	0	0	0	94	13,381,673

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	942	1,218		0	1
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	36,241	35,818		18,240	16,273
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	26,941	26,666		22,191	22,695
25.6 Totals (sum of Lines 25.1 to 25.5)	63,182	62,484	0	40,431	38,968
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	64,124	63,702	0	40,431	38,969

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons
 insured under indemnity only products15 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Ohio

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,169,278		70,969		1,240,247
2. Annuity considerations	82,948				82,948
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,252,226	0	70,969	0	1,323,195
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	174				174
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	174	0	0	0	174
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	174	0	0	0	174
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	3,188,321		0		3,188,321
10. Matured endowments					0
11. Annuity benefits	1,567,702				1,567,702
12. Surrender values and withdrawals for life contracts	1,836,880				1,836,880
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	6,592,903	0	0	0	6,592,903
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	258,513	0	0	0	0	0	0	4	258,513
17. Incurred during current year	20	3,187,724			0	0			20	3,187,724
Settled during current year:										
18.1 By payment in full	16	3,188,321				0			16	3,188,321
18.2 By payment on compromised claims									0	0
18.3 Totals paid	16	3,188,321	0	0	0	0	0	0	16	3,188,321
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	16	3,188,321	0	0	0	0	0	0	16	3,188,321
19. Unpaid Dec. 31, current year (16+17-18.6)	8	257,916	0	0	0	0	0	0	8	257,916
POLICY EXHIBIT										
20. In force December 31, prior year	1,864	277,678,745	0 (a)	0	0	29,489,000	0	0	1,864	307,167,745
21. Issued during year	285	9,550,000			0	0			285	9,550,000
22. Other changes to in force (Net)	(242)	(18,911,865)			0	(5,033,000)			(242)	(23,944,865)
23. In force December 31 of current year	1,907	268,316,880	0 (a)	0	0	24,456,000	0	0	1,907	292,772,880

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	70,584,740	71,390,184		56,054,239	54,674,266
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					2,667
25.2 Guaranteed renewable (b)	5,124,364	5,096,493		3,519,216	3,450,360
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	124,662	119,996		12,352	16,320
25.5 All other (b)	3,567,188	3,568,461		1,536,284	1,595,993
25.6 Totals (sum of Lines 25.1 to 25.5)	8,816,214	8,784,950	0	5,067,852	5,065,340
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	79,400,954	80,175,134	0	61,122,091	59,739,606

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products22,183 and number of persons insured under indemnity only products2,340 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oklahoma

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	279,113		26,432		305,545
2. Annuity considerations	14,176				14,176
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	293,289	0	26,432	0	319,721
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	435,983		0		435,983
10. Matured endowments					0
11. Annuity benefits	210,110				210,110
12. Surrender values and withdrawals for life contracts	362,654				362,654
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,008,747	0	0	0	1,008,747
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	30,427	0	0	0	0	0	0	2	30,427
17. Incurred during current year	10	410,371			0	0			10	410,371
Settled during current year:										
18.1 By payment in full	4	435,983				0			4	435,983
18.2 By payment on compromised claims									0	0
18.3 Totals paid	4	435,983	0	0	0	0	0	0	4	435,983
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	4	435,983	0	0	0	0	0	0	4	435,983
19. Unpaid Dec. 31, current year (16+17-18.6)	8	4,816	0	0	0	0	0	0	8	4,816
POLICY EXHIBIT										
20. In force December 31, prior year	438	78,074,063	0 (a)	0	0	12,387,000	0	0	438	90,461,063
21. Issued during year	81	3,040,000			0	0			81	3,040,000
22. Other changes to in force (Net)	(72)	(5,184,259)			0	(2,060,000)			(72)	(7,244,259)
23. In force December 31 of current year	447	75,929,804	0 (a)	0	0	10,327,000	0	0	447	86,256,804

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	24,498,350	24,636,288		20,448,989	20,284,134
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	356,217	642,413		413,247	413,667
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	41,603	39,995		5,326	6,610
25.5 All other (b)	1,073,884	1,068,209		376,341	403,163
25.6 Totals (sum of Lines 25.1 to 25.5)	1,471,704	1,750,617	0	794,914	823,440
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	25,970,054	26,386,905	0	21,243,903	21,107,574

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products6,738 and number of persons insured under indemnity only products513 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Oregon

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	127,433		9		127,442
2. Annuity considerations	2,254				2,254
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	129,687	0	9	0	129,696
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	363				363
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	363	0	0	0	363
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	363	0	0	0	363
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,019,545		0		1,019,545
10. Matured endowments					0
11. Annuity benefits	445,797				445,797
12. Surrender values and withdrawals for life contracts	228,156				228,156
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	1,693,498	0	0	0	1,693,498
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	1,019,545			0	0			0	1,019,545
Settled during current year:										
18.1 By payment in full	0	1,019,545				0			0	1,019,545
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	1,019,545	0	0	0	0	0	0	0	1,019,545
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	1,019,545	0	0	0	0	0	0	0	1,019,545
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	167	29,703,390	0 (a)	0	0	0	0	0	167	29,703,390
21. Issued during year									0	0
22. Other changes to in force (Net)	(18)	(2,078,895)			0	0			(18)	(2,078,895)
23. In force December 31 of current year	149	27,624,495	0 (a)	0	0	0	0	0	149	27,624,495

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	6,799	7,318		(4,032)	(4,156)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	135,954	113,086		19,571	48,669
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	12,427	12,347		0	0
25.5 All other (b)	1,491,753	1,489,216		486,702	449,390
25.6 Totals (sum of Lines 25.1 to 25.5)	1,640,134	1,614,649	0	506,273	498,059
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,646,933	1,621,967	0	502,241	493,903

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products752 and number of persons
 insured under indemnity only products333 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Pennsylvania

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	993,700		24,475		1,018,175
2. Annuity considerations	10,742				10,742
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,004,442	0	24,475	0	1,028,917
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,867,432		0		2,867,432
10. Matured endowments					0
11. Annuity benefits	544,650				544,650
12. Surrender values and withdrawals for life contracts	2,083,210				2,083,210
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	5,495,292	0	0	0	5,495,292
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	9	3,189,867			0	0			9	3,189,867
Settled during current year:										
18.1 By payment in full	6	2,867,432				0			6	2,867,432
18.2 By payment on compromised claims									0	0
18.3 Totals paid	6	2,867,432	0	0	0	0	0	0	6	2,867,432
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	6	2,867,432	0	0	0	0	0	0	6	2,867,432
19. Unpaid Dec. 31, current year (16+17-18.6)	3	322,435	0	0	0	0	0	0	3	322,435
POLICY EXHIBIT										
20. In force December 31, prior year	706	100,784,237	0 (a)	0	0	11,068,000	0	0	706	111,852,237
21. Issued during year	7	225,000			0	0			7	225,000
22. Other changes to in force (Net)	(56)	(6,864,024)			0	(1,792,000)			(56)	(8,656,024)
23. In force December 31 of current year	657	94,145,213	0 (a)	0	0	9,276,000	0	0	657	103,421,213

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	32,370,399	32,418,277		18,916,498	19,278,741
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	189,141	125,773		24,055	44,886
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	107,232	102,195		16,048	20,376
25.5 All other (b)	2,683,246	2,681,324		1,071,220	1,176,598
25.6 Totals (sum of Lines 25.1 to 25.5)	2,979,619	2,909,292	0	1,111,323	1,241,860
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	35,350,018	35,327,569	0	20,027,821	20,520,601

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products9,803 and number of persons insured under indemnity only products723 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Rhode Island

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	52,232		0		52,232
2. Annuity considerations	2,249				2,249
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	54,481	0	0	0	54,481
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	12,802		0		12,802
10. Matured endowments					0
11. Annuity benefits	201,524				201,524
12. Surrender values and withdrawals for life contracts	117,501				117,501
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	331,827	0	0	0	331,827
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	1	12,802			0	0			1	12,802
Settled during current year:										
18.1 By payment in full	1	12,802				0			1	12,802
18.2 By payment on compromised claims									0	0
18.3 Totals paid	1	12,802	0	0	0	0	0	0	1	12,802
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	1	12,802	0	0	0	0	0	0	1	12,802
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	58	10,550,243	0 (a)	0	0	0	0	0	58	10,550,243
21. Issued during year									0	0
22. Other changes to in force (Net)	(4)	(415,804)			0	0			(4)	(415,804)
23. In force December 31 of current year	54	10,134,439	0 (a)	0	0	0	0	0	54	10,134,439

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,114	1,050		54	83
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	495	394		0	0
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	11,057	10,932		4,171	4,805
25.6 Totals (sum of Lines 25.1 to 25.5)	11,552	11,326	0	4,171	4,805
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	12,666	12,376	0	4,225	4,888

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Carolina

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	371,446		34,442		405,888
2. Annuity considerations	26,632				26,632
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	398,078	0	34,442	0	432,520
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,558,808		0		1,558,808
10. Matured endowments					0
11. Annuity benefits	270,573				270,573
12. Surrender values and withdrawals for life contracts	514,245				514,245
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,343,626	0	0	0	2,343,626
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	186,511	.0	.0	.0	.0	.0	.0	.1	186,511
17. Incurred during current year	.9	1,551,295			.0	.0			.9	1,551,295
Settled during current year:										
18.1 By payment in full	.9	1,558,808				.0			.9	1,558,808
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.9	1,558,808	.0	.0	.0	.0	.0	.0	.9	1,558,808
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.9	1,558,808	.0	.0	.0	.0	.0	.0	.9	1,558,808
19. Unpaid Dec. 31, current year (16+17-18.6)	1	178,998	0	0	0	0	0	0	1	178,998
POLICY EXHIBIT										
20. In force December 31, prior year	450	76,998,944	.0 (a)	.0	.0	16,245,000	.0	.0	450	93,243,944
21. Issued during year	149	7,770,000			.0	.0			149	7,770,000
22. Other changes to in force (Net)	(113)	(9,850,651)			.0	(3,171,000)			(113)	(13,021,651)
23. In force December 31 of current year	486	74,918,294	0 (a)	0	0	13,074,000	0	0	486	87,992,294

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	31,878,300	32,003,681		23,995,262	23,925,578
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					2,958
25.2 Guaranteed renewable (b)	349,833	333,982		215,836	221,189
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	111,409	109,027		4,231	6,075
25.5 All other (b)	5,729,772	5,816,269		2,676,590	2,764,698
25.6 Totals (sum of Lines 25.1 to 25.5)	6,191,014	6,259,278	0	2,896,657	2,994,920
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	38,069,314	38,262,959	0	26,891,919	26,920,498

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products9,707 and number of persons
insured under indemnity only products346 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF South Dakota

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	226,521		0		226,521
2. Annuity considerations	2,000				2,000
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	228,521	0	0	0	228,521
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	783,445		0		783,445
10. Matured endowments					0
11. Annuity benefits	58,160				58,160
12. Surrender values and withdrawals for life contracts	151,057				151,057
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	992,662	0	0	0	992,662
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	50,000	.0	.0	.0	.0	.0	.0	.1	50,000
17. Incurred during current year	.6	1,134,553			.0	.0			.6	1,134,553
Settled during current year:										
18.1 By payment in full	.4	783,445				.0			.4	783,445
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.4	783,445	.0	.0	.0	.0	.0	.0	.4	783,445
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.4	783,445	.0	.0	.0	.0	.0	.0	.4	783,445
19. Unpaid Dec. 31, current year (16+17-18.6)	3	401,108	0	0	0	0	0	0	3	401,108
POLICY EXHIBIT										
20. In force December 31, prior year	337	64,748,898	0 (a)	0	0	0	0	0	337	64,748,898
21. Issued during year	.1	25,000			.0	0			.1	25,000
22. Other changes to in force (Net)	(27)	(4,048,462)			.0	0			(27)	(4,048,462)
23. In force December 31 of current year	311	60,725,435	0 (a)	0	0	0	0	0	311	60,725,435

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	9,508	9,656		451	(46,985)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					.21
25.2 Guaranteed renewable (b)	34,778	36,457		34,243	45,335
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	991	905		0	0
25.5 All other (b)	35,756	35,168		16,214	18,408
25.6 Totals (sum of Lines 25.1 to 25.5)	71,525	72,530	0	50,457	63,764
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	81,033	82,186	0	50,908	16,779

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products3 and number of persons
insured under indemnity only products12 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Tennessee

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,104,246		47,845		1,152,091
2. Annuity considerations	37,206				37,206
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,141,452	0	47,845	0	1,189,297
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	223				223
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	223	0	0	0	223
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	223	0	0	0	223
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	2,780,295		0		2,780,295
10. Matured endowments					0
11. Annuity benefits	497,370				497,370
12. Surrender values and withdrawals for life contracts	1,569,577				1,569,577
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	4,847,242	0	0	0	4,847,242
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	3	60,381	0	0	0	0	0	0	3	60,381
17. Incurred during current year	19	3,499,724							19	3,499,724
Settled during current year:										
18.1 By payment in full	14	2,780,295				0			14	2,780,295
18.2 By payment on compromised claims									0	0
18.3 Totals paid	14	2,780,295	0	0	0	0	0	0	14	2,780,295
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	14	2,780,295	0	0	0	0	0	0	14	2,780,295
19. Unpaid Dec. 31, current year (16+17-18.6)	8	779,810	0	0	0	0	0	0	8	779,810
POLICY EXHIBIT										
20. In force December 31, prior year	1,308	200,166,846	0 (a)	0	0	21,985,000	0	0	1,308	222,151,846
21. Issued during year	233	9,470,000				0			233	9,470,000
22. Other changes to in force (Net)	(192)	(14,983,549)				(3,657,000)			(192)	(18,640,549)
23. In force December 31 of current year	1,349	194,653,297	0 (a)	0	0	18,328,000	0	0	1,349	212,981,297

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	35,420,790	35,514,422		25,627,321	26,512,305
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	445,153	446,663		399,427	454,823
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	93,389	90,148		12,599	14,926
25.5 All other (b)	1,915,957	1,903,446		712,399	685,581
25.6 Totals (sum of Lines 25.1 to 25.5)	2,454,499	2,440,257	0	1,124,425	1,155,330
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	37,875,289	37,954,679	0	26,751,746	27,667,635

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products13,762 and number of persons insured under indemnity only products184 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Texas

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	2,250,072		83,847		2,333,919
2. Annuity considerations	220,038				220,038
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	2,470,110	0	83,847	0	2,553,957
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	1,881				1,881
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	754				754
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	2,635	0	0	0	2,635
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	2,635	0	0	0	2,635
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,850,948		100,420		4,951,368
10. Matured endowments					0
11. Annuity benefits	2,911,534				2,911,534
12. Surrender values and withdrawals for life contracts	2,589,807				2,589,807
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	10,352,289	0	100,420	0	10,452,709
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	4	340,733	0	0	1	100,000	0	0	5	440,733
17. Incurred during current year	26	4,991,962			0	420			26	4,992,382
Settled during current year:										
18.1 By payment in full	19	4,850,948			1	100,420			20	4,951,368
18.2 By payment on compromised claims									0	0
18.3 Totals paid	19	4,850,948	0	0	1	100,420	0	0	20	4,951,368
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	19	4,850,948	0	0	1	100,420	0	0	20	4,951,368
19. Unpaid Dec. 31, current year (16+17-18.6)	11	481,746	0	0	0	0	0	0	11	481,746
POLICY EXHIBIT										
20. In force December 31, prior year	2,714	460,341,607	0 (a)	0	0	40,160,000	0	0	2,714	500,501,607
21. Issued during year	1,195	53,555,000			0	0			1,195	53,555,000
22. Other changes to in force (Net)	(838)	(56,617,359)			0	(8,981,000)			(838)	(65,598,359)
23. In force December 31 of current year	3,071	457,279,249	0 (a)	0	0	31,179,000	0	0	3,071	488,458,249

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	131,758,164	133,743,347		83,716,816	76,091,780
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,950,386	3,875,612		1,721,529	1,926,092
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	504,876	481,214		39,777	60,458
25.5 All other (b)	10,427,804	10,368,765		4,376,982	4,634,543
25.6 Totals (sum of Lines 25.1 to 25.5)	14,883,066	14,725,591	0	6,138,288	6,621,093
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	146,641,230	148,468,938	0	89,855,104	82,712,873

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products32,499 and number of persons insured under indemnity only products6,364 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Utah

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

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

Table with 10 columns: 1 No., 2 Amount, 3 No. of Ind. Pols. & Gr. Certifs., 4 Amount, 5 No. of Certifs., 6 Amount, 7 No., 8 Amount, 9 No., 10 Amount. Rows include Unpaid December 31, prior year, Incurred during current year, and Policy Exhibit.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include Group Policies (b), Federal Employees Health Benefits Plan, Medicare Title XVIII exempt, and Totals.

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 9 and number of persons insured under indemnity only products 29



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Vermont

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	44,536		0		44,536
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	44,536	0	0	0	44,536
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	60,261				60,261
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	60,261	0	0	0	60,261
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year	68	11,782,770	0 (a)	0	0	0	0	0	68	11,782,770
21. Issued during year									0	0
22. Other changes to in force (Net)	(7)	(2,540,002)			0	0			(7)	(2,540,002)
23. In force December 31 of current year	61	9,242,768	0 (a)	0	0	0	0	0	61	9,242,768

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	269	208		0	0
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	6,837	6,962		11,993	22,926
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	14,357	14,587		15,018	15,082
25.6 Totals (sum of Lines 25.1 to 25.5)	21,194	21,549	0	27,011	38,008
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	21,463	21,757	0	27,011	38,008

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products8 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Virginia

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	879,876		29,592		909,468
2. Annuity considerations	42,782				42,782
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	922,658	0	29,592	0	952,250
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	1,481,280		0		1,481,280
10. Matured endowments					0
11. Annuity benefits	425,532				425,532
12. Surrender values and withdrawals for life contracts	1,305,996				1,305,996
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	3,212,808	0	0	0	3,212,808
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	130,824	.0	.0	.0	.0	.0	.0	.1	130,824
17. Incurred during current year	11	1,469,409			.0	.0			11	1,469,409
Settled during current year:										
18.1 By payment in full	10	1,481,280				.0			10	1,481,280
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	10	1,481,280	.0	.0	.0	.0	.0	.0	10	1,481,280
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	10	1,481,280	.0	.0	.0	.0	.0	.0	10	1,481,280
19. Unpaid Dec. 31, current year (16+17-18.6)	2	118,952	0	0	0	0	0	0	2	118,952
POLICY EXHIBIT										
20. In force December 31, prior year	1,032	177,708,096	.0 (a)	.0	.0	14,739,000	.0	.0	1,032	192,447,096
21. Issued during year	14	425,000			.0	.0			14	425,000
22. Other changes to in force (Net)	(70)	(9,641,007)			.0	(2,843,000)			(70)	(12,484,007)
23. In force December 31 of current year	976	168,492,089	0 (a)	0	0	11,896,000	0	0	976	180,388,089

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	25,911,884	26,026,252		19,312,931	18,675,298
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,260,167	1,075,902		864,329	1,015,490
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	1,096	1,067		0	0
25.5 All other (b)	301,358	300,359		369,428	359,820
25.6 Totals (sum of Lines 25.1 to 25.5)	1,562,621	1,377,328	0	1,233,757	1,375,310
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	27,474,505	27,403,580	0	20,546,688	20,050,608

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products9,331 and number of persons insured under indemnity only products181 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Washington

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	197,726		20		197,746
2. Annuity considerations	18,408				18,408
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	216,134	0	20	0	216,154
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	192				192
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	192	0	0	0	192
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	192	0	0	0	192
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	273,857		0		273,857
10. Matured endowments					0
11. Annuity benefits	305,464				305,464
12. Surrender values and withdrawals for life contracts	231,697				231,697
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	811,018	0	0	0	811,018
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	.1	103,621	.0	.0	.0	.0	.0	.0	.1	103,621
17. Incurred during current year	.2	170,236			.0	.0			.2	170,236
Settled during current year:										
18.1 By payment in full	.3	273,857				.0			.3	273,857
18.2 By payment on compromised claims									.0	.0
18.3 Totals paid	.3	273,857	.0	.0	.0	.0	.0	.0	.3	273,857
18.4 Reduction by compromise									.0	.0
18.5 Amount rejected									.0	.0
18.6 Total settlements	.3	273,857	.0	.0	.0	.0	.0	.0	.3	273,857
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	209	40,272,900	.0 (a)	.0	.0	.0	.0	.0	209	40,272,900
21. Issued during year	.1	50,000			.0	.0			.1	50,000
22. Other changes to in force (Net)	(7)	1,807,741			.0	.0			(7)	1,807,741
23. In force December 31 of current year	203	42,130,641	0 (a)	0	0	0	0	0	203	42,130,641

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	5,151	4,911		734	(199)
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	11,091	10,990		5,039	4,651
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	(99)	(98)		0	0
25.5 All other (b)	430,629	428,551		239,640	238,248
25.6 Totals (sum of Lines 25.1 to 25.5)	441,621	439,443	0	244,679	242,899
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	446,772	444,354	0	245,413	242,700

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1 and number of persons
insured under indemnity only products6 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF West Virginia

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	214,087		9,400		223,487
2. Annuity considerations	19,904				19,904
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	233,991	0	9,400	0	243,391
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	573,437		50,500		623,937
10. Matured endowments					0
11. Annuity benefits	52,281				52,281
12. Surrender values and withdrawals for life contracts	318,733				318,733
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	944,451	0	50,500	0	994,951
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	2	191,487	0	0	1	50,000	0	0	3	241,487
17. Incurred during current year	4	469,587			0	500			4	470,087
Settled during current year:										
18.1 By payment in full	5	573,437			1	50,500			6	623,937
18.2 By payment on compromised claims									0	0
18.3 Totals paid	5	573,437	0	0	1	50,500	0	0	6	623,937
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	5	573,437	0	0	1	50,500	0	0	6	623,937
19. Unpaid Dec. 31, current year (16+17-18.6)	1	87,637	0	0	0	0	0	0	1	87,637
POLICY EXHIBIT										
20. In force December 31, prior year	209	28,563,930	0 (a)	0	0	4,046,000	0	0	209	32,609,930
21. Issued during year	25	1,000,000			0	0			25	1,000,000
22. Other changes to in force (Net)	(17)	(1,981,892)			0	(1,180,000)			(17)	(3,161,892)
23. In force December 31 of current year	217	27,582,038	0 (a)	0	0	2,866,000	0	0	217	30,448,038

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	7,611,749	7,654,310		6,186,645	6,531,615
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	262,360	254,104		169,073	117,383
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	12,714	11,858		132	449
25.5 All other (b)	200,683	201,037		64,764	65,680
25.6 Totals (sum of Lines 25.1 to 25.5)	475,757	466,999	0	233,969	183,512
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	8,087,506	8,121,309	0	6,420,614	6,715,127

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,837 and number of persons
insured under indemnity only products188



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wisconsin

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	1,246,176		50,220		1,296,396
2. Annuity considerations	37,922				37,922
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	1,284,098	0	50,220	0	1,334,318
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	4,882,462		0		4,882,462
10. Matured endowments					0
11. Annuity benefits	1,009,609				1,009,609
12. Surrender values and withdrawals for life contracts	1,233,350				1,233,350
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	7,125,421	0	0	0	7,125,421
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	7	825,772	0	0	0	0	0	0	7	825,772
17. Incurred during current year	16	4,266,554			0	0			16	4,266,554
Settled during current year:										
18.1 By payment in full	19	4,882,462				0			19	4,882,462
18.2 By payment on compromised claims									0	0
18.3 Totals paid	19	4,882,462	0	0	0	0	0	0	19	4,882,462
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	19	4,882,462	0	0	0	0	0	0	19	4,882,462
19. Unpaid Dec. 31, current year (16+17-18.6)	4	209,864	0	0	0	0	0	0	4	209,864
POLICY EXHIBIT										
20. In force December 31, prior year	1,791	302,421,622	0 (a)	0	0	19,259,000	0	0	1,791	321,680,622
21. Issued during year	123	4,415,000			0	0			123	4,415,000
22. Other changes to in force (Net)	(166)	(19,932,865)			0	(2,943,000)			(166)	(22,875,865)
23. In force December 31 of current year	1,748	286,903,757	0 (a)	0	0	16,316,000	0	0	1,748	303,219,757

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	56,031,697	56,476,191		43,867,105	43,543,946
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	462,328	388,902		87,128	202,292
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	78,186	75,438		2,809	6,375
25.5 All other (b)	670,157	663,888		218,641	259,623
25.6 Totals (sum of Lines 25.1 to 25.5)	1,210,671	1,128,228	0	308,578	468,290
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	57,242,368	57,604,419	0	44,175,683	44,012,236

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products14,511 and number of persons
 insured under indemnity only products1,074 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Wyoming

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	44,831		0		44,831
2. Annuity considerations					0
3. Deposit-type contract funds		XXX		XXX	0
4. Other considerations					0
5. Totals (Sum of Lines 1 to 4)	44,831	0	0	0	44,831
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit					0
6.2 Applied to pay renewal premiums					0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period					0
6.4 Other					0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit					0
7.2 Applied to provide paid-up annuities					0
7.3 Other					0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits					0
10. Matured endowments					0
11. Annuity benefits					0
12. Surrender values and withdrawals for life contracts	2,120				2,120
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health					0
15. Totals	2,120	0	0	0	2,120
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full									0	0
18.2 By payment on compromised claims									0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise									0	0
18.5 Amount rejected									0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	70	10,858,915	0 (a)	0	0	0	0	0	70	10,858,915
21. Issued during year									0	0
22. Other changes to in force (Net)	(11)	(1,547,220)			0	0			(11)	(1,547,220)
23. In force December 31 of current year	59	9,311,694	0 (a)	0	0	0	0	0	59	9,311,694

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	259,818	263,066		142,300	129,168
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees					
Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	4,912	4,499		607	563
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only	26,705	30,531		0	0
25.5 All other (b)	5,105,685	5,179,357		4,719,011	4,430,594
25.6 Totals (sum of Lines 25.1 to 25.5)	5,137,302	5,214,387	0	4,719,618	4,431,157
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,397,120	5,477,453	0	4,861,918	4,560,325

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products1,437 and number of persons insured under indemnity only products7 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Guam

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

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

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

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)					
24.1 Federal Employees Health Benefits Plan premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (sum of Lines 25.1 to 25.5)	0	0	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	0	0	0	0	0

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



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Other Aliens

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	24,863	0	0	0	24,863
2. Annuity considerations	6,814	0	0	0	6,814
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	31,677	0	0	0	31,677
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	0	0	0	0	0
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	0	0	0	0	0
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	0	0	0	0	0
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	0	0	0	0	0
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	0	0	0	0	0
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	47,356	0	0	0	47,356
12. Surrender values and withdrawals for life contracts	480,578	0	0	0	480,578
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	527,934	0	0	0	527,934
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	0	0	0	0	0	0	0	0	0	0
17. Incurred during current year	0	0	0	0	0	0	0	0	0	0
Settled during current year:										
18.1 By payment in full	0	0	0	0	0	0	0	0	0	0
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	0	0	0	0	0	0	0	0	0	0
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	0	0	0	0	0	0	0	0	0	0
19. Unpaid Dec. 31, current year (16+17-18.6)	0	0	0	0	0	0	0	0	0	0
POLICY EXHIBIT										
20. In force December 31, prior year	6	1,160,000	0 (a)	0	0	0	0	0	6	1,160,000
21. Issued during year	0	0	0	0	0	0	0	0	0	0
22. Other changes to in force (Net)	2	1,600,000	0	0	0	0	0	0	2	1,600,000
23. In force December 31 of current year	8	2,760,000	0 (a)	0	0	0	0	0	8	2,760,000

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,370	1,371	0	1,112	1,132
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	0	0	0	0	0
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	0
25.2 Guaranteed renewable (b)	329	256	0	0	0
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	42	42	0	0	0
25.5 All other (b)	1,647	1,595	0	0	0
25.6 Totals (sum of Lines 25.1 to 25.5)	2,018	1,893	0	0	0
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	3,388	3,264	0	1,112	1,132

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 1 and number of persons insured under indemnity only products 3 .



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2017

NAIC Group Code 0707

LIFE INSURANCE

NAIC Company Code 62286

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1	2	3	4	5
	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1. Life insurance	27,172,671	0	1,149,918	0	28,322,589
2. Annuity considerations	2,048,227	0	0	0	2,048,227
3. Deposit-type contract funds	0	XXX	0	XXX	0
4. Other considerations	0	0	0	0	0
5. Totals (Sum of Lines 1 to 4)	29,220,898	0	1,149,918	0	30,370,816
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life insurance:					
6.1 Paid in cash or left on deposit	80,569	0	0	0	80,569
6.2 Applied to pay renewal premiums	0	0	0	0	0
6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period	6,932	0	0	0	6,932
6.4 Other	0	0	0	0	0
6.5 Totals (Sum of Lines 6.1 to 6.4)	87,501	0	0	0	87,501
Annuities:					
7.1 Paid in cash or left on deposit	0	0	0	0	0
7.2 Applied to provide paid-up annuities	0	0	0	0	0
7.3 Other	0	0	0	0	0
7.4 Totals (Sum of Lines 7.1 to 7.3)	0	0	0	0	0
8. Grand Totals (Lines 6.5 plus 7.4)	87,501	0	0	0	87,501
DIRECT CLAIMS AND BENEFITS PAID					
9. Death benefits	70,282,053	0	569,420	0	70,851,473
10. Matured endowments	0	0	0	0	0
11. Annuity benefits	27,040,388	0	0	0	27,040,388
12. Surrender values and withdrawals for life contracts	37,864,344	0	0	0	37,864,344
13. Aggregate write-ins for miscellaneous direct claims and benefits paid	0	0	0	0	0
14. All other benefits, except accident and health	0	0	0	0	0
15. Totals	135,186,785	0	569,420	0	135,756,205
DETAILS OF WRITE-INS					
1301.					
1302.					
1303.					
1398. Summary of Line 13 from overflow page	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above)	0	0	0	0	0

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3	4	5	6	7	8	9	10
	No.	Amount	No. of Ind.Pols. & Gr. Certifs.	Amount	No. of Certifs.	Amount	No.	Amount	No.	Amount
16. Unpaid December 31, prior year	75	5,562,297	0	0	4	400,000	0	0	79	5,962,297
17. Incurred during current year	477	72,252,371	0	0	4	219,420	0	0	481	72,471,791
Settled during current year:										
18.1 By payment in full	398	70,282,053	0	0	7	569,420	0	0	405	70,851,473
18.2 By payment on compromised claims	0	0	0	0	0	0	0	0	0	0
18.3 Totals paid	398	70,282,053	0	0	7	569,420	0	0	405	70,851,473
18.4 Reduction by compromise	0	0	0	0	0	0	0	0	0	0
18.5 Amount rejected	0	0	0	0	0	0	0	0	0	0
18.6 Total settlements	398	70,282,053	0	0	7	569,420	0	0	405	70,851,473
19. Unpaid Dec. 31, current year (16+17-18.6)	154	7,532,615	0	0	1	50,000	0	0	155	7,582,615
POLICY EXHIBIT						No. of Policies				
20. In force December 31, prior year	33,579	5,217,864,192	0 (a)	0	123	516,004,553	0	0	33,702	5,733,868,745
21. Issued during year	6,675	292,380,000	0	0	0	0	0	0	6,675	292,380,000
22. Other changes to in force (Net)	(5,504)	(449,668,659)	0	0	(9)	(84,604,000)	0	0	(5,513)	(534,272,659)
23. In force December 31 of current year	34,750	5,060,575,533	0 (a)	0	114	431,400,553	0	0	34,864	5,491,976,086

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

ACCIDENT AND HEALTH INSURANCE

	1	2	3	4	5
	Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24. Group Policies (b)	1,109,072,903	1,117,210,507	0	839,619,970	826,892,681
24.1 Federal Employees Health Benefits Plan premium (b)	0	0	0	0	0
24.2 Credit (Group and Individual)	0	0	0	0	0
24.3 Collectively renewable policies (b)	(1,913)	(1,725)	0	0	(3)
24.4 Medicare Title XVIII exempt from state taxes or fees	0	0	0	0	0
Other Individual Policies:					
25.1 Non-cancelable (b)	0	0	0	0	12,257
25.2 Guaranteed renewable (b)	44,191,989	47,333,271	0	33,761,415	34,025,449
25.3 Non-renewable for stated reasons only (b)	0	0	0	0	0
25.4 Other accident only	3,475,171	3,392,052	0	408,764	1,138,984
25.5 All other (b)	166,546,192	170,795,991	0	97,332,635	97,230,148
25.6 Totals (sum of Lines 25.1 to 25.5)	214,213,352	221,521,314	0	131,502,814	132,406,838
26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	1,323,284,342	1,338,730,096	0	971,122,784	959,299,516

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products 365,300 and number of persons insured under indemnity only products 34,052

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

INTEREST MAINTENANCE RESERVE

	1 Amount
1. Reserve as of December 31, Prior Year	8,119,642
2. Current year's realized pre-tax capital gains/(losses) of \$141,447 transferred into the reserve net of taxes of \$49,506	91,941
3. Adjustment for current year's liability gains/(losses) released from the reserve	0
4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3)	8,211,583
5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4)	2,210,657
6. Reserve as of December 31, current year (Line 4 minus Line 5)	6,000,926

AMORTIZATION

Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/(Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Cols. 1 + 2 + 3)
1. 2017	2,216,867	(6,210)	0	2,210,657
2. 2018	1,693,550	28,653	0	1,722,203
3. 2019	1,236,988	29,389	0	1,266,377
4. 2020	945,590	21,422	0	967,013
5. 2021	710,965	13,227	0	724,192
6. 2022	510,439	4,687	0	515,127
7. 2023	341,306	270	0	341,576
8. 2024	211,624	216	0	211,840
9. 2025	111,089	158	0	111,247
10. 2026	32,068	97	0	32,164
11. 2027	3,910	32	0	3,942
12. 2028	8,686	0	0	8,686
13. 2029	23,901	0	0	23,901
14. 2030	30,198	0	0	30,198
15. 2031	25,938	0	0	25,938
16. 2032	19,316	0	0	19,316
17. 2033	6,839	0	0	6,839
18. 2034	(6,196)	0	0	(6,196)
19. 2035	(5,240)	0	0	(5,240)
20. 2036	(306)	0	0	(306)
21. 2037	1,584	0	0	1,584
22. 2038	526	0	0	526
23. 2039	0	0	0	0
24. 2040	0	0	0	0
25. 2041	0	0	0	0
26. 2042	0	0	0	0
27. 2043	0	0	0	0
28. 2044	0	0	0	0
29. 2045	0	0	0	0
30. 2046	0	0	0	0
31. 2047 and Later	0	0	0	0
32. Total (Lines 1 to 31)	8,119,643	91,941	0	8,211,584

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Cols. 3 + 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Cols. 1 + 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Cols. 4 + 5)	
1. Reserve as of December 31, prior year	1,284,685	0	1,284,685	0	216,860	216,860	1,501,545
2. Realized capital gains/(losses) net of taxes - General Account			0			0	0
3. Realized capital gains/(losses) net of taxes - Separate Accounts			0			0	0
4. Unrealized capital gains/(losses) net of deferred taxes - General Account			0			0	0
5. Unrealized capital gains/(losses) net of deferred taxes - Separate Accounts			0			0	0
6. Capital gains credited/(losses charged) to contract benefits, payments or reserves			0			0	0
7. Basic contribution	204,366	0	204,366	0	4,065	4,065	208,431
8. Accumulated balances (Lines 1 through 5 - 6 + 7)	1,489,051	0	1,489,051	0	220,925	220,925	1,709,976
9. Maximum reserve	1,290,103	0	1,290,103	0	201,465	201,465	1,491,568
10. Reserve objective	938,241	0	938,241	0	196,044	196,044	1,134,285
11. 20% of (Line 10 - Line 8)	(110,162)	0	(110,162)	0	(4,976)	(4,976)	(115,138)
12. Balance before transfers (Lines 8 + 11)	1,378,889	0	1,378,889	0	215,949	215,949	1,594,838
13. Transfers			0			0	0
14. Voluntary contribution			0			0	0
15. Adjustment down to maximum/up to zero	(88,785)		(88,785)		(14,485)	(14,485)	(103,270)
16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15)	1,290,104	0	1,290,104	0	201,464	201,464	1,491,568

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
LONG-TERM BONDS												
1.		Exempt Obligations	39,790,640	XXX	XXX	39,790,640	0.0000	0	0.0000	0	0.0000	0
2.	1	Highest Quality	283,951,296	XXX	XXX	283,951,296	0.0004	113,581	0.0023	653,088	0.0030	851,854
3.	2	High Quality	43,947,997	XXX	XXX	43,947,997	0.0019	83,501	0.0058	254,898	0.0090	395,532
4.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
5.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
6.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
7.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
8.		Total Unrated Multi-class Securities Acquired by Conversion		XXX	XXX	0	XXX	0	XXX	0	XXX	0
9.		Total Long-Term Bonds (Sum of Lines 1 through 8)	367,689,933	XXX	XXX	367,689,933	XXX	197,082	XXX	907,986	XXX	1,247,386
PREFERRED STOCK												
10.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
11.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
12.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
13.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
14.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
15.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
16.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
17.		Total Preferred Stocks (Sum of Lines 10 through 16)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
SHORT - TERM BONDS												
18.		Exempt Obligations	19,884,631	XXX	XXX	19,884,631	0.0000	0	0.0000	0	0.0000	0
19.	1	Highest Quality	7,432,205	XXX	XXX	7,432,205	0.0004	2,973	0.0023	17,094	0.0030	22,297
20.	2	High Quality	2,268,985	XXX	XXX	2,268,985	0.0019	4,311	0.0058	13,160	0.0090	20,421
21.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
22.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
23.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
24.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
25.		Total Short - Term Bonds (Sum of Lines 18 through 24)	29,585,821	XXX	XXX	29,585,821	XXX	7,284	XXX	30,254	XXX	42,717
DERIVATIVE INSTRUMENTS												
26.		Exchange Traded		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
27.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
28.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
29.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
30.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
31.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
32.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
33.		Total Derivative Instruments	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
34.		Total (Lines 9 + 17 + 25 + 33)	397,275,754	XXX	XXX	397,275,754	XXX	204,366	XXX	938,241	XXX	1,290,103

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

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols. 4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
COMMON STOCK												
1.		Unaffiliated - Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
2.		Unaffiliated - Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
3.		Federal Home Loan Bank		XXX	XXX	0	0.0000	0	0.0050	0	0.0080	0
4.		Affiliated - Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
Affiliated - Investment Subsidiary:												
5.		Fixed Income - Exempt Obligations				0	XXX		XXX		XXX	
6.		Fixed Income - Highest Quality				0	XXX		XXX		XXX	
7.		Fixed Income - High Quality				0	XXX		XXX		XXX	
8.		Fixed Income - Medium Quality				0	XXX		XXX		XXX	
9.		Fixed Income - Low Quality				0	XXX		XXX		XXX	
10.		Fixed Income - Lower Quality				0	XXX		XXX		XXX	
11.		Fixed Income - In/Near Default				0	XXX		XXX		XXX	
12.		Unaffiliated Common Stock - Public				0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
13.		Unaffiliated Common Stock - Private				0	0.0000	0	0.1600	0	0.1600	0
14.		Real Estate				0	(b)	0	(b)	0	(b)	0
15.		Affiliated - Certain Other (See SVO Purposes and Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
16.		Affiliated - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
17.		Total Common Stock (Sum of Lines 1 through 16)	0	0	0	0	XXX	0	XXX	0	XXX	0
REAL ESTATE												
18.		Home Office Property (General Account only)	2,505,510			2,505,510	0.0000	0	0.0750	187,913	0.0750	187,913
19.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
20.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
21.		Total Real Estate (Sum of Lines 18 through 20)	2,505,510	0	0	2,505,510	XXX	0	XXX	187,913	XXX	187,913
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
22.		Exempt Obligations		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
23.	1	Highest Quality		XXX	XXX	0	0.0004	0	0.0023	0	0.0030	0
24.	2	High Quality		XXX	XXX	0	0.0019	0	0.0058	0	0.0090	0
25.	3	Medium Quality		XXX	XXX	0	0.0093	0	0.0230	0	0.0340	0
26.	4	Low Quality		XXX	XXX	0	0.0213	0	0.0530	0	0.0750	0
27.	5	Lower Quality		XXX	XXX	0	0.0432	0	0.1100	0	0.1700	0
28.	6	In or Near Default		XXX	XXX	0	0.0000	0	0.2000	0	0.2000	0
29.		Total with Bond Characteristics (Sum of Lines 22 through 28)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0

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

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

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

Line Number	NAIC Designation	Description	1 Book/Adjusted Carrying Value	2 Reclassify Related Party Encumbrances	3 Add Third Party Encumbrances	4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Cols.4 x 5)	7 Factor	8 Amount (Cols. 4 x 7)	9 Factor	10 Amount (Cols. 4 x 9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
65.		Unaffiliated Public		XXX	XXX	0	0.0000	0	0.1300 (a)	0	0.1300 (a)	0
66.		Unaffiliated Private		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
67.		Affiliated Life with AVR		XXX	XXX	0	0.0000	0	0.0000	0	0.0000	0
68.		Affiliated Certain Other (See SVO Purposes & Procedures Manual)		XXX	XXX	0	0.0000	0	0.1300	0	0.1300	0
69.		Affiliated Other - All Other		XXX	XXX	0	0.0000	0	0.1600	0	0.1600	0
70.		Total with Common Stock Characteristics (Sum of Lines 65 through 69)	0	XXX	XXX	0	XXX	0	XXX	0	XXX	0
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
71.		Home Office Property (General Account only)				0	0.0000	0	0.0750	0	0.0750	0
72.		Investment Properties				0	0.0000	0	0.0750	0	0.0750	0
73.		Properties Acquired in Satisfaction of Debt				0	0.0000	0	0.1100	0	0.1100	0
74.		Total with Real Estate Characteristics (Sum of Lines 71 through 73)	0	0	0	0	XXX	0	XXX	0	XXX	0
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
75.		Guaranteed Federal Low Income Housing Tax Credit	13,551,364			13,551,364	0.0003	4,065	0.0006	8,131	0.0010	13,551
76.		Non-guaranteed Federal Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
77.		Guaranteed State Low Income Housing Tax Credit	0			0	0.0003	0	0.0006	0	0.0010	0
78.		Non-guaranteed State Low Income Housing Tax Credit	0			0	0.0063	0	0.0120	0	0.0190	0
79.		All Other Low Income Housing Tax Credit	0			0	0.0273	0	0.0600	0	0.0975	0
80.		Total LIHTC (Sum of Lines 75 through 79)	13,551,364	0	0	13,551,364	XXX	4,065	XXX	8,131	XXX	13,551
ALL OTHER INVESTMENTS												
81.		NAIC 1 Working Capital Finance Investments		XXX		0	0.0000	0	0.0037	0	0.0037	0
82.		NAIC 2 Working Capital Finance Investments		XXX		0	0.0000	0	0.0120	0	0.0120	0
83.		Other Invested Assets - Schedule BA		XXX		0	0.0000	0	0.1300	0	0.1300	0
84.		Other Short-Term Invested Assets - Schedule DA		XXX		0	0.0000	0	0.1300	0	0.1300	0
85.		Total All Other (Sum of Lines 81, 82, 83 and 84)	0	XXX	0	0	XXX	0	XXX	0	XXX	0
86.		Total Other Invested Assets - Schedules BA & DA (Sum of Lines 29, 37, 64, 70, 74, 80 and 85)	13,551,364	0	0	13,551,364	XXX	4,065	XXX	8,131	XXX	13,551

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

Asset Valuation Reserve Replications (Synthetic) Assets

NONE

Schedule F - Claims

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts									
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other	
									9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
PART 1. - ANALYSIS OF UNDERWRITING OPERATIONS																		
1. Premiums written	1,334,078,357	XXX	1,114,289,393	XXX		XXX	(1,892)	XXX	0	XXX	48,516,877	XXX		XXX	3,507,583	XXX	167,766,396	XXX
2. Premiums earned	1,338,730,096	XXX	1,117,210,507	XXX		XXX	(1,725)	XXX	0	XXX	47,368,290	XXX		XXX	3,392,052	XXX	170,760,972	XXX
3. Incurred claims	958,746,456	71.6	826,870,568	74.0	0	0.0	(3)	0.2	0	0.0	33,703,459	71.2	0	0.0	1,138,984	33.6	97,033,448	56.8
4. Cost containment expenses	18,776,054	1.4	15,969,428	1.4		0.0	(19)	1.1		0.0	588,364	1.2		0.0	37,938	1.1	2,180,343	1.3
5. Incurred claims and cost containment expenses (Lines 3 and 4)	977,522,510	73.0	842,839,996	75.4	0	0.0	(22)	1.3	0	0.0	34,291,823	72.4	0	0.0	1,176,922	34.7	99,213,791	58.1
6. Increase in contract reserves	(300,794)	0.0	22,113	0.0	0	0.0	0	0.0	0	0.0	(519,608)	(1.1)	0	0.0	0	0.0	196,700	0.1
7. Commissions (a)	87,167,298	6.5	63,714,633	5.7		0.0	0	0.0		0.0	3,226,671	6.8		0.0	572,754	16.9	19,653,240	11.5
8. Other general insurance expenses	138,185,594	10.3	114,127,234	10.2		0.0	(183)	10.6		0.0	4,778,872	10.1		0.0	341,859	10.1	18,937,812	11.1
9. Taxes, licenses and fees	23,828,233	1.8	18,399,885	1.6		0.0	(40)	2.3		0.0	1,868,045	3.9		0.0	77,456	2.3	3,482,887	2.0
10. Total other expenses incurred	249,181,125	18.6	196,241,752	17.6	0	0.0	(223)	12.9	0	0.0	9,873,588	20.8	0	0.0	992,069	29.2	42,073,939	24.6
11. Aggregate write-ins for deductions	57,434	0.0	47,930	0.0	0	0.0	0	0.0	0	0.0	2,032	0.0	0	0.0	146	0.0	7,326	0.0
12. Gain from underwriting before dividends or refunds	112,269,822	8.4	78,058,716	7.0	0	0.0	(1,480)	85.8	0	0.0	3,720,455	7.9	0	0.0	1,222,915	36.1	29,269,215	17.1
13. Dividends or refunds	0	0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0		0.0
14. Gain from underwriting after dividends or refunds	112,269,822	8.4	78,058,716	7.0	0	0.0	(1,480)	85.8	0	0.0	3,720,455	7.9	0	0.0	1,222,915	36.1	29,269,215	17.1
DETAILS OF WRITE-INS																		
1101. Fines and Penalties	57,434	0.0	47,930	0.0		0.0	0	0.0		0.0	2,032	0.0		0.0	146	0.0	7,326	0.0
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
1199. Totals (Lines 1101 thru 1103 plus 1198)(Line 11 above)	57,434	0.0	47,930	0.0	0	0.0	0	0.0	0	0.0	2,032	0.0	0	0.0	146	0.0	7,326	0.0

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

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (Continued)

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
PART 2. - RESERVES AND LIABILITIES									
A. Premium Reserves:									
1. Unearned premiums	49,907,546	40,395,719	0	12	0	2,792,145	0	165,590	6,554,080
2. Advance premiums	12,484,254	10,249,261	0	63	0	520,602	0	13,055	1,701,273
3. Reserve for rate credits	4,241,307	3,759,619	0	(167)	0	304,783	0	0	177,072
4. Total premium reserves, current year	66,633,107	54,404,599	0	(92)	0	3,617,530	0	178,645	8,432,425
5. Total premium reserves, prior year	77,916,004	63,216,824	0	95	0	2,344,505	0	53,782	12,300,797
6. Increase in total premium reserves	(11,282,897)	(8,812,225)	0	(187)	0	1,273,025	0	124,863	(3,868,372)
B. Contract Reserves:									
1. Additional reserves (a)	8,955,522	115,407	0	0	0	8,343,661	0	0	496,454
2. Reserve for future contingent benefits	0	0	0	0	0	0	0	0	0
3. Total contract reserves, current year	8,955,522	115,407	0	0	0	8,343,661	0	0	496,454
4. Total contract reserves, prior year	9,256,316	93,294	0	0	0	8,863,269	0	0	299,754
5. Increase in contract reserves	(300,794)	22,113	0	0	0	(519,608)	0	0	196,700
C. Claim Reserves and Liabilities:									
1. Total current year	152,101,561	130,934,470	0	0	0	7,365,311	0	824,733	12,977,047
2. Total prior year	163,585,796	143,683,872	0	3	0	6,531,174	0	94,513	13,276,234
3. Increase	(11,484,235)	(12,749,402)	0	(3)	0	834,137	0	730,220	(299,187)

PART 3. - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES									
1. Claims paid during the year:									
1.1 On claims incurred prior to current year	150,151,720	131,638,766	0	0	0	5,021,523	0	50,329	13,441,102
1.2 On claims incurred during current year	820,078,971	707,981,204	0	0	0	27,847,799	0	358,435	83,891,533
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	1,579,017	1,634,832	0	0	0	41,171	0	111	(97,097)
2.2 On claims incurred during current year	150,522,544	129,299,638	0	0	0	7,324,140	0	824,622	13,074,144
3. Test:									
3.1 Lines 1.1 and 2.1	151,730,737	133,273,598	0	0	0	5,062,694	0	50,440	13,344,005
3.2 Claim reserves and liabilities, December 31, prior year	163,585,796	143,683,872	0	3	0	6,531,174	0	94,513	13,276,234
3.3 Line 3.1 minus Line 3.2	(11,855,059)	(10,410,274)	0	(3)	0	(1,468,480)	0	(44,073)	67,771

PART 4. - REINSURANCE									
A. Reinsurance Assumed:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	0								
4. Commissions	0	0	0						
B. Reinsurance Ceded:									
1. Premiums written	0								
2. Premiums earned	0								
3. Incurred claims	841,598	0	0	0	0	841,598	0	0	0
4. Commissions	0	0	0						

(a) Includes \$ premium deficiency reserve.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1 Medical	2 Dental	3 Other	4 Total
A. Direct:				
1. Incurred Claims	918,811,797	27,770,471	13,005,786	959,588,054
2. Beginning Claim Reserves and Liabilities	160,699,108	1,115,386	1,821,798	163,636,292
3. Ending Claim Reserves and Liabilities	146,838,163	1,111,145	4,152,254	152,101,562
4. Claims Paid	932,672,742	27,774,712	10,675,330	971,122,784
B. Assumed Reinsurance:				
5. Incurred Claims.....	0	0	0	0
6. Beginning Claim Reserves and Liabilities				0
7. Ending Claim Reserves and Liabilities	0	0	0	0
8. Claims Paid	0	0	0	0
C. Ceded Reinsurance:				
9. Incurred Claims.....	841,598	0	0	841,598
10. Beginning Claim Reserves and Liabilities	1,423,358	0	0	1,423,358
11. Ending Claim Reserves and Liabilities	322,819	0	0	322,819
12. Claims Paid	1,942,137	0	0	1,942,137
D. Net:				
13. Incurred Claims.....	917,970,199	27,770,471	13,005,786	958,746,456
14. Beginning Claim Reserves and Liabilities	159,275,750	1,115,386	1,821,798	162,212,934
15. Ending Claim Reserves and Liabilities	146,515,344	1,111,145	4,152,254	151,778,743
16. Claims Paid	930,730,605	27,774,712	10,675,330	969,180,647
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred Claims and Cost Containment Expenses	936,746,252	27,770,471	13,005,786	977,522,509
18. Beginning Reserves and Liabilities	159,788,078	1,115,386	1,821,798	162,725,262
19. Ending Reserves and Liabilities	146,785,091	1,111,145	4,152,254	152,048,490
20. Paid Claims and Cost Containment Expenses	949,749,239	27,774,712	10,675,330	988,199,281

Schedule S - Part 1 - Section 1

NONE

Schedule S - Part 1 - Section 2

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 3 - SECTION 1

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
0399999	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
0699999	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
0799999	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	XXXL	1,288,252,000	30,253,741	31,333,456	3,022,495	1,098,088	1,289,059	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	SC		1,522,168	1,711,384				0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	QL	3,573,017,857	1,224,804,311	1,240,406,584	24,630,057	8,925,131	10,477,327	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	FL		417,294,105	451,124,156	873,701	322,127	378,149	0	0
0899999	General Account - Authorized U.S. Non-Affiliates						4,861,269,857	1,673,874,325	1,724,575,580	28,526,253	10,345,346	12,144,535	0	0
1099999	Total General Account - Authorized Non-Affiliates						4,861,269,857	1,673,874,325	1,724,575,580	28,526,253	10,345,346	12,144,535	0	0
1199999	Total General Account Authorized						4,861,269,857	1,673,874,325	1,724,575,580	28,526,253	10,345,346	12,144,535	0	0
1499999	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
1799999	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
1899999	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0	0
2199999	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
2299999	Total General Account Unauthorized						0	0	0	0	0	0	0	0
2599999	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
2899999	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
2999999	Total General Account - Certified Affiliates						0	0	0	0	0	0	0	0
3299999	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0	0
3399999	Total General Account Certified						0	0	0	0	0	0	0	0
3499999	Total General Account Authorized, Unauthorized and Certified						4,861,269,857	1,673,874,325	1,724,575,580	28,526,253	10,345,346	12,144,535	0	0
3799999	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0	0
4099999	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
4199999	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0	0
4499999	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0	0
4599999	Total Separate Accounts Authorized						0	0	0	0	0	0	0	0
4899999	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0	0
5199999	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0	0
5299999	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0	0
5599999	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0	0
5699999	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0	0
5999999	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0	0
6299999	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0	0
6399999	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0	0
6699999	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0	0
6799999	Total Separate Accounts Certified						0	0	0	0	0	0	0	0
6899999	Total Separate Accounts Authorized, Unauthorized and Certified						0	0	0	0	0	0	0	0
6999999	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)						4,861,269,857	1,673,874,325	1,724,575,580	28,526,253	10,345,346	12,144,535	0	0
7099999	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)						0	0	0	0	0	0	0	0
9999999	Totals						4,861,269,857	1,673,874,325	1,724,575,580	28,526,253	10,345,346	12,144,535	0	0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 3 - SECTION 2

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

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999			Total General Account - Authorized U.S. Affiliates				0	0	0	0	0	0	0
0699999			Total General Account - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
0799999			Total General Account - Authorized Affiliates				0	0	0	0	0	0	0
69116	35-0684263	10/01/2005	The State Life Insurance Company	IN	CO/I	LTC	0	0	694,701	0	0	0	0
0899999			General Account - Authorized U.S. Non-Affiliates				0	0	694,701	0	0	0	0
1099999			Total General Account - Authorized Non-Affiliates				0	0	694,701	0	0	0	0
1199999			Total General Account Authorized				0	0	694,701	0	0	0	0
1499999			Total General Account - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
1799999			Total General Account - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
1899999			Total General Account - Unauthorized Affiliates				0	0	0	0	0	0	0
2199999			Total General Account - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
2299999			Total General Account Unauthorized				0	0	0	0	0	0	0
2599999			Total General Account - Certified U.S. Affiliates				0	0	0	0	0	0	0
2899999			Total General Account - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
2999999			Total General Account - Certified Affiliates				0	0	0	0	0	0	0
3299999			Total General Account - Certified Non-Affiliates				0	0	0	0	0	0	0
3399999			Total General Account Certified				0	0	0	0	0	0	0
3499999			Total General Account Authorized, Unauthorized and Certified				0	0	694,701	0	0	0	0
3799999			Total Separate Accounts - Authorized U.S. Affiliates				0	0	0	0	0	0	0
4099999			Total Separate Accounts - Authorized Non-U.S. Affiliates				0	0	0	0	0	0	0
4199999			Total Separate Accounts - Authorized Affiliates				0	0	0	0	0	0	0
4499999			Total Separate Accounts - Authorized Non-Affiliates				0	0	0	0	0	0	0
4599999			Total Separate Accounts Authorized				0	0	0	0	0	0	0
4899999			Total Separate Accounts - Unauthorized U.S. Affiliates				0	0	0	0	0	0	0
5199999			Total Separate Accounts - Unauthorized Non-U.S. Affiliates				0	0	0	0	0	0	0
5299999			Total Separate Accounts - Unauthorized Affiliates				0	0	0	0	0	0	0
5599999			Total Separate Accounts - Unauthorized Non-Affiliates				0	0	0	0	0	0	0
5699999			Total Separate Accounts Unauthorized				0	0	0	0	0	0	0
5999999			Total Separate Accounts - Certified U.S. Affiliates				0	0	0	0	0	0	0
6299999			Total Separate Accounts - Certified Non-U.S. Affiliates				0	0	0	0	0	0	0
6399999			Total Separate Accounts - Certified Affiliates				0	0	0	0	0	0	0
6699999			Total Separate Accounts - Certified Non-Affiliates				0	0	0	0	0	0	0
6799999			Total Separate Accounts Certified				0	0	0	0	0	0	0
6899999			Total Separate Accounts Authorized, Unauthorized and Certified				0	0	0	0	0	0	0
6999999			Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)				0	0	694,701	0	0	0	0
7099999			Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)				0	0	0	0	0	0	0
9999999			Totals				0	0	694,701	0	0	0	0

Schedule S - Part 4

NONE

Schedule S - Part 4 - Bank Footnote

NONE

Schedule S - Part 5

NONE

Schedule S - Part 5 - Bank Footnote

NONE

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2017	2 2016	3 2015	4 2014	5 2013
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	28,526	31,878	35,381	38,723	42,978
2. Commissions and reinsurance expense allowances	2,689	3,567	3,233	3,416	3,919
3. Contract claims	99,874	94,604	90,431	78,123	90,109
4. Surrender benefits and withdrawals for life contracts	37,864	38,579	43,473	48,187	49,904
5. Dividends to policyholders	88	94	105	114	113
6. Reserve adjustments on reinsurance ceded	0	0	0	0	0
7. Increase in aggregate reserve for life and accident and health contracts	(50,689)	(53,442)	(46,583)	(38,016)	(38,160)
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected	0	98	180	0	0
9. Aggregate reserves for life and accident and health contracts	1,672,310	1,722,889	1,776,171	1,825,283	1,860,360
10. Liability for deposit-type contracts	2,259	2,369	2,528	2,788	2,939
11. Contract claims unpaid	8,832	6,913	8,420	9,998	11,445
12. Amounts recoverable on reinsurance	323	1,373	2,275	75	329
13. Experience rating refunds due or unpaid	528	562	577	752	760
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances due					
16. Unauthorized reinsurance offset	0	0	0	0	0
17. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L)	0	0	0	0	0
20. Trust agreements (T)	0	0	0	0	0
21. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
22. Multiple Beneficiary Trust					
23. Funds deposited by and withheld from (F)					
24. Letters of credit (L)					
25. Trust agreements (T)					
26. Other (O)					

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	421,324,493		421,324,493
2. Reinsurance (Line 16)	850,992	(850,992)	0
3. Premiums and considerations (Line 15)	12,562,877	0	12,562,877
4. Net credit for ceded reinsurance	XXX	1,684,252,363	1,684,252,363
5. All other admitted assets (balance)	64,433,417		64,433,417
6. Total assets excluding Separate Accounts (Line 26)	499,171,779	1,683,401,371	2,182,573,150
7. Separate Account assets (Line 27)	0		0
8. Total assets (Line 28)	499,171,779	1,683,401,371	2,182,573,150
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Lines 1 and 2)	63,252,398	1,672,309,544	1,735,561,942
10. Liability for deposit-type contracts (Line 3)	0	2,259,483	2,259,483
11. Claim reserves (Line 4)	150,244,833	8,832,344	159,077,177
12. Policyholder dividends/reserves (Lines 5 through 7)	0		0
13. Premium & annuity considerations received in advance (Line 8)	12,497,022		12,497,022
14. Other contract liabilities (Line 9)	10,242,233		10,242,233
15. Reinsurance in unauthorized companies (Line 24.02 minus inset amount)	0	0	0
16. Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount)	0		0
17. Reinsurance with Certified Reinsurers (Line 24.02 inset amount)	0		0
18. Funds held under reinsurance treaties with Certified Reinsurers (Line 24.03 inset amount)	0		0
19. All other liabilities (balance)	64,308,192		64,308,192
20. Total liabilities excluding Separate Accounts (Line 26)	300,544,678	1,683,401,371	1,983,946,049
21. Separate Account liabilities (Line 27)			0
22. Total liabilities (Line 28)	300,544,678	1,683,401,371	1,983,946,049
23. Capital & surplus (Line 38)	198,627,101	XXX	198,627,101
24. Total liabilities, capital & surplus (Line 39)	499,171,779	1,683,401,371	2,182,573,150
NET CREDIT FOR CEDED REINSURANCE			
25. Contract reserves	1,672,309,544		
26. Claim reserves	8,832,344		
27. Policyholder dividends/reserves	0		
28. Premium & annuity considerations received in advance	0		
29. Liability for deposit-type contracts	2,259,483		
30. Other contract liabilities	0		
31. Reinsurance ceded assets	850,992		
32. Other ceded reinsurance recoverables	0		
33. Total ceded reinsurance recoverables	1,684,252,363		
34. Premiums and considerations	0		
35. Reinsurance in unauthorized companies	0		
36. Funds held under reinsurance treaties with unauthorized reinsurers	0		
37. Reinsurance with Certified Reinsurers	0		
38. Funds held under reinsurance treaties with Certified Reinsurers	0		
39. Other ceded reinsurance payables/offsets	0		
40. Total ceded reinsurance payable/offsets	0		
41. Total net credit for ceded reinsurance	1,684,252,363		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

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

Allocated by States and Territories

		Direct Business Only					6 Totals
		1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	
States, Etc.							
1. Alabama	AL	362,007	22,099			.0	384,106
2. Alaska	AK	990	.0			.0	990
3. Arizona	AZ	602,750	50,005	5,381		.0	658,136
4. Arkansas	AR	376,958	8,764			.0	385,722
5. California	CA	1,241,966	178,865			.0	1,420,831
6. Colorado	CO	658,714	14,082			.0	672,796
7. Connecticut	CT	591,514	43,059			.0	634,573
8. Delaware	DE	111,223	3,498			.0	114,721
9. District of Columbia	DC	45,030	.0			.0	45,030
10. Florida	FL	2,188,968	378,206	47,707		.0	2,614,881
11. Georgia	GA	775,264	30,871			.0	806,135
12. Hawaii	HI	128,743	6,304			.0	135,047
13. Idaho	ID	36,130	.0			.0	36,130
14. Illinois	IL	2,406,415	187,769			.0	2,594,184
15. Indiana	IN	1,094,704	157,188	7,265		.0	1,259,157
16. Iowa	IA	602,530	47,397			.0	649,927
17. Kansas	KS	137,069	11,578			.0	148,647
18. Kentucky	KY	742,044	1,610			.0	743,654
19. Louisiana	LA	396,252	35,273			.0	431,525
20. Maine	ME	154,050	.0			.0	154,050
21. Maryland	MD	778,381	32,182			.0	810,563
22. Massachusetts	MA	176,490	22,005			.0	198,495
23. Michigan	MI	1,584,830	43,551	13,295		.0	1,641,676
24. Minnesota	MN	456,227	42,819			.0	499,046
25. Mississippi	MS	217,367	17,630			.0	234,997
26. Missouri	MO	1,194,963	67,843	10,091		.0	1,272,897
27. Montana	MT	4,387	.0			.0	4,387
28. Nebraska	NE	292,677	39,138			.0	331,815
29. Nevada	NV	57,048	8,578			.0	65,626
30. New Hampshire	NH	187,371	11,288			.0	198,659
31. New Jersey	NJ	59,968	11,179			.0	71,147
32. New Mexico	NM	74,976	5,755			.0	80,731
33. New York	NY	41,297	3,809			.0	45,106
34. North Carolina	NC	774,636	41,807			.0	816,443
35. North Dakota	ND	74,230	.0			.0	74,230
36. Ohio	OH	1,240,247	82,948			.0	1,323,195
37. Oklahoma	OK	305,545	14,176			.0	319,721
38. Oregon	OR	127,442	2,254			.0	129,696
39. Pennsylvania	PA	1,018,175	10,742	12,125		.0	1,041,042
40. Rhode Island	RI	52,232	2,249			.0	54,481
41. South Carolina	SC	405,888	26,632			.0	432,520
42. South Dakota	SD	226,521	2,000			.0	228,521
43. Tennessee	TN	1,152,091	37,206			.0	1,189,297
44. Texas	TX	2,333,919	220,038	35,392		.0	2,589,349
45. Utah	UT	91,033	.0			.0	91,033
46. Vermont	VT	44,536	.0			.0	44,536
47. Virginia	VA	909,468	42,782			.0	952,250
48. Washington	WA	197,746	18,408			.0	216,154
49. West Virginia	WV	223,487	19,904			.0	243,391
50. Wisconsin	WI	1,296,396	37,922	9,686		.0	1,344,004
51. Wyoming	WY	44,831	.0			.0	44,831
52. American Samoa	AS	.0	.0			.0	.0
53. Guam	GU	.0	.0			.0	.0
54. Puerto Rico	PR	.0	.0			.0	.0
55. U.S. Virgin Islands	VI	.0	.0			.0	.0
56. Northern Mariana Islands	MP	.0	.0			.0	.0
57. Canada	CAN	.0	.0			.0	.0
58. Aggregate Other Alien	OT	24,863	6,814			.0	31,677
59. Total		28,322,589	2,048,227	140,942	0	0	30,511,758

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.0000	98-1308130		0001363851		1070715 B.C. Unlimited Liability Company	CAN	NIA	OptumRx Group Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2624551				310 Canyon Medical, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	35-2607738				5995 Minnetonka, LLC	DE	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					ABCO India Private Limited	IND	NIA	ABCO International Holdings, LLC	Ownership	99.000	UnitedHealth Group Incorporated		
		.0000					ABCO India Private Limited	IND	NIA	The Advisory Board Company	Ownership	1.000	UnitedHealth Group Incorporated		
		.0000					ABCO International Holdings, LLC	DE	NIA	The Advisory Board Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-1913523				ACN Group IPA of New York, Inc.	NY	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-0015861				ACN Group of California, Inc.	CA	IA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-4093335				Advanced Surgical Hospital, LLC		NIA	SCA Southwestern PA, LLC	Ownership	51.000	UnitedHealth Group Incorporated		1
		.0000	47-5337115				Advocate Condell Ambulatory Surgery Center, LLC	IL	NIA	Advocate-SCA Partners, LLC	Ownership	81.645	UnitedHealth Group Incorporated		1
		.0000					Advocate Sherman Ambulatory Surgery Center, LLC	IL	NIA	Advocate-SCA Partners, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Advocate-SCA Holdings, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-4012497				Advocate-SCA Partners, LLC	DE	NIA	SCA-Illinois, LLC	Ownership	51.000	UnitedHealth Group Incorporated		1
		.0000	45-4171713				AHN Accountable Care Organization, LLC	IN	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	35-2109566				AHN Central Services, LLC	IN	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	35-2582899				AHN Target Holdings, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.100	UnitedHealth Group Incorporated		1
		.0000	92-0080881				Alaska Surgery Center, Inc.	AK	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	82406	35-1665915				All Savers Insurance Company	IN	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
							All Savers Life Insurance Company of California	CA	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	73130	35-1744596				Alliance Surgical Center, LLC	FL	NIA	SCA-Alliance, LLC	Ownership	64.856	UnitedHealth Group Incorporated		1
		.0000	27-1367127				Ambient Healthcare, Inc.	FL	NIA	Ambient Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	65-1095227				Ambient Holdings, Inc.	DE	NIA	BrioRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-2161438				American Health Network of Indiana Care Organization, LLC	IN	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-4770582				American Health Network of Indiana II, LLC	IN	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	52623	35-2108729				American Health Network of Indiana, LLC	IN	IA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	35-1930805				American Health Network of Ohio Care Organization, LLC	OH	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-4132160				American Health Network of Ohio II, LLC	OH	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	31-1424956				American Health Network of Ohio, LLC	OH	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	31-1424957				American Health Network of Ohio, LLC	OH	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	54-1743136		0001122263		AmeriChoice Corporation	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	54-1743141				AmeriChoice Health Services, Inc.	DE	NIA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	95497	22-3368602				AmeriChoice of New Jersey, Inc.	NJ	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1108620				Amico Saúde Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	98.928	UnitedHealth Group Incorporated		
		.0000	98-1108620				Amico Saúde Ltda.	BRA	NIA	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership	1.072	UnitedHealth Group Incorporated		
		.0000			0001447698		Amil Assistência Médica Internacional S.A.	BRA	NIA	Polar II Fundo de Investimento em Participações Multiestratégia	Ownership	91.810	UnitedHealth Group Incorporated		4
		.0000	98-1109085				Amil Clinical Research Participações Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	99.950	UnitedHealth Group Incorporated		
		.0000	98-1109085				Amil Clinical Research Participações Ltda.	BRA	NIA	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.050	UnitedHealth Group Incorporated		
		.0000	98-1138212				AMIL International	LUX	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-4210293				Antelope Valley Surgery Center, L.P.	CA	NIA	NSC Lancaster, LLC	Ownership	81.240	UnitedHealth Group Incorporated		5
		.0000	27-2068687				AppleCare Medical Management, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1399975				Aquitania Chilean Holding SpA	CHL	NIA	Bordeaux UK Holdings II Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Aquitania Holding SpA	CHL	NIA	Bordeaux UK Holdings II Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-2728964				Arise Healthcare System, LLC	DE	NIA	SCA Austin Medical Center Holdings, LLC	Ownership	52.800	UnitedHealth Group Incorporated		1
		.0000	86-0813232				Arizona Physicians IPA, Inc.	AZ	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000					ASC Connecticut Holdings, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-3907136				ASC Holdings of New Jersey, LLC	NJ	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	95-4348431				ASC Network, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	90-0369702				ASI Global, LLC	TX	NIA	FrontierMEDEX, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-3878957				AssuranceRx, LLC	AL	NIA	BriovaRx, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4014891				Athens ASC Holdings, LLC	GA	NIA	SCA Athens, LLC	Ownership	53.000	UnitedHealth Group Incorporated		1
		.00000	47-0990056		0001529111		Audax Health Solutions, LLC	DE	NIA	Rally Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0368187				Aveta Arizona, Inc.	AZ	NIA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	90-0632302				Aveta Health Solutions Inc.	DE	NIA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4057813		0001355487		Aveta Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2823524				Aveta Kansas City, Inc.	KS	NIA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4704309				Aveta Tennessee, Inc.	DE	NIA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0842394				AxelaCare Intermediate Holdings, LLC	DE	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	61-1708598				AxelaCare, LLC	DE	NIA	AxelaCare Intermediate Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	72-1097827				B. R. A. S. Partnership in Commendam Bakersfield Physicians Plaza Surgical Center, L.P.	LA	NIA	Surgery Center Holding, LLC	Ownership	74.940	UnitedHealth Group Incorporated		6
		.00000	62-1601443				Bakersfield-SC, LLC	TN	NIA	Bakersfield-SC, LLC	Ownership	96.000	UnitedHealth Group Incorporated		7
		.00000	62-1601445				Bakersfield-SC, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4504390				Beach Surgical Holdings III, LLC	CA	NIA	Surgicare of La Veta, Inc.	Ownership	88.860	UnitedHealth Group Incorporated		1
		.00000	88-0267857				Behavioral Healthcare Options, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-0847380				Birmingham Outpatient Surgical Center, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-5337793				Blackstone Valley Surgicare Acquisition, L.P.	RI	NIA	Blackstone Valley Surgicare GP, LLC	Ownership	99.000	UnitedHealth Group Incorporated		8
		.00000	05-0359457				Blackstone Valley Surgicare GP, LLC	RI	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2241593				Blue Ridge GP, LLC	NC	NIA	SCA-Blue Ridge, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1396690				Bordeaux (Barbados) Holdings I, SRL	BRB	NIA	UnitedHealth Group International LP	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1396559				Bordeaux (Barbados) Holdings II, SRL	BRB	NIA	Bordeaux (Barbados) Holdings I SRL	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Bordeaux (Barbados) Holdings III, SRL	BRB	NIA	Bordeaux (Barbados) Holdings II SRL	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1398490				Bordeaux Holding SpA	CHL	NIA	Aquitania Holding SpA	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Bordeaux International Holdings, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1390574				Bordeaux UK Holdings I Limited	GBR	NIA	Bordeaux International Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1391914				Bordeaux UK Holdings II Limited	GBR	NIA	Bordeaux UK Holdings I Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1389224				Bordeaux UK Holdings III Limited	GBR	NIA	Bordeaux UK Holdings II Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1112673				Bosque Medical Center Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	82.581	UnitedHealth Group Incorporated		
		.00000	98-1112673				Bosque Medical Center Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	17.419	UnitedHealth Group Incorporated		
		.00000	11-2997132				Brevard Specialty Surgery Center, LLC	FL	NIA	Melbourne Surgery Center, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-3485985				BriovaRx Infusion Services 100, Inc.	NY	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	90-0884047				BriovaRx Infusion Services 101, Inc.	NY	NIA	BriovaRx Infusion Services 100, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1533840				BriovaRx Infusion Services 102, LLC	DE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	57-0861358				BriovaRx Infusion Services 103, LLC	DE	NIA	Serquinox Holdings LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	55-0802777				BriovaRx Infusion Services 200, Inc.	SC	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4881413				BriovaRx Infusion Services 201, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-1012700				BriovaRx Infusion Services 202, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	55-0802774				BriovaRx Infusion Services 203, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-3738273				BriovaRx Infusion Services 204, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1284325				BriovaRx Infusion Services 205, Inc.	FL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-0964525				BriovaRx Infusion Services 206, Inc.	AL	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4963945				BriovaRx Infusion Services 207, Inc.	AL	NIA	BriovaRx Infusion Services 206, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	55-0802779				BriovaRx Infusion Services 208, Inc.	NC	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2196224				BriovaRx Infusion Services 209, Inc.	GA	NIA	Ambient Healthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2196224				BriovaRx Infusion Services 301, LP	OK	NIA	BriovaRx Infusion Services, Inc.	Ownership	99.950	UnitedHealth Group Incorporated		
		.00000	75-2196224				BriovaRx Infusion Services 301, LP	OK	NIA	BriovaRx Infusion Services 305, LLC	Ownership	0.050	UnitedHealth Group Incorporated		

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SCHEDULE Y
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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.0000	27-0668812				BriovaRx Infusion Services 302, LLC	NE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-2565032				BriovaRx Infusion Services 305, LLC	DE	NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-3741084				BriovaRx Infusion Services 308, LLC	AZ	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	02-0653265				BriovaRx Infusion Services 401, LLC	CA	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-4312858				BriovaRx Infusion Services 402, LLC	CA	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-0941801				BriovaRx Infusion Services 403, LLC	CA	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	93-1103256				BriovaRx Infusion Services 404, LLC	OR	NIA	SCP Specialty Infusion, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-3918706		0001507772		BriovaRx Infusion Services, Inc.	DE	NIA	AxelaCare, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-4515146				BriovaRx of California, Inc.	CA	NIA	Salveo Specialty Pharmacy, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	11-3647935				BriovaRx of Florida, Inc.	DE	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-1930321				BriovaRx of Georgia, LLC	AL	NIA	BriovaRx, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-2731176				BriovaRx of Indiana, LLC	IN	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-2790537				BriovaRx of Louisiana, L.L.C.	LA	NIA	BriovaRx, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	01-0516051		0001601630		BriovaRx of Maine, Inc.	ME	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-3331130				BriovaRx of Massachusetts, LLC	MA	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-2532834				BriovaRx of Nevada, LLC	NV	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	74-3103518				BriovaRx of New York, Inc.	NY	NIA	Salveo Specialty Pharmacy, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-2719823				BriovaRx of Texas, Inc.	TX	NIA	BriovaRx of Florida, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	55-0824381		0001601629		BriovaRx, LLC	AL	NIA	BriovaRx of Maine, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	61-1732160				California MedTrans Network IPA LLC	CA	NIA	California MedTrans Network MSO LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-4780748				California MedTrans Network MSO LLC	CA	NIA	National MedTrans, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	52-1597484				Camp Hill-SCA Centers, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-1981651				Cardio Management, Inc.	DE	NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-8375685				Care Improvement Plus Group Management, LLC	MD	NIA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12558	45-4976934				Care Improvement Plus of Texas Insurance Company	TX	IA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12567	20-3888112				Care Improvement Plus South Central Insurance Company	AR	IA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.14041	27-5038136				Care Improvement Plus Wisconsin Insurance Company	WI	RE	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1328471				Casa de Saúde Santa Therezinha S.A.	BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-5807941				Catalyst360, LLC	DE	NIA	Optum Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-0666840		0001600768		Catamaran Health Solutions, LLC	DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	80-0870454		0001600637		Catamaran Holdings I, LLC	DE	NIA	OptumRx Group Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-0218027				Catamaran IPA III, Inc.	NY	NIA	OptumRx PBM of Maryland, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-3419292				Catamaran of Pennsylvania, LLC	DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-1424534				Catamaran PBM of Puerto Rico, LLC	NV	NIA	OptumRx PBM of Maryland, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	16-1767416				Catamaran PD of Pennsylvania, LLC	PA	NIA	Catamaran of Pennsylvania, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1069737		0001600973		Catamaran S.á.r.l.	LUX	NIA	UnitedHealthcare International IV B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-0543382				Catamaran Senior Services, LLC	AL	NIA	Optum Hospice Pharmacy Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2533497				Cedar Park Surgery Center, LLC	TX	NIA	SCA Cedar Park Holdings, LLC	Ownership	55.550	UnitedHealth Group Incorporated		1
		.0000	98-1111491				Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1111491				Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	BRA	NIA	Amico Saúde Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.0000	45-4131797				Central Indiana Care Organization, LLC	IN	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-5600514				Central Ohio Care Organization, LLC	OH	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					CentriHealth, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					CentriHealth Corporation	CAN	NIA	CentriHealth, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					CentriHealth UK Limited	GBR	NIA	CentriHealth, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1310461				Centro Médico PJ Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1310461				Centro Médico PJ Ltda.	BRA	NIA	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.0000	46-1454664				Channel Islands Surgicenter Properties, LLC	CA	NIA	SCA Holding Company, Inc.	Ownership	62.743	UnitedHealth Group Incorporated		1
		.0000	62-1262567				Charlotte-SC, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-2389638				Childrens Surgery Center, LLC	FL	NIA	SCA-Central Florida, LLC	Ownership	52.202	UnitedHealth Group Incorporated		1
		.0000	98-1093539				ChinaGate (Hong Kong) Limited	HKG	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1510209				Citrus Regional Surgery Center, L.P.	TN	NIA	SCA-Citrus, Inc.	Ownership	57.000	UnitedHealth Group Incorporated		9
							Clínica Médico Cirúrgica de Santa Tecla, S.A.								
		.0000	98-1350667				Clínica Oftalmologica Danilo de Castro	PRT	NIA	Lusiadas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1337965				Sociedade Simples	BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	99.667	UnitedHealth Group Incorporated		
		.0000	98-1337965				Clínica Oftalmologica Danilo de Castro	BRA	NIA	Lotten-Eyes Oftalmologia Clínica e	Ownership	0.333	UnitedHealth Group Incorporated		
		.0000	98-1350671				Sociedade Simples	PRT	NIA	Cirurgica Ltda.	Ownership	100.000	UnitedHealth Group Incorporated		
							CLISA – Clínica de Santo António, S.A.			Lusiadas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1337968				CMO – Centro Médico de Oftalmologia S/S Ltda.	BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	99.000	UnitedHealth Group Incorporated		
		.0000	98-1337968				CMO – Centro Médico de Oftalmologia S/S Ltda.	BRA	NIA	Lotten-Eyes Oftalmologia Clínica e	Ownership	1.000	UnitedHealth Group Incorporated		
		.0000	98-1337968				CMO – Centro Médico de Oftalmologia S/S Ltda.	BRA	NIA	Cirurgica Ltda.	Ownership	1.000	UnitedHealth Group Incorporated		
		.0000	98-1277015				CMS – Central de Manipulação e Serviços	BRA	NIA	COI – Clínicas Oncológicas Integradas S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	71-0873411				Farmacêuticos S.A.	CO	NIA	Rocky Mountain HealthCare Options, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
							CNIC Health Solutions, Inc.								
		.0000	56-2674371				Coachella Valley Physicians of PrimeCare, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-1193028		0001600967		Coalition for Advanced Pharmacy Services, Inc.	DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1276040				COI – Clínicas Oncológicas Integradas S.A.	BRA	NIA	COI Participações S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
										Esho – Empresa de Serviços Hospitalares					
		.0000	98-1275801				COI Participações S.A.	BRA	NIA	S.A.	Ownership	89.102	UnitedHealth Group Incorporated		2
		.0000	27-2337616				Collaborative Care Holdings, LLC	DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2337487				Collaborative Care Services, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-3470466				Collaborative Care Solutions, LLC	DE	NIA	Collaborative Care Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-2614005				Collaborative Realty, LLC	NY	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	84-1160450				Colorado Springs Surgery Center, Ltd.	CO	NIA	SCA-Colorado Springs, LLC	Ownership	51.000	UnitedHealth Group Incorporated		10
		.0000	11-3647007				Comfort Care Transportation, LLC	TX	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
							Connecticut Surgery Center, Limited								
		.0000	06-1592173				Partnership	CT	NIA	Connecticut Surgical Center, LLC	Ownership	51.000	UnitedHealth Group Incorporated		11
		.0000	26-1313646				Connecticut Surgery Properties, LLC	DE	NIA	Connecticut Surgical Center, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	06-1156342				Connecticut Surgical Center, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	75.000	UnitedHealth Group Incorporated		2
		.0000	20-0231080				Consumer Wellness Solutions, Inc.	DE	NIA	Optum Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-0080565				Cypress Care, Inc.	DE	NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Day-Op Surgery Consulting Company, LLC	DE	NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	52-1811176				DBP Services of New York IPA, Inc.	NY	NIA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
							Dental Benefit Providers of California, Inc.								
		.0000	52-1452809				Dental Benefit Providers of Illinois, Inc.	CA	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	52053	36-4008355				Dental Benefit Providers, Inc.	IL	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-2014834				Diagnostic and Interventional Surgical Center, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	34-2064423							SCA-Marina Del Ray LLC	Ownership	51.000	UnitedHealth Group Incorporated		1
										Esho – Empresa de Serviços Hospitalares					
		.0000	98-1285762				Dilab Medicina Nuclear Ltda.	BRA	NIA	S.A.	Ownership	85.000	UnitedHealth Group Incorporated		2
		.0000	27-4245123				DISC Surgery Center at Newport Beach, LLC	CA	NIA	SCA-Newport Beach, LLC	Ownership	51.000	UnitedHealth Group Incorporated		1
		.0000	30-0238641				Distance Learning Network, Inc.	DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2103713				Dublin Surgery Center, LLC	OH	NIA	SCA-Dublin, LLC	Ownership	56.000	UnitedHealth Group Incorporated		1
		.0000					Duncan Printing Services, LLC	SC	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	59-3625966				DWIC of Tampa Bay, Inc.	FL	NIA	MedExpress Development, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	59-3705426				E Street Endoscopy, LLC	FL	NIA	West Coast Endoscopy Holdings, LLC	Ownership	51.000	UnitedHealth Group Incorporated		1

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		.0000	02-0593133				East Brunswick Surgery Center, LLC	NJ	NIA	ASC Holdings of New Jersey, LLC	Ownership	51.000	UnitedHealth Group Incorporated		1
		.0000	71-0923682				eCode Solutions, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	84-1162764				Electronic Network Systems, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1103713				ELG FZE	ARE	NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1339173				Eual Participações S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	60.000	UnitedHealth Group Incorporated		
		.0000	98-1339173				Eual Participações S.A.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	40.000	UnitedHealth Group Incorporated		
		.0000					Empire Physician Management Company, LLC	CA	NIA	North American Medical Management California, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-3495605				Endoscopy Center Affiliates, Inc.	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					EP Campus I, LLC	DE	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1111172				Esho – Empresa de Serviços Hospitalares S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	99.630	UnitedHealth Group Incorporated		12
		.0000	98-1122399				Etho – Empresa de Tecnologia Hospitalar Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	90.061	UnitedHealth Group Incorporated		2
		.0000	86-0964571				Evercare Collaborative Solutions, Inc.	DE	NIA	Ovations, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1111239				Excellion Serviços Biomédicos Ltda.	BRA	NIA	Esho – Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1111239				Excellion Serviços Biomédicos Ltda.	BRA	NIA	Cemed Care – Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.0000	11-3669765				Executive Health Resources, Inc.	PA	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	30-0701899				Executive Surgery Center, LLC	TX	NIA	SCA-Houston Executive, LLC	Ownership	55.000	UnitedHealth Group Incorporated		1
		.0000	98-1259260				Exploration for Mine Clearance LLC	JRQ	NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	88-0223385				Family Health Care Services	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	88-0257036				Family Home Hospice, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-4106571				First Rx Specialty and Mail Services, LLC	DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1551098				Florence Surgery Center, L.P.	AL	NIA	SCA-Florence, LLC	Ownership	50.000	UnitedHealth Group Incorporated		13
		.0000	32-0432993				Florida MedTrans Network LLC	FL	NIA	Florida MedTrans Network MSO LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-4778512				Florida MedTrans Network MSO LLC	FL	NIA	National MedTrans, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	35-2456267				FMG Holdings, LLC	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	86-0908902				For Health of Arizona, Inc.	AZ	NIA	For Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0766617				For Health, Inc.	DE	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Fortify Technologies Asia, LLC	PHL	NIA	Savvysherpa, LLC	Ownership	99.000	UnitedHealth Group Incorporated		1
		.0000					Fortify Technologies, LLC	MN	NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-3412606				Franklin Surgical Center, LLC	NJ	NIA	SCA-Franklin, LLC	Ownership	55.000	UnitedHealth Group Incorporated		1
		.0000	98-1172769				Frontier Medex Tanzania Limited	TZA	NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership	99.000	UnitedHealth Group Incorporated		
		.0000	98-1172769				Frontier Medex Tanzania Limited	TZA	NIA	FrontierMEDEX Limited	Ownership	1.000	UnitedHealth Group Incorporated		
		.0000	68-0679514				FrontierMEDEX (RMS), Inc.	DE	NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-5339512				FrontierMEDEX Government Services, LLC	DE	NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1147103				FrontierMEDEX Kenya Limited	KEN	NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership	99.900	UnitedHealth Group Incorporated		
		.0000	98-1147103				FrontierMEDEX Kenya Limited	KEN	NIA	UnitedHealthcare International I B.V.	Ownership	0.100	UnitedHealth Group Incorporated		
		.0000	98-1101521				FrontierMEDEX Limited	JRQ	NIA	UnitedHealthcare Global Medical (UK) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-1219808				FrontierMEDEX US, Inc.	DE	NIA	FMG Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	52-2230470				FrontierMEDEX, Inc.	MN	NIA	FrontierMEDEX US, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	63-0833765				Gadsden Surgery Center, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1488653				Gadsden Surgery Center, Ltd.	AL	NIA	Gadsden Surgery Center, LLC	Ownership	51.000	UnitedHealth Group Incorporated		14
		.0000	62-1600268				Gainesville Surgery Center, L.P.	TN	NIA	SCA-Northeast Georgia Health, LLC	Ownership	51.000	UnitedHealth Group Incorporated		15
		.0000	37-0920164				gethealthinsurance.com Agency Inc.	IN	NIA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.0000	65-102514				Gladiolus Surgery Center, L.L.C.	FL	NIA	SCA-Gladiolus, LLC	Ownership	50.000	UnitedHealth Group Incorporated		1
		.0000	62-1601450				Glenwood-SC, Inc.	TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-3420886				Golden Outlook, Inc.	CA	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	37-0855360				Golden Rule Financial Corporation	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.62286	37-6028756	3057283			Golden Rule Insurance Company	IN	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0529450				Golden Triangle Surgicenter, L.P.	CA	NIA	Surgery Centers-West Holdings, LLC	Ownership	71.000	UnitedHealth Group Incorporated		16
		.0000					Granite Peak Technologies, LLC	DE	NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	01-0619096				Grove Place Surgery Center, L.L.C.	FL	NIA	SCA-Grove Place, LLC	Ownership	52.580	UnitedHealth Group Incorporated		1
		.0000	98-0213198				H&W Indemnity (SPC), Ltd.	CYM	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.00000	26-1227494				H.I. Investments Holding Company, LLC	DE	NIA	Health Inventures, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.79480	35-1279304				Harken Health Insurance Company	WI	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Hartford Surgery Center, LLC	CT	NIA	SunSurgery, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	23-2171049				Health Business Systems, Inc.	PA	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-5944768				Health Inventures Employment Solutions, LLC	DE	NIA	Health Inventures, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	04-3723090				Health Inventures, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-0153069				Health Net Services (Bermuda) Ltd.	BMU	NIA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96342	88-0201035				Health Plan of Nevada, Inc.	NV	IA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	95-4763349				HealthAllies, Inc.	DE	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	77-0693060				Healthcare Solutions, Inc.	DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					HealthFirst IPA, Inc.	CO	NIA	New West Physicians, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	84-1472832				Highlands Ranch Healthcare, LLC	CO	NIA	Urgent Care MSO, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8910978				Hospice Inspiris Holdings, Inc.	TN	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1286038				Hospitais Associados de Pernambuco Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	90.000	UnitedHealth Group Incorporated		2
		.00000	98-1111920				Hospital Alvorada de Taguatinga Ltda.	BRA	NIA	Anil Assistência Médica Internacional S.A.	Ownership	89.060	UnitedHealth Group Incorporated		
		.00000	98-1111920				Hospital Alvorada de Taguatinga Ltda.	BRA	NIA	Bosque Medical Center Ltda.	Ownership	10.940	UnitedHealth Group Incorporated		
		.00000	98-1389272				Hospital Ana Costa S.A.	BRA	NIA	Piano de Saúde Ana Costa Ltda.	Ownership	57.412	UnitedHealth Group Incorporated		2
		.00000	98-1389272				Hospital Ana Costa S.A.	BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	33.369	UnitedHealth Group Incorporated		2
		.00000	98-1310065				Hospital de Clínicas de Jacarepaguá Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1310065				Hospital de Clínicas de Jacarepaguá Ltda.	BRA	NIA	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	98-1328324				Hospital Samaritano de São Paulo Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1328324				Hospital Samaritano de São Paulo Ltda.	BRA	NIA	Hospital Alvorada de Taguatinga Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	98-1332673				Hospital Santa Helena S.A.	BRA	NIA	EIual Participações S.A.	Ownership	65.210	UnitedHealth Group Incorporated		
		.00000	98-1332673				Hospital Santa Helena S.A.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	34.790	UnitedHealth Group Incorporated		
		.00000	26-2912304		0001441730		Humedica, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4331825				Hygeia Corporation	DE	NIA	UnitedHealth International, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1106075				Hygeia Corporation	CAN	NIA	UnitedHealth Group International L.P.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Imed Star - Serviços de Desempenho Organizacional Ltda.	BRA	NIA	Optum Health & Technology Serviços do Brasil Ltda.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Imed Star - Serviços de Desempenho Organizacional Ltda.	BRA	NIA	UHG Brasil Participações S.A.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	20-4351923				Impel Consulting Experts, L.L.C.	TX	NIA	Impel Management Services, L.L.C.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2574317				Impel Management Services, L.L.C.	TX	NIA	USMD Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1484043				Indian River Surgery Center, Ltd.	FL	NIA	Surgery Center of Vero Beach, Inc.	Ownership	59.000	UnitedHealth Group Incorporated		16
		.00000	26-0711388				Indian River Surgery Properties, LLC	FL	NIA	Surgery Center of Vero Beach, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4132005				Indiana Care Organization, LLC	IN	NIA	AHN Target Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1641102				Ingram & Associates, LLC	TN	NIA	Optum360, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0018673				Inland Surgery Center, L.P.	CA	NIA	Redlands Ambulatory Surgery Center	Ownership	51.000	UnitedHealth Group Incorporated		17
		.00000	88-0482274				inPharmative, Inc.	NV	NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

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

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.0000	13-4138668				INSPIRIS of New York IPA, Inc.	NY	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	13-4138665				INSPIRIS of New York Management, Inc.	NY	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-2885572				INSPIRIS of Texas Physician Group	TX	NIA	Inspiris Services Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-0683057				Inspiris Services Company	TN	NIA	Inspiris, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0766366				Inspiris, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					IRX Financing I LLC	DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Lifeprint Accountable Care Organization, LLC								
		.0000	32-0409538				Lifeprint East, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-3143218				LifePrint Health, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2309024				Logistics Health, Inc.	WI	NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	39-1974851				Lotten-Eyes Oftalmologia Clinica e Cirurgica Ltda.								
		.0000	98-1337963				Lotten-Eyes Oftalmologia Clinica e Cirurgica Ltda.	BRA	NIA	Hospital Alvorada de Taguatinga Ltda. Esho - Empresa de Serviços Hospitalares S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1337963				Louisville S.C., Ltd.	BRA	NIA	Surgery Center of Louisville, LLC	Ownership	0.000	UnitedHealth Group Incorporated		
		.0000	62-1179566				Louisville-SC Properties, Inc.	KY	NIA	SC Affiliates, LLC	Ownership	51.000	UnitedHealth Group Incorporated		18
		.0000	62-1179538				Loyola Ambulatory Surgery Center at Oakbrook, Inc.	KY	NIA	ASC Network, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-4119519				Lusiadas - Parcerias Cascais, S.A.	IL	NIA	Lusiadas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1137620				Lusiadas A.C.E.	PRT	NIA	Lusiadas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1139095				Lusiadas A.C.E.	PRT	NIA	Lusiadas - Parcerias Cascais, S.A.	Ownership	70.000	UnitedHealth Group Incorporated		
		.0000	98-1139095				Lusiadas A.C.E.	PRT	NIA	Lusiadas S.A.	Ownership	20.000	UnitedHealth Group Incorporated		
		.0000	98-1139095				Lusiadas A.C.E.	PRT	NIA	Lusiadas S.A.	Ownership	10.000	UnitedHealth Group Incorporated		
		.0000	98-1139089				Lusiadas, SGPS, S.A.	PRT	NIA	Lusiadas, SGPS, S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1138570				MAISI Insurance Resources, LLC	PRT	NIA	Anil International	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	52-2129787				MAISI Life and Health Insurance Company	MD	NIA	OneNet PPO, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.60321	52-1803283				Managed Physical Network, Inc.	MD	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	14-1782475				March Holdings, Inc.	NY	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-2880404				March Vision Care, Inc.	CA	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-3042852				Marin Surgery Holdings, Inc.	CA	NIA	March Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-2601943				Maryland Ambulatory Centers	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	52-1456812				Maryland-SCA Centers, LLC	DE	NIA	SC Affiliates, LLC	Ownership	50.000	UnitedHealth Group Incorporated		1
		.0000	52-1401791				McKenzie Surgery Center, L.P.	DE	NIA	SCA-Eugene, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1600267				MD Ops, Inc.	TN	NIA	North American Medical Management California, Inc.	Ownership	51.000	UnitedHealth Group Incorporated		19
.0707	UnitedHealth Group Incorporated	.0000	42-1741594				MD-Individual Practice Association, Inc.	CA	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.96310	52-1169135				Medalliance Net Ltda.	MD	IA	Optum Health & Technology Serviços do Brasil Ltda.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Medalliance Net Ltda.	BRA	NIA	UHG Brasil Participações S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	52-2178531				MEDEX Insurance Services, Inc.	BRA	NIA	FrontierMEDEX, Inc.	Ownership	0.000	UnitedHealth Group Incorporated		
		.0000	20-3824377				MedExpress Development, LLC	MD	NIA	Urgent Care MSO, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	32-0533926				MedExpress Urgent Care Alabama, LLC	FL	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-1719888				MedExpress Urgent Care Maine, Inc.	AL	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	82-0631738				MedExpress Urgent Care New Hampshire, Inc.	ME	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					MedExpress Urgent Care of Boynton Beach, LLC	NH	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-2545363				MedExpress Urgent Care, Inc. - Ohio	FL	NIA	MedExpress Development, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.0000	12756				Medica Health Plans of Florida, Inc.	OH	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12155	01-0788576				Medica HealthCare Plans, Inc.	FL	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2566987				Medical Clinic of North Texas PLLC	FL	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	26-0636717				Medical Surgical Centers of America, Inc.	TX	NIA	USMD Affiliated Services	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	32-0037402				Medical Transportation Services, LLC	DE	NIA	ASC Network, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2515691		0001012564		MedSynergies, LLC	FL	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
								DE	NIA	Mustang Razorback Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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

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		.00000	58-2101921				Melbourne Surgery Center, LLC	GA	NIA	Surgical Care Partners of Melbourne, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1590322				Memphis-SC, LLC	TN	NIA	SCA-Shelby Development Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1590324				Memphis-SP, LLC	TN	NIA	Shelby Surgery Properties, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	59-3392313				Metro I Stone Management, Ltd.	TX	NIA	USMD Inc.	Ownership	60.000	UnitedHealth Group Incorporated		2
		.00000	52-2303928				Metropolitan Medical Partners, LLC	MD	NIA	SCA-Chevy Chase, LLC	Ownership	59.350	UnitedHealth Group Incorporated		1
		.00000	20-8989927				Metropolitan Medical Transportation IPA, LLC	NY	NIA	National MedTrans, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2252446				MHC Real Estate Holdings, LLC	CA	NIA	Monarch Management Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2439806				Mississippi Surgery Holdings, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1417391				Mississippi Surgical Center Limited Partnership	MS	NIA	Mississippi Surgery Holdings, LLC	Ownership	59.000	UnitedHealth Group Incorporated		20
		.00000	46-3949765				MN Waypoint Sports Physical Therapy, Inc.	DE	NIA	Orthology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	31-1191553				Modern Medical, Inc.	OH	NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-3142852				Monarch Management Services, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1633765				MSLA Management LLC	DE	NIA	Logistics Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1506649				Mt. Pleasant Surgery Center, L.P.	TN	NIA	SCA-Mt. Pleasant, LLC	Ownership	51.000	UnitedHealth Group Incorporated		21
		.00000	98-1285432				Multiangio Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	68.000	UnitedHealth Group Incorporated		2
		.00000	20-4209261				Muskogee Surgical Investors, LLC	DE	NIA	Surgery Center of Muskogee, LLC	Ownership	51.000	UnitedHealth Group Incorporated		1
		.00000	47-1935798				Mustang Razorback Holdings, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2564744				My Wellness Solutions, LLC	DE	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-3236839				NAMM Holdings, Inc.	DE	NIA	Aveta Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1468431				Nashville-SCA Surgery Centers, Inc.	TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-2336925				National MedTrans, LLC	NY	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95251	76-0196559				National Pacific Dental, Inc.	TX	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-3549627				National Surgery Centers, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	68-0293690				National Surgery Centers-Santa Monica, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95123	65-0996107				Neighborhood Health Partnership, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-4755277				Networkes, LLC	TN	NIA	Payment Resolution Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95758	88-0228572				Nevada Pacific Dental	NV	IA	Dental Benefit Providers, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	84-1250135				New West Physicians, Inc.	CO	NIA	Newton Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Newton Holdings, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.100	UnitedHealth Group Incorporated		2
		.00000	36-3984647				North American Medical Management - Illinois, Inc.	IL	NIA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0673955				North American Medical Management California, Inc.	TN	NIA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0245121				Northern Nevada Health Network, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1240726				Northern Rockies Surgery Center, L.P.	TN	NIA	Northern Rockies Surgicenter, Inc.	Ownership	51.000	UnitedHealth Group Incorporated		22
		.00000	81-0399251				Northern Rockies Surgicenter, Inc.	MT	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	37-1007387				Northwest Surgicare, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2494046				Northwest Surgicare, Ltd.	IL	NIA	Northwest Surgicare, LLC	Ownership	51.000	UnitedHealth Group Incorporated		23
		.00000	56-1754480				NSC Fayetteville, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	56-1775016				NSC Greensboro, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4210296				NSC Lancaster, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	91-1553479				NSC Seattle, Inc.	WA	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0812824				NSC Upland, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-5025690				NYSCA, LLC	NY	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2129786				OneNet PPO, LLC	MD	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96940	52-1518174				Optimum Choice, Inc.	MD	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-0858534	3202702			Optum Bank, Inc.	UT	NIA	OptumHealth Financial Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-3437660				Optum Biometrics, Inc.	IL	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	37-1782217		0001641013		Optum Clinics Holdings, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	97.200	UnitedHealth Group Incorporated		2
		.00000	38-3969193				Optum Clinics Intermediate Holdings, Inc.	DE	NIA	Optum Clinics Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Optum Digital Health Holdings, LLC	DE	NIA	Consumer Wellness Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.0000	98-1325466				Optum Finance (Ireland) Unlimited Company Limited	IRL	NIA	Optum Services (Ireland) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1103015				Optum Global Solutions (India) Private Limited	IND	NIA	Optum Global Solutions International B.V.	Ownership	99.900	UnitedHealth Group Incorporated		
		.0000	98-1103015				Optum Global Solutions (India) Private Limited	IND	NIA	UnitedHealth International, Inc.	Ownership	0.100	UnitedHealth Group Incorporated		
		.0000	98-1097776				Optum Global Solutions (Philippines), Inc.	PHL	NIA	Optum Global Solutions International B.V.	Ownership	99.992	UnitedHealth Group Incorporated		3
		.0000	98-1201187				Optum Global Solutions International B.V.	NLD	NIA	Optum Technology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	04-3574101				Optum Government Solutions, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1185943				Optum Health & Technology (Australia) Pty Ltd	AUS	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1095799				Optum Health & Technology (India) Private Limited	IND	NIA	OptumHealth International B.V.	Ownership	99.996	UnitedHealth Group Incorporated		
		.0000	98-1095799				Optum Health & Technology (India) Private Limited	IND	NIA	United Behavioral Health	Ownership	0.004	UnitedHealth Group Incorporated		
		.0000	98-1097886				Optum Health & Technology (Singapore) Pte. Ltd.	SGP	NIA	OptumHealth International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1095879				Optum Health & Technology (UK) Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-2149493				Optum Health & Technology (US), LLC	MO	NIA	United Behavioral Health	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	43-1747235				Optum Health & Technology Holdings (US), Inc.	MO	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1184561				Optum Health & Technology Serviços do Brasil Ltda.	BRA	NIA	Optum Global Solutions International B.V.	Ownership	99.996	UnitedHealth Group Incorporated		
		.0000	98-1184561				Optum Health & Technology Serviços do Brasil Ltda.	BRA	NIA	OptumInsight, Inc.	Ownership	0.004	UnitedHealth Group Incorporated		
		.0000	98-1276517				Optum Health and Technology FZ-LLC	ARE	NIA	Optum Global Solutions International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1097921				Optum Health Services (Canada) Ltd.	CAN	NIA	Optum Health & Technology Holdings (US), Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1147355				Optum Health Solutions (Australia) Pty Ltd	AUS	NIA	Optum UK Solutions Groups Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-2068880		0001460656		Optum Health Solutions (UK) Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-0212381				Optum Healthcare of Illinois, Inc.	GA	NIA	Optum Women's and Children's Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	31-0628424				Optum Hospice Pharmacy Services, LLC	DE	NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
0707	UnitedHealth Group Incorporated	.69647	46-4734521				Optum Insurance of Ohio, Inc.	OH	IA	OptumRx PBM of Maryland, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1249178				Optum Labs Dimensions, Inc.	DE	NIA	Optum Labs, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-1615964				Optum Labs International (UK) Limited	GBR	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1209730				Optum Labs, Inc.	DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1098190				Optum Life Sciences (Canada) Inc.	CAN	NIA	OptumInsight Life Sciences, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1098190				Optum Management Consulting (Shanghai) Co., Ltd.	CHN	NIA	Optum Health & Technology Holdings (US), Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	90-1001805				Optum Nevada Accountable Care Organization LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	58-1873062				Optum of New York, Inc.	NY	NIA	Optum Women's and Children's Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1097761				Optum Operations (Ireland) Limited	IRL	NIA	Optum Global Solutions International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-8911466				Optum Palliative and Hospice Care of Pennsylvania, Inc.	TN	NIA	Hospice Inspiris Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-8911303				Optum Palliative and Hospice Care of Texas, Inc.	TN	NIA	Hospice Inspiris Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	30-0226127				Optum Palliative and Hospice Care, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-4581265				Optum Public Sector Solutions, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	46-3328009				Optum Rocket, Inc.	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1307821				Optum Services (Ireland) Limited	IRL	NIA	UnitedHealthcare International II S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	66-0870003				Optum Services (Puerto Rico) LLC	NIA	NIA	UnitedHealthcare International III B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-4683454				Optum Services, Inc.	DE	NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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

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		.00000	98-1284698				Optum Solutions do Brasil - Tecnologia e Servicos de Suporte Ltda.	.BRA	.NIA	Optum Global Solutions International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1284698				Optum Solutions do Brasil - Tecnologia e Servicos de Suporte Ltda.	.BRA	.NIA	OptumHealth International B.V.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	98-0644599				Optum Solutions UK Holdings Limited	.GBR	.NIA	Optum Health & Technology Holdings (US), Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-5713629				Optum Technology, Inc.	.DE	.NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1097769				Optum UK Solutions Group Limited	.GBR	.NIA	Optum Solutions UK Holdings Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-2205984		0001460641		Optum Women's and Children's Health, LLC	.DE	.NIA	My Wellness Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0580620	3119994			Optum, Inc.	.DE	.NIA	UnitedHealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-3983926				Optum360 Services, Inc.	.DE	.NIA	Optum Rocket, Inc.	Ownership	69.000	UnitedHealth Group Incorporated		2
		.00000	82-3446942				Optum360 Solutions, LLC	.DE	.NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-3328307				Optum360, LLC	.DE	.NIA	Optum Rocket, Inc.	Ownership	75.000	UnitedHealth Group Incorporated		2
		.00000	41-1591944				OptumHealth Care Solutions, LLC	.DE	.NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-0858530				OptumHealth Financial Services, Inc.	.DE	.NIA	OptumHealth Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1192395				OptumHealth Holdings, LLC	.DE	.NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1106868				OptumHealth International B.V.	.NLD	.NIA	UnitedHealthcare Europe S.a.r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					OptumInsight Holdings, LLC	.DE	.NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	04-3383745				OptumInsight Life Sciences, Inc.	.DE	.NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-1858498				OptumInsight, Inc.	.DE	.NIA	OptumInsight Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2578509		0001600762		OptumRx Administrative Services, LLC	.TX	.NIA	Catamaran Holdings I, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	31-1728846				OptumRx Discount Card Services, LLC	.DE	.NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4734235				OptumRx Group Holdings, Inc.	.DE	.NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					OptumRx Holdings, LLC	.DE	.NIA	Optum, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1734077				OptumRx Home Delivery of Illinois, LLC	.IL	.NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	34-1472211				OptumRx Home Delivery of Ohio, LLC	.OH	.NIA	First Rx Specialty and Mail Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0151096				OptumRx NY IPA, Inc.	.NY	.NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-2581812		0001600760		OptumRx PBM of Illinois, Inc.	.DE	.NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0361447		0001600759		OptumRx PBM of Maryland, LLC	.NV	.NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	03-0592263		0001601641		OptumRx PBM of Pennsylvania, LLC	.PA	.NIA	Catamaran of Pennsylvania, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	38-3693753				OptumRx PBM of Wisconsin, LLC	.WI	.NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	61-1485410				OptumRx PD of Maryland, Inc.	.NV	.NIA	OptumRx PBM of Maryland, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0373347				OptumRx Pharmacy of Nevada, Inc.	.NV	.NIA	Catamaran Health Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3146510				OptumRx Pharmacy, Inc.	.DE	.NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0441200				OptumRx, Inc.	.CA	.NIA	OptumRx Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	59-3125869				Orlando Center for Outpatient Surgery, L.P.	.GA	.NIA	Surgical Health of Orlando, Inc.	Ownership	66.166	UnitedHealth Group Incorporated		1
		.00000	46-2881462				Orthology Mid-Atlantic, Inc.	.DE	.NIA	Orthology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-2742615				Orthology, Inc.	.DE	.NIA	UnitedHealth Group Ventures, LLC	Ownership	80.000	UnitedHealth Group Incorporated		2
		.00000	13-3960641		0001342696		OrthoNet Holdings, Inc.	.DE	.NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-3818652				OrthoNet LLC	.NY	.NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-4025898				OrthoNet New York IPA, Inc.	.NY	.NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	30-0029448				OrthoNet of the Mid-Atlantic, Inc.	.DE	.IA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2884306				OrthoNet of the South, Inc.	.DE	.NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-1581769				OrthoNet Services, Inc.	.DE	.NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-0221966				OrthoNet West, Inc.	.DE	.NIA	OrthoNet Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Outpatient Surgery Center of Hilton Head, LLC	.SC	.NIA	SCA-Hilton Head, LLC	Ownership	50.000	UnitedHealth Group Incorporated		1
		.00000	41-1921007				Ovations, Inc.	.DE	.NIA	UnitedHealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1587795				Oxford Benefit Management, Inc.	.CT	.NIA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.78026	22-2797560				Oxford Health Insurance, Inc.	.NY	.IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96798	06-1181201				Oxford Health Plans (CT), Inc.	.CT	.IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95506	22-2745725				Oxford Health Plans (NJ), Inc.	.NJ	.IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95479	06-1181200				Oxford Health Plans (NY), Inc.	.NY	.IA	Oxford Health Plans LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-2443751				Oxford Health Plans LLC	.DE	.NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		

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		.0000	46-3531389				P2 Lower Acquisition, LLC	DE	NIA	Progressive Enterprises Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-0008097				P2P Link, LLC	DE	NIA	SPPS, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
							PacifiCare Life and Health Insurance Company								
.0707	UnitedHealth Group Incorporated	.70785	35-1137395					IN	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.84506	95-2829463				PacifiCare Life Assurance Company	CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95617	94-3267522		0001225819		PacifiCare of Arizona, Inc.	AZ	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95434	84-1011378		0001225822		PacifiCare of Colorado, Inc.	CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95685	86-0875231		0001225835		PacifiCare of Nevada, Inc.	NV	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1595402				Paoli Ambulatory Surgery Center		NIA	SCA-Paoli, LLC	Ownership	51.000	UnitedHealth Group Incorporated		1
		.00000	20-4127100				Parkway Surgery Center, LLC	DE	NIA	SCA-Hagerstown, LLC	Ownership	63.077	UnitedHealth Group Incorporated		1
		.00000	63-1271644				Pasteur Plaza Surgery Center GP, Inc.	DE	NIA	ASC Network, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1275972				Pasteur Plaza Surgery Center, L.P.	CA	NIA	Pasteur Plaza Surgery Center GP, Inc.	Ownership	51.000	UnitedHealth Group Incorporated		24
		.00000	62-1451147				Payment Resolution Services, LLC	TN	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-3265056				PCCCV, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-2447772				PCN DE Corp.	DE	NIA	OptumRx PBM of Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					Perham Physical Therapy, LTD.	MN	NIA	Orthology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	68-0044962				Pharmaceutical Care Network	CA	NIA	PCN DE Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2288416				PHC Subsidiary Holdings, LLC	TX	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-2902954				Physician Alliance of the Rockies, LLC	CO	NIA	New West Physicians, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
										North American Medical Management - Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.11494	04-3677255				Physicians Health Choice of Texas, LLC	TX	IA	PHC Subsidiary Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1162824				Physicians Health Plan of Maryland, Inc.	MD	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4916946				Physicians Plaza Holdings, LLC	DE	NIA	Bakersfield Physicians Plaza Surgical Center, L.P.	Ownership	100.000	UnitedHealth Group Incorporated		
										Anil Assistência Médica Internacional S.A.					
		.00000	98-1388873				Piano de Saúde Ana Costa Ltda.	BRA	NIA		Ownership	100.000	UnitedHealth Group Incorporated		
							Plus One Health Management Puerto Rico, Inc.								
		.00000	66-0742844					PR	NIA	Plus One Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	13-3613705				Plus One Holdings, Inc.	DE	NIA	OptumHealth Care Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	80-0670247				PMI Acquisition, LLC	DE	NIA	P2 Lower Acquisition, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-3148744				PMSI Holdings, LLC	DE	NIA	P2 Lower Acquisition, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	59-3166848				PMSI Settlement Solutions, LLC	FL	NIA	PMSI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	56-2422696				PMSI, LLC	FL	NIA	PMSI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
										UnitedHealthcare International IV S.á r.l.					
		.00000	98-1083164				Polar II Fundo de Investimento em Participações Multiestrategia	BRA	NIA		Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5563848				Polo Holdeo, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.100	UnitedHealth Group Incorporated		2
		.00000	46-5415205				POMCO Network, Inc.	NY	NIA	POMCO, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	65-0392785				POMCO of Florida Ltd., Inc.	FL	NIA	UMR, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-2975338				POMCO West, Inc.	DE	NIA	POMCO, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	15-0581348				POMCO, Inc.	NY	NIA	UMR, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-0482796				Pomcoplus, LLC	NY	NIA	UMR, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0261822				Pomerado Outpatient Surgical Center, Inc.	CA	NIA	ASC Network, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0752699				Pomerado Outpatient Surgical Center, L.P.	CA	NIA	Pomerado Outpatient Surgical Center, Inc.	Ownership	50.750	UnitedHealth Group Incorporated		25
		.00000	65-0683927				Preferred Care Partners Holding, Corp.	FL	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-1845018				Preferred Care Partners Medical Group, Inc.	FL	NIA	Preferred Care Partners Holding, Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.11176	65-0885893				Preferred Care Partners, Inc.	FL	IA	Preferred Care Partners Holding, Corp.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-3265059				Premier Choice ACO, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0253112				Prime Health, Inc.	NV	NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0607478				PrimeCare Medical Network, Inc.	CA	IA	NAMM Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	87-0757397				PrimeCare of Citrus Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	80.000	UnitedHealth Group Incorporated		2
		.00000	33-0674407				PrimeCare of Corona, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674401				PrimeCare of Hemet Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	33-0674408				PrimeCare of Inland Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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		.0000	33-0674402				PrimeCare of Moreno Valley, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0674400				PrimeCare of Redlands, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0674404				PrimeCare of Riverside, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	14-1915328				PrimeCare of San Bernardino, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0698439				PrimeCare of Sun City, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0674409				PrimeCare of Temecula, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	14-1873402				Procura Management, Inc.	DE	NIA	Healthcare Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-4371197				Progressive Enterprises Holdings, Inc.	DE	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	31-1192384				Progressive Medical, LLC	OH	NIA	PMI Acquisition, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	32-0229091				ProHEALTH Fitness of Lake Success, LLC	NY	NIA	ProHEALTH Medical Management, LLC	Ownership	82.620	UnitedHealth Group Incorporated		2
		.0000	47-1049961				ProHEALTH Medical Management, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	80.000	UnitedHealth Group Incorporated		2
		.0000	45-5470737				ProHealth Physicians ACO, LLC	CT	NIA	ProHealth Physicians, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	06-1446075				ProHealth Physicians, Inc.	CT	NIA	Polo Holdco, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	32-0455430				ProHealth Proton Center Management, LLC	DE	NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	22-3493126				Pronounced Health Solutions, Inc.	DE	NIA	My Wellness Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	93-1068319				Pueblo-SCA Surgery Center, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	52-2016292				Quality Software Services, Inc.	MD	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	35-2493256				Rally Health, Inc.	DE	NIA	Optum Digital Health Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	80-0947972				Real Appeal, Inc.	DE	NIA	UnitedHealth Group Ventures, LLC	Ownership	98.000	UnitedHealth Group Incorporated		2
		.0000	94-3115625				Redlands Ambulatory Surgery Center	CA	NIA	Redlands-SCA Surgery Centers, Inc.	Ownership	54.000	UnitedHealth Group Incorporated		1
		.0000	94-3115627				Redlands-SCA Surgery Centers, Inc.	CA	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	32-0500242				Riverside Medical Management, LLC	DE	NIA	ProHEALTH Medical Management, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	95482	84-0614905				Rocky Mountain Health Maintenance Organization, Incorporated	CO	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	84-1009248				Rocky Mountain Health Management Corporation	CO	NIA	Rocky Mountain Health Maintenance Organization, Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	47004	84-1224718				Rocky Mountain HealthCare Options, Inc.	CO	IA	Organization, Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	74-2462470				Salem Surgery Center, LLC	OR	NIA	Surgicare of Salem, LLC	Ownership	51.000	UnitedHealth Group Incorporated		1
		.0000	45-2219585		0001522802		Salveo Specialty Pharmacy, Inc.	DE	NIA	OptumRx Administrative Services, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Santa Helena Assistência Médica S.A.	BRA	NIA	Elual Participações S.A.	Ownership	65.210	UnitedHealth Group Incorporated		
		.0000					Santa Helena Assistência Médica S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	34.790	UnitedHealth Group Incorporated		
		.0000					Santos Administração e Participações S.A.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Savvysherpa Administrative Services, LLC	IN	NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Savvysherpa Asia, Inc.	PHL	NIA	Savvysherpa, LLC	Ownership	99.000	UnitedHealth Group Incorporated		1
		.0000					Savvysherpa, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Sawbill Holdings, LLC	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1149229				SC Affiliates, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-5537316				SCA Athens, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-5014406				SCA Austin Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-5051685				SCA Austin Medical Center Holdings, LLC	DE	NIA	SCA Austin Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.0000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.0000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.0000	45-4230864				SCA BOSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.0000	47-2110605				SCA California Surgical Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-3916468				SCA Capital, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-5030792				SCA Cedar Park Holdings, LLC	DE	NIA	SCA Austin Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	04-3170801				SCA Danbury Surgical Center, LLC	DE	NIA	SunSurgery, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	62-1535981				SCA Development, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1372069				SCA eCode Solutions Private Limited	IND	NIA	eCode Solutions, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.00000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4230987				SCA EHSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5512838				SCA EWASC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5064834				SCA Hays Holdings, LLC	DE	NIA	SCA Austin Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4869243				SCA HoldCo, Inc.	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1664837				SCA Holding Company, Inc.	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2442147				SCA Idaho Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4240475				SCA IEC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4240475				SCA IEC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4240475				SCA IEC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4240475				SCA IEC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-2684108				SCA Indiana Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000					SCA Nashville Surgery Center, L.L.C.	TN	NIA	Nashville-SCA Surgery Centers, Inc.	Ownership	99.000	UnitedHealth Group Incorporated		
		.00000					SCA Nashville Surgery Center, L.L.C.	TN	NIA	SC Affiliates, LLC	Ownership	1.000	UnitedHealth Group Incorporated		
		.00000	62-1505276				SCA of Clarksville, Inc.	TN	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1707364				SCA Pacific Holdings, Inc.	CA	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-1686425				SCA Pennsylvania Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					SCA Premier Surgery Center of Louisville, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	72-1386840					DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4252645				SCA ROCS Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4252645				SCA ROCS Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4252645				SCA ROCS Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4252645				SCA ROCS Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-4928368				SCA Southwestern PA, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-3165040				SCA Specialists of Florida, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	46-4898819				SCA SSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	SC Affiliates, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	SunSurgery, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	45-4266502				SCA SSSC Holdings, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	25.000	UnitedHealth Group Incorporated		
		.00000	47-5038680				SCA Stonegate Holdings, LLC	DE	NIA	SCA Austin Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1286887				SCA Surgery Center of Cullman, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					SCA Surgery Centers, LLC	DE	NIA	National Surgery Centers, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-2602268				SCA Surgery Holdings, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2501088				SCA Surgicare of Laguna Hills, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-2096767				SCA Teammate Support Network	AL	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1807383				SCA-Alliance, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1530120				SCA-Blue Ridge, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-1535510				SCA-Central Florida, LLC	FL	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-1709758				SCA-Charleston, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-3301058				SCA-Chevy Chase, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1516306				SCA-Citrus, Inc.	TN	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	93-1047471				SCA-Colorado Springs, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4028383				SCA-Davenport, LLC	DE	NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.0000	81-1594261				SCA-Dublin, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-3301305				SCA-Encinitas, Inc.	DE	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	62-1541235				SCA-Eugene, Inc.	TN	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	62-1551099				SCA-Florence, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	93-1067967				SCA-Fort Collins, Inc.	CO	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	62-1502719				SCA-Fort Walton, Inc.	TN	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-3641516				SCA-Franklin, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-2727879				SCA-Frederick, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	62-1547690				SCA-Gainesville, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-1956407				SCA-Gladiolus, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-2376695				SCA-Grove Place, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-3466283				SCA-Hagerstown, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-4605501				SCA-Handen, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-5229514				SCA-Hilton Head, LLC	SC	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	62-1506650				SCA-Honolulu, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-3445356				SCA-Houston Executive, LLC	DE	NIA	SCA Pacific Holdings, Inc.	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-4905342				SCA-Illinois, LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-1666861				SCA-Illinois, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-4292506				SCA-Main Street, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-1751165				SCA-Marina Del Ray LLC	FL	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	62-1184188				SCA-Mecklenburg Development Corp.	NC	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-1771410				SCA-Merritt, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	80-0070617				SCA-Mobile, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-1320467				SCA-Mokena Properties, LLC	DE	NIA	SCA-Mokena, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-1065674				SCA-Mokena, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	62-1506655				SCA-Mt. Pleasant, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-2850365				SCA-Naperville, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-1347328				SCA-ND VBP, Inc.	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-4418919				SCA-New Jersey, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-1760663				SCA-Newport Beach, LLC	CA	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	62-1589343				SCA-Northeast Georgia Health, LLC	TN	NIA	SCA-Gainesville, LLC	Ownership	51.000	UnitedHealth Group	Incorporated	
		.0000	62-1538850				SCA-Paoli, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-2785908				SCA-Phoenix, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-4304317				SCA-River Valley, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-1647512				SCA-Rockville, LLC	FL	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-2963561				SCA-San Diego, Inc.	DE	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	94-3138088				SCA-San Luis Obispo, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-1685878				SCA-Sand Lake, LLC	FL	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	88-0185362				SCA-Santa Rosa, Inc.	NV	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	62-1179532				SCA-Shelby Development Corp.	TN	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-3300613				SCA-Somerset, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	22-3117714				SCA-South Jersey, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	20-3148262				SCA-Sovereign Santa Monica, LLC	DE	NIA	National Surgery Centers-Santa Monica, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-2676325				SCA-Sparta, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-4106989				SCA-St. Louis, LLC	MO	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	47-2890788				SCA-Wilson, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	81-1159878				SCA-Winchester, LLC	DE	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	62-1525777				SCA-Winter Park, Inc.	TN	NIA	SCA Affiliates, LLC	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	27-2635371				SCP Specialty Infusion, LLC	DE	NIA	BrioRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	98-1097822				ScriptSwitch Limited	GBR	NIA	Optum UK Solutions Group Limited	Ownership	100.000	UnitedHealth Group	Incorporated	
		.0000	98-1202716				Seisa Serviços Integrados de Saúde Ltda.	BRA	NIA	Amil Assistência Médica Internacional S.A.	Ownership	100.000	UnitedHealth Group	Incorporated	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

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

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Location	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Y/N)	*
		.00000	98-1202716				Seisa Serviços Integrados de Saúde Ltda.	.BRA	.NIA	Cemed Care - Empresa de Atendimento Clínico Geral Ltda.	Ownership	0.000	UnitedHealth Group Incorporated		
		.00000	20-4763091				Senior Care Partners, Inc.	.IL	.NIA	Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-1533951		0001487203		Serquinex Holdings LLC	.DE	.NIA	BriovaRx Infusion Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	45-4233576				SharedClarity LLC	.DE	.NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-1978974				SHC Atlanta, LLC	.DE	.NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-2013443				SHC Austin, Inc.	.TX	.NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-2062812				SHC Hawthorn, Inc.	.IL	.NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-2101924				SHC Melbourne, Inc.	.FL	.NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1223273				Shelby Surgery Properties, Inc.	.TN	.NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.71420	94-0734860				Sierra Health and Life Insurance Company, Inc.	.NV	.IA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0200415		0000754009		Sierra Health Services, Inc.	.NV	.NIA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0254322				Sierra Health-Care Options, Inc.	.NV	.NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0385705				Sierra Home Medical Products, Inc.	.NV	.NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	88-0264562				Sierra Nevada Administrators, Inc.	.NV	.NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8433398				Somerset Outpatient Surgery, L.L.C.	.NJ	.NIA	SCA-Somerset, LLC	Ownership	59.999	UnitedHealth Group Incorporated		.1
		.00000	88-0201420				Southwest Medical Associates, Inc.	.NV	.NIA	Sierra Health Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	38-2609888				Southwest Michigan Health Network Inc.	.MI	.NIA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-4369359				Southwest Surgery Center, LLC	.IL	.NIA	SCA-Mokena, LLC	Ownership	60.000	UnitedHealth Group Incorporated		.1
		.00000	77-0458353				Southwest Surgical Center of Bakersfield, L.P.		.NIA	Bakersfield Physicians Plaza Surgical Center, L.P.	Ownership	99.000	UnitedHealth Group Incorporated		.26
		.00000	75-2516426				Space Coast Surgery Center, Ltd.	.FL	.NIA	SCA-Merritt, LLC	Ownership	50.080	UnitedHealth Group Incorporated		.27
		.00000	55-0790742				Specialists in Urology Surgery Center, LLC	.FL	.NIA	SCA Specialists of Florida, LLC	Ownership	60.000	UnitedHealth Group Incorporated		.1
		.00000	41-1921983				Specialty Benefits, LLC	.DE	.NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-3412545				Specialty Surgical Center, LLC	.NJ	.NIA	SCA-Sparta, LLC	Ownership	57.449	UnitedHealth Group Incorporated		.1
		.00000	71-0886811				Spectera of New York, IPA, Inc.	.NY	.NIA	Spectera, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1260282				Spectera, Inc.	.MD	.NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	81-1387232				SPINETRACK 20/20 Inc.	.CA	.NIA	SCA-ND VBP, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-5587702				Sports and Spinal Physical Therapy, Inc.	.DC	.NIA	Orthology, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1770924				Spotlite, Inc.	.DE	.NIA	Rally Health, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-1348916				SRPS, LLC	.DE	.NIA	P2 Lower Acquisition, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-1211544				St. Cloud Surgical Center, LLC	.DE	.NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	06-1082848				Stonewall Surgery Center, L.P.	.TX	.NIA	SCA Stonewall Holdings, LLC	Ownership	52.440	UnitedHealth Group Incorporated		.28
		.00000	45-0581955				Streamlines Health, LLC	.MN	.NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1739361				SunSurgery, LLC	.DE	.NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1509341				Surgery Center Holding, LLC	.DE	.NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1506370				Surgery Center of Athens, LLC	.GA	.NIA	Athens ASC Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1214140				Surgery Center of Boca Raton, Inc.	.FL	.NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	42-1166764				Surgery Center of Clarksville, L.P.	.TN	.NIA	SCA of Clarksville, Inc.	Ownership	51.000	UnitedHealth Group Incorporated		.29
		.00000	62-1179537				Surgery Center of Colorado Springs, LLC	.DE	.NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1231944				Surgery Center of Des Moines, LLC	.DE	.NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1194204				Surgery Center of Easton, LLC	.DE	.NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	11-3701564				Surgery Center of Louisville, LLC	.DE	.NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1212214				Surgery Center of Maui, LLC	.DE	.NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1184216				Surgery Center of Muskogee, LLC	.DE	.NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1491963				Surgery Center of Rockville, L.L.C.	.MD	.NIA	SCA-Rockville, LLC	Ownership	59.000	UnitedHealth Group Incorporated		.1
		.00000	26-1767806				Surgery Center of Southern Pines, LLC	.DE	.NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	36-3562598				Surgery Center of Summerlin, LLC	.DE	.NIA	SC Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	68-0282268				Surgery Center of Vero Beach, Inc.	.TN	.NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	62-1491963				Surgery Center of Wilson, LLC	.NC	.NIA	SCA-Wilson, LLC	Ownership	76.450	UnitedHealth Group Incorporated		.1
		.00000	68-0282268				Surgery Centers of Des Moines, Ltd.	.IA	.NIA	Surgery Center of Des Moines, LLC	Ownership	51.000	UnitedHealth Group Incorporated		.30
		.00000	68-0282268				Surgery Centers-West Holdings, LLC	.DE	.NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y
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		.00000	33-1187498				Surgical Care Affiliates Political Action Committee	AL	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	20-8922307				Surgical Care Affiliates, LLC	DE	NIA	SCAI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	46-2971080				Surgical Care Partners of Melbourne, LLC	DE	NIA	SHC Melbourne, Inc.	Ownership	68.327	UnitedHealth Group Incorporated		1
		.00000	22-2709324				Surgical Center of South Jersey, Limited Partnership	NJ	NIA	SCA-South Jersey, LLC	Ownership	51.000	UnitedHealth Group Incorporated		31
		.00000	63-1138507				Surgical Center of Tuscaloosa Holdings, LLC	AL	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-1997354				Surgical Health of Orlando, Inc.	FL	NIA	Surgical Health, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	58-1941168				Surgical Health, LLC	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	26-5429310				Surgical Holdings, Inc.	DE	NIA	Surgical Care Affiliates, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	27-0168681				Surgical Hospital Holdings of Oklahoma, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	73-1521890				Surgical Hospital of Oklahoma, L.L.C.	OK	NIA	Surgical Hospital Holdings of Oklahoma, LLC	Ownership	56.000	UnitedHealth Group Incorporated		1
		.00000	75-2157730				Surgicare of Belleville, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	64-0629000				Surgicare of Jackson, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2287141				Surgicare of Joliet, Inc.	IL	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2501191				Surgicare of La Veta, Inc.	CA	NIA	Surgery Centers-West Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-1437636				Surgicare of Minneapolis, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-1624905				Surgicare of Minneapolis, Ltd.	MN	NIA	Surgicare of Minneapolis, LLC	Ownership	50.000	UnitedHealth Group Incorporated		32
		.00000	75-2459713				Surgicare of Mobile, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2448926				Surgicare of Oceanside, Inc.	CA	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2184730				Surgicare of Owensboro, LLC	DE	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	75-2200171				Surgicare of Salem, LLC	CA	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	95-3329855				Surgicenters of Southern California, Inc.	CA	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.00000	46-1536748				Symphonix Health Holdings, LLC	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.84549	38-2044243				Symphonix Health Insurance, Inc.	IL	IA	Symphonix Health Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4751035				TeamMD Holdings, Inc.	DE	NIA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-4850893				TeamMD Iowa, Inc.	DE	NIA	TeamMD Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	35-2584893				TeamMD Physicians of Texas, Inc.	TX	NIA	TeamMD Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					TeamMD Physicians, P.C.	IA	NIA	TeamMD Iowa, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000					The Advisory Board (Chile) SpA	CHL	NIA	The Advisory Board Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	52-1468699				The Advisory Board Company	DE	NIA	OptumInsight, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	56-1970224		0001284028		The Lewin Group, Inc.	NC	NIA	Optum Public Sector Solutions, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	72-1349755				The Surgery Center of Easton, L.P.	TN	NIA	Surgery Center of Easton, LLC	Ownership	57.000	UnitedHealth Group Incorporated		33
		.00000	26-1479919				Thomas Johnson Surgery Center, LLC	MD	NIA	SCA-Frederick, LLC	Ownership	60.000	UnitedHealth Group Incorporated		1
		.00000	77-0367271				Thousand Oaks Endoscopy Center, LLC	CA	NIA	Endoscopy Center Affiliates, Inc.	Ownership	56.400	UnitedHealth Group Incorporated		1
		.00000	25-1825549				Three Rivers Holdings, Inc.	DE	NIA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	63-1194203				Three Rivers Surgical Care, L.P.	TN	NIA	Muskogee Surgical Investors, LLC	Ownership	51.000	UnitedHealth Group Incorporated		34
		.00000	59-3143128				Tmesys, LLC	FL	NIA	PMSI Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1287904				Topimagem Diagnóstico por Imagem Ltda.	BRA	NIA	Esho - Empresa de Serviços Hospitalares S.A.	Ownership	89.000	UnitedHealth Group Incorporated		2
		.00000	52-1431155				Travel Express Incorporated	MD	NIA	FrontierMEDEX, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	47-5088596				TriMed, LLC	UT	NIA	National MedTrans, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	94-3077084				U.S. Behavioral Health Plan, California	CA	IA	United Behavioral Health	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1388279				UHC Finance (Ireland) Unlimited Company	IRL	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1113428				UHC Global Health Services BC Ltd.	CAN	NIA	UnitedHealthcare Global Canada Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-1913059				UHC International Services, Inc.	DE	NIA	UnitedHealth Group Incorporated	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	95-2931460		0001225831		UHC of California	CA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	82-3143073				UHCFLI LLC	DE	NIA	OptumRx, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1372063				UHCGLD Holdings (Ireland) Limited	IRL	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1372064				UHCGLD Services (Ireland) Limited	IRL	NIA	UHCGLD Holdings (Ireland) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	98-1122490				UHG Brasil Participações S.A.	BRA	NIA	Participacoes Multiestrategia	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000	41-1921008				UHC Holdings, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y
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.0707	UnitedHealth Group Incorporated	.0000 91529	39-1995276 52-1996029				UMR, Inc. Unimerica Insurance Company Unimerica Life Insurance Company of New York	DE WI	NIA IA	United HealthCare Services, Inc. OptumHealth Holdings, LLC	Ownership Ownership	100.000 100.000	UnitedHealth Group Incorporated UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.11596 .00000 .00000 .00000	01-0637149 25-1877716 20-5917714 94-2649097				Unison Administrative Services, LLC Unison Health Plan of Delaware, Inc. United Behavioral Health United Behavioral Health of New York, I.P.A., Inc.	NY PA DE CA	IA NIA IA NIA	UnitedHealthcare Insurance Company Three Rivers Holdings, Inc. Three Rivers Holdings, Inc. OptumHealth Holdings, LLC	Ownership Ownership Ownership Ownership	100.000 100.000 100.000 100.000	UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated		
		.00000 .00000 .00000	41-1868911 41-1941615 41-1289245	3410132	0001310133		United Health Foundation United HealthCare Services, Inc. United Resource Networks IPA of New York, Inc.	NY MN MN	NIA NIA UIP	United Behavioral Health UnitedHealth Group Incorporated UnitedHealth Group Incorporated	Ownership Ownership Ownership	100.000 100.000 100.000	UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated		
		.00000 .00000 .00000 .00000 .00000 .00000 .00000 .00000	30-0318238 01-0538317 41-1321939 98-1079826 98-1080118 46-3311984 41-1917398	4665014	0000731766	New York Stock Exchange	UnitedHealth Advisors, LLC UnitedHealth Group Incorporated UnitedHealth Group International GP UnitedHealth Group International L.P. UnitedHealth Group Ventures, LLC UnitedHealth International, Inc.	NY ME DE CYM CYM DE DE	NIA NIA UIP NIA NIA NIA	OptumHealth Care Solutions, LLC United HealthCare Services, Inc. UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated	Ownership Ownership Ownership Ownership Ownership Ownership	100.000 100.000 100.000 100.000 100.000 100.000	UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated		
		.00000 .00000	26-2574977 98-0559902				UnitedHealth Military & Veterans Services, LLC UnitedHealth UK Limited	DE GBR	NIA NIA	United HealthCare Services, Inc. Optum Solutions UK Holdings Limited	Ownership Ownership	100.000 100.000	UnitedHealth Group Incorporated UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95174	33-0115163		0001225840		UnitedHealthcare Benefits of Texas, Inc. UnitedHealthcare Benefits Plan of California	TX CA	IA IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.00000 .00000	47-3221444 46-4348775				UnitedHealthcare Community Plan of California, Inc. UnitedHealthcare Community Plan of Georgia, Inc.	CA GA	IA IA	United HealthCare Services, Inc. AmeriChoice Corporation	Ownership Ownership	100.000 100.000	UnitedHealth Group Incorporated UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.13168	26-2688274				UnitedHealthcare Community Plan of Ohio, Inc.	OH	IA	Three Rivers Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.11141	91-2008361				UnitedHealthcare Community Plan of Texas, L.L.C.	TX	IA	Ovations, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95467	38-3204052				UnitedHealthcare Community Plan, Inc. UnitedHealthcare Consulting & Assistance Service (Beijing) Co., Ltd.	MI CHN	IA NIA	AmeriChoice Corporation UnitedHealthcare International I B.V.	Ownership Ownership	100.000 100.000	UnitedHealth Group Incorporated UnitedHealth Group Incorporated		
		.00000 .00000 .00000	98-1200034 98-1199879 98-1104429				UnitedHealthcare Europe S.á r.l. UnitedHealthcare Global Canada Limited UnitedHealthcare Global Medical (UK) Limited	LUX CAN	NIA NIA	UnitedHealthcare International I S.á r.l. UnitedHealthcare International I B.V.	Ownership Ownership	100.000 100.000	UnitedHealth Group Incorporated UnitedHealth Group Incorporated		
		.00000 .00000 .00000	98-1029201 98-1099116 98-1099116				UnitedHealthcare India Private Limited UnitedHealthcare India Private Limited	GBR IND IND	NIA NIA NIA	UnitedHealthcare International I B.V. UnitedHealthcare International II B.V. UnitedHealth International, Inc.	Ownership Ownership Ownership	100.000 99.994 0.007	UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.79413	36-2739571				UnitedHealthcare Insurance Company UnitedHealthcare Insurance Company of Illinois	CT IL	IA IA	UHC Holdings, Inc. UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.60318	36-3800349				UnitedHealthcare Insurance Company of New York	NY	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.60093	11-3283886				UnitedHealthcare Insurance Company of the River Valley	IL	IA	UnitedHealthcare Services Company of the River Valley, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.12231 .00000 .00000 .00000	20-1902768 86-0618309 41-1988797 98-1100512				UnitedHealthcare Integrated Services, Inc. UnitedHealthcare International Asia, LLC UnitedHealthcare International I B.V.	AZ DE MD	IA NIA NIA	Ovations, Inc. UnitedHealth Group Incorporated UnitedHealth Group International L.P.	Ownership Ownership Ownership	100.000 100.000 100.000	UnitedHealth Group Incorporated UnitedHealth Group Incorporated UnitedHealth Group Incorporated		
		.00000	98-1079595				UnitedHealthcare International I S.á r.l.	LUX	NIA	UnitedHealthcare International VI S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		

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SCHEDULE Y

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		.0000	98-1100980				UnitedHealthcare International II B.V.	NLD	NIA	OptumHealth International B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1079459				UnitedHealthcare International II S.á r.l.	LUX	NIA	UnitedHealthcare Europe S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1340853				UnitedHealthcare International III B.V.	NLD	NIA	UnitedHealthcare Europe S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1077436				UnitedHealthcare International III S.á r.l.	LUX	NIA	Optum Services (Ireland) Limited	Ownership	69.999	UnitedHealth Group Incorporated		
		.0000	98-1077436				UnitedHealthcare International III S.á r.l.	LUX	NIA	UnitedHealthcare International II S.á r.l.	Ownership	30.001	UnitedHealth Group Incorporated		
		.0000	98-1372054				UnitedHealthcare International IV B.V.	NLD	NIA	UnitedHealthcare International V S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1080926				UnitedHealthcare International IV S.á r.l.	LUX	NIA	UnitedHealthcare International IV B.V.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1387355				UnitedHealthcare International IX S.á r.l.	LUX	NIA	UnitedHealthcare Europe S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1257473				UnitedHealthcare International V S.á r.l.	LUX	NIA	UnitedHealthcare International III S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1372058				UnitedHealthcare International VI S.á r.l.	LUX	NIA	UnitedHealth Group International L.P.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1372060				UnitedHealthcare International VII S.á r.l.	LUX	NIA	UnitedHealth Group International L.P.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1372062				UnitedHealthcare International VIII S.á r.l.	LUX	NIA	UnitedHealthcare International VII S.á r.l.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.97179	86-0207231				UnitedHealthcare Life Insurance Company	WI	IA	Golden Rule Financial Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95784	63-0899562				UnitedHealthcare of Alabama, Inc.	AL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96016	86-0507074				UnitedHealthcare of Arizona, Inc.	AZ	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95446	63-1036819				UnitedHealthcare of Arkansas, Inc.	AR	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95090	84-1004639				UnitedHealthcare of Colorado, Inc.	CO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95264	59-1293865				UnitedHealthcare of Florida, Inc.	FL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95850	58-1653544				UnitedHealthcare of Georgia, Inc.	GA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95776	36-3280214				UnitedHealthcare of Illinois, Inc.	IL	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96644	62-1240316				UnitedHealthcare of Kentucky, Ltd.	KY	IA	United HealthCare Services, Inc.	Ownership	94.180	UnitedHealth Group Incorporated		35
.0707	UnitedHealth Group Incorporated	.96644	62-1240316				UnitedHealthcare of Kentucky, Ltd.	KY	IA	United HealthCare Services, Inc.	Ownership	5.820	UnitedHealth Group Incorporated		35
.0707	UnitedHealth Group Incorporated	.95833	72-1074008				UnitedHealthcare of Louisiana, Inc.	LA	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95716	63-1036817				UnitedHealthcare of Mississippi, Inc.	MS	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95149	05-0413469				UnitedHealthcare of New England, Inc.	RI	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.13214	26-2697886				UnitedHealthcare of New Mexico, Inc.	NM	IA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95085	06-1172891				UnitedHealthcare of New York, Inc.	NY	IA	AmeriChoice Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95103	56-1461010				UnitedHealthcare of North Carolina, Inc.	NC	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95186	31-1142815				UnitedHealthcare of Ohio, Inc.	OH	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96903	33-0115166				UnitedHealthcare of Oklahoma, Inc.	OK	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95893	93-0938819		0001225824		UnitedHealthcare of Oregon, Inc.	OR	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95220	25-1756858				UnitedHealthcare of Pennsylvania, Inc.	PA	IA	Three Rivers Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95765	95-3939697				UnitedHealthcare of Texas, Inc.	TX	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95025	52-1130183				UnitedHealthcare of the Mid-Atlantic, Inc.	MD	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95591	47-0676824				UnitedHealthcare of the Midlands, Inc.	ME	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.96385	43-1361841				UnitedHealthcare of the Midwest, Inc.	MO	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95501	41-1488563				UnitedHealthcare of Utah, Inc.	UT	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.48038	91-1312551		0001225843		UnitedHealthcare of Washington, Inc.	WA	IA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95710	39-1555888				UnitedHealthcare of Wisconsin, Inc.	WI	IA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
.0707	UnitedHealth Group Incorporated	.95378	36-3379945				UnitedHealthcare Plan of the River Valley, Inc.	IL	IA	UnitedHealthcare Services Company of the River Valley, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1372065				UnitedHealthcare Risk Designated Activity Company	IRL	NIA	UHC Holdings (Ireland) Limited	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	47-0854646				UnitedHealthcare Service LLC	DE	NIA	UnitedHealthcare Insurance Company	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	36-3355110				UnitedHealthcare Services Company of the River Valley, Inc.	DE	NIA	UnitedHealthcare, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	01-0518346				UnitedHealthcare Specialty Benefits, LLC	ME	NIA	Specialty Benefits, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	41-1922511				UnitedHealthcare, Inc.	DE	NIA	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					UpFront Insurance Agency, LLC	MN	NIA	Savvysherpa, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	33-0812827				Upland Outpatient Surgical Center, L.P.	CA	NIA	NSC Upland, LLC	Ownership	80.000	UnitedHealth Group Incorporated		36
		.0000	26-0382877		0001453198		Urgent Care Holdings, Inc.	DE	NIA	Optum Clinics Intermediate Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		

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ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Y/N)	*
		.0000	26-366720				Urgent Care MSO, LLC	DE	NIA	Urgent Care Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2613230				Urology Associates of North Texas, P.L.L.C.	TX	NIA	USMD Affiliated Services	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-8048861				USMD Administrative Services, L.L.C.	TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2956222				USMD Affiliated Services	TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2866866		0001507881		USMD Holdings, Inc.	DE	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	20-8050318		0001404693		USMD Inc.	TX	NIA	USMD Holdings, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	35-2446102				USMD PPM, LLC	TX	NIA	USMD Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	87-0757396				Valley Physicians Network, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Virtual Therapeutics Corporation	DE	NIA	Savvysherpa, LLC	Ownership	66.600	UnitedHealth Group Incorporated		2
		.0000	36-3469841				Wauwatosa Outpatient Surgery Center, LLC	DE	NIA	Surgery Centers-West Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000					Wauwatosa Surgery Center, Limited Partnership	WI	NIA	Wauwatosa Outpatient Surgery Center, LLC	Ownership	51.000	UnitedHealth Group Incorporated		37
		.0000	36-3469839				Wayland Square Surgicare Acquisition, L.P.	RI	NIA	Wayland Square Surgicare GP, Inc.	Ownership	59.000	UnitedHealth Group Incorporated		38
		.0000	20-5429310				Wayland Square Surgicare GP, Inc.	RI	NIA	Surgery Center Holding, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	75-2500274				WellMed Medical Management of Florida, Inc.	FL	NIA	WellMed Medical Management, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	74-2797745				WellMed Medical Management, Inc.	TX	NIA	Collaborative Care Holdings, LLC	Ownership	80.000	UnitedHealth Group Incorporated		2
		.0000	74-2786364				WellMed Networks - DFW, Inc.	TX	NIA	WellMed Medical Management, Inc.	Ownership	50.000	UnitedHealth Group Incorporated		2
		.0000	41-2250215				West Coast Endoscopy Holdings, LLC	DE	NIA	SCA Surgery Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-2809113				WESTMED Practice Partners LLC	DE	NIA	Collaborative Care Holdings, LLC	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	45-0636596				Winchester Endoscopy, LLC	IL	NIA	SCA-Winchester, LLC	Ownership	51.000	UnitedHealth Group Incorporated		1
		.0000	46-5548304				Winter Park, LLC	TN	NIA	SCA-Winter Park, Inc.	Ownership	51.000	UnitedHealth Group Incorporated		1
		.0000	62-1587564				XLHealth Corporation	MD	LDP	United HealthCare Services, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		1
		.0000	52-2102846		0001314524		XLHealth Corporation India Private Limited	IND	NIA	XLHealth Corporation	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	98-1107695				Your Health Options Insurance Services, Inc.	CA	NIA	PrimeCare Medical Network, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	11-3764012							North American Medical Management - Illinois, Inc.	Ownership	100.000	UnitedHealth Group Incorporated		
		.0000	27-0172594				Your Partner in Health Services, Inc.	IL	NIA		Ownership	100.000	UnitedHealth Group Incorporated		

Asterisk	Explanation
1	TBD - Minority owned information will be disclosed in a future reporting period.
2	The remaining percentage is owned by either: 1) non-affiliated entity(ies), 2) external shareholders, or 3) outside investors.
3	The remaining percentage is owned by Company Officers and/or Directors
4	The remaining percentage is owned by the former controlling shareholders.
5	NSC Lancaster, LLC holds a 81.24% limited partnership interest and a 1% general partnership interest in Antelope Valley Surgery Center, L.P.
6	Surgery Center Holding, LLC holds a 51% general partnership interest and a 23.94% limited partnership interest in B.R.A.S.S. Partnership in Commendam
7	Bakersfield-SC, LLC holds a 25% general partnership interest and a 71% limited partnership interest in Bakersfield Physicians Plaza Surgical Center, L.P.
8	Blackstone Valley Surgicare GP, LLC holds a 40% general partnership interest and a 59% limited partnership interest in Blackstone Valley Surgicare Acquisition, L.P.
9	SCA-Citrus, Inc. holds a 52% general partnership interest and a 5% limited partnership interest in Citrus Regional Surgery Center, L.P.
10	SCA-Colorado Springs, LLC holds a 51% general partnership interest and a 44% limited partnership interest in Colorado Springs Surgery Center, Ltd.
11	Connecticut Surgical Center, LLC holds a 51% general partnership interest and a 14% limited partnership interest in Connecticut Surgery Center, Limited Partnership.
12	The remaining percentage is owned by: External Shareholders (0.353520%) and Treasury Shares (0.016254%).
13	SCA-Florence, LLC holds a 50% general partnership interest in Florence Surgery Center, L.P.
14	Gadsden Surgery Center, LLC holds a 51% general partnership interest and a 6.5% limited partnership interest in Gadsden Surgery Center, Ltd.
15	SCA-Northeast Georgia Health, LLC holds a 51% general partnership interest and a 35% limited partnership interest in Gainesville Surgery Center, L.P.
16	Surgery Centers-West Holdings, LLC holds a 71% limited partnership interest and a 1% general partnership interest in Golden Triangle Surgicenter, L.P.
17	Redlands Ambulatory Surgery Center holds a 51% general partnership interest and a 7.22% limited partnership interest in Inland Surgery Center, L.P. SC Affiliates also holds a 13.03% limited partnership interest in Inland Surgery Center, L.P.
18	Surgery Center of Louisville, LLC holds a 51% general partnership interest and a 14.4% limited partnership interest in Louisville S.C., Ltd.
19	SCA-Eugene, Inc. holds a 51% general partnership interest and a 41% limited partnership interest in McKenzie Surgery Center, L.P.
20	Mississippi Surgery Holdings, LLC holds a 41% general partnership interest and a 59% limited partnership interest in Mississippi Surgical Center Limited Partnership.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

Asterisk	Explanation
21	SCA-Mt. Pleasant, LLC holds a 51% general partnership interest and a 44.41% limited partnership interest in Mt. Pleasant Surgery Center, L.P.
22	Northern Rockies Surgicenter, Inc. holds a 51% general partnership interest and a 4.25% limited partnership interest in Northern Rockies Surgery Center, L.P.
23	Northwest Surgicare, LLC holds a 51% general partnership interest and a 5% limited partnership interest in Northwest Surgicare, Ltd., an IL Limited Partnership
24	Pasteur Plaza Surgery Center GP, Inc. holds a 51% general partnership interest and a 27.706% limited partnership interest in Pasteur Plaza Surgery Center, L.P.
25	Pomeroado Outpatient Surgical Center, Inc. holds a 50.75% general partnership interest and 6% limited partnership interest in Pomeroado Outpatient Surgical Center, L.P.
26	Bakersfield Physicians Plaza Surgical Center, L.P. holds a 99% general partnership interest and Physicians Plaza Holdings, LLC holds a 1% limited partnership interest in Southwest Surgical Center of Bakersfield, L.P.
27	SCA-Merritt, LLC holds a 50.08% general partnership interest in Space Coast Surgery Center, Ltd.
28	SCA Stonegate Holdings, LLC holds a 52% general partnership interest in Stonegate Surgery Center, L.P.
29	SCA of Clarksville, Inc. holds a 51% general partnership interest and a 49% limited partnership interest in Surgery Center of Clarksville, L.P.
30	Surgery Center of Des Moines, LLC holds a 51% general partnership interest and a 14.85% limited partnership interest in Surgery Centers of Des Moines, Ltd., an IA Limited Partnership
31	SCA-South Jersey, LLC holds a 51% general partnership interest and a 19.95% limited partnership interest in Surgical Center of South Jersey, Limited Partnership. SC Affiliates, LLC also holds a 0.73% limited partnership interest in Surgical Center of South Jersey, Limited Partnership.
32	Surgicare of Minneapolis, LLC holds a 50% general partnership interest and a 30.5% limited partnership interest in Surgicare of Minneapolis, Ltd., a MN Limited Partnership
33	Surgery Center of Easton, LLC holds a 57% general partnership interest in The Surgery Center of Easton, L.P.
34	Muskogee Surgical Investors, LLC holds a 51% general partnership interest and a 17.5% limited partnership interest in Three Rivers Surgical Care, L.P.
35	The general partnership interest of 89.77% is held by United HealthCare Services, Inc. (UHS) and 10.23% is held by UnitedHealthcare, Inc. (UHC). UHS also holds 100% of the limited partnership interests. When combining general and limited partner interests, UHS owns 94.18% and UHC owns 5.82%.
36	NSC Upland, LLC holds an 80% general partnership interest and a 12.81% limited partnership interest in Upland Outpatient Surgical Center, L.P.
37	Wauwatosa Outpatient Surgery Center, LLC holds a 51% limited partnership interest in Wauwatosa Surgery Center, Limited Partnership.
38	Wayland Square Surgicare GP, Inc. holds a 40% general partnership interest and a 59% limited partnership interest in Wayland Square Surgicare Acquisition, L.P.

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	41-1913523	ACN Group IPA of New York, Inc.	(7,000,000)				(14,766,045)				(21,766,045)	
	27-0015861	ACN Group of California, Inc.	(3,500,000)				11,674,213				8,174,213	
82406	35-1665915	All Savers Insurance Company	(250,000,000)				(49,101,353)	(625,570)			(299,726,923)	24,588
73130	35-1744596	All Savers Life Insurance Company of California					(23,113)				(23,113)	
	54-1743136	AmeriChoice Corporation	187,900,000								187,900,000	
95497	22-3368602	AmeriChoice of New Jersey, Inc.					(228,800,972)				(228,800,972)	
	86-0813232	APIPA	(60,000,000)				(455,622,072)				(515,622,072)	
	88-0267857	Behavioral Healthcare Options, Inc.					6,074,327				6,074,327	
12558	45-4976934	Care Improvement Plus of Texas Insurance Company					(169,432,901)				(169,432,901)	
12567	20-3888112	Care Improvement Plus South Central Insurance Company	(175,000,000)				(196,654,560)	135,390			(371,519,170)	112,574
14041	27-5038136	Care Improvement Plus Wisconsin Insurance Company					(19,431,596)				(19,431,596)	
	52-1811176	DBP Services of New York IPA, Inc.					1,848,051				1,848,051	
	52-1452809	Dental Benefit Providers of California, Inc.	(10,000,000)				(6,284,656)				(16,284,656)	
52053	36-4008355	Dental Benefit Providers of Illinois, Inc.					(346,349)				(346,349)	
	41-2014834	Dental Benefit Providers, Inc.					164,282,615				164,282,615	
	88-0223385	Family Health Care Services					6,853,387				6,853,387	
	88-0257036	Family Home Hospice, Inc.					920,336				920,336	
	37-0855360	Golden Rule Financial Corporation	370,000,000								370,000,000	
62286	37-6028756	Golden Rule Insurance Company	(60,000,000)				(197,104,674)				(257,104,674)	
	98-0213198	H&W Indemnity (SPC), Ltd.						(4,250,131)			(4,250,131)	28,434,588
79480	35-1279304	Harken Health Insurance Company					(22,909,042)				(22,909,042)	
96342	88-0201035	Health Plan of Nevada	(75,000,000)				(944,919,930)	(850,700)			(1,020,770,630)	71,894
	13-4138668	INSPIRIS of New York IPA, Inc.					266,671,346				266,671,346	
	45-3143218	Lifeprint East, Inc.					67,683,679				67,683,679	
	27-2309024	LifePrint Health, Inc.					1,596,304,159				1,596,304,159	
60321	52-1803283	MAMSI Life and Health Insurance Company					(11,946,642)	(1,740,599)			(13,687,241)	275,809
96310	52-1169135	MD-Individual Practice Association, Inc.	(7,000,000)				(32,613,857)	(20,865)			(39,634,722)	546,182
12756	20-3391186	Medica Health Plans of Florida, Inc.					13,287				13,287	
12155	01-0788576	Medica HealthCare Plans, Inc.	(25,000,000)				(46,962,423)				(71,962,423)	
95251	76-0196559	National Pacific Dental, Inc.	(1,700,000)				(1,989,027)				(3,689,027)	
95123	65-0996107	Neighborhood Health Partnership, Inc.	(41,000,000)				(81,078,286)				(122,078,286)	
95758	88-0228572	Nevada Pacific Dental					(364,522)				(364,522)	
	84-1250135	New West Physicians, Inc.					68,096				68,096	
96940	52-1518174	Optimum Choice, Inc.	(8,000,000)				(30,628,161)	(334,280)			(38,962,441)	55,280
69647	31-0628424	Optum Insurance of Ohio, Inc.	(7,000,000)				(7,735,329)				(14,735,329)	
	41-1591944	OptumHealth Care Solutions, Inc.					169,701,530				169,701,530	
	41-1858498	OptumInsight, Inc.					316,919,235				316,919,235	
	33-0441200	OptumRx, Inc.					1,288,636,767				1,288,636,767	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
	13-3818652	OrthoNet LLC					4,778,211				4,778,211	
	30-0029448	OrthoNet of the Mid-Atlantic, Inc.	(9,000,000)				(808,481)				(9,808,481)	
78026	22-2797560	Oxford Health Insurance, Inc.	(235,000,000)				(925,446,402)	(846,580)			(1,161,292,982)	21,798,959
96798	06-1181201	Oxford Health Plans (CT), Inc.	(8,800,000)				(206,379,061)	(1,410,376)			(216,589,437)	171,744
95506	22-2745725	Oxford Health Plans (NJ), Inc.					(80,239,594)	1,091,008			(79,148,586)	1,096,933
95479	06-1181200	Oxford Health Plans (NY), Inc.					(103,725,713)				(103,725,713)	
	52-2443751	Oxford Health Plans LLC	8,800,000								8,800,000	
70785	35-1137395	PacifiCare Life and Health Insurance Company	(3,200,000)				(1,874,772)	238			(5,074,534)	12,683
84506	95-2829463	PacifiCare Life Assurance Company	(2,000,000)				6,153				(1,993,847)	
95617	94-3267522	PacifiCare of Arizona, Inc.	(60,000,000)				(1,421,793)	(617)			(61,422,410)	
95434	84-1011378	PacifiCare of Colorado, Inc.					(391,613,120)	(3,697,833)			(395,310,953)	2,837
95685	86-0875231	PacifiCare of Nevada, Inc.		(4,000,000)			94,581	203			(3,905,216)	
11494	04-3677255	Physicians Health Choice of Texas, LLC		25,000,000			(67,512,115)	1,055,184			(41,456,931)	1,451,347
11176	65-0885893	Preferred Care Partners, Inc.	(13,500,000)				(194,515,557)				(208,015,557)	
	33-0607478	PrimeCare Medical Network, Inc.					279,167,283				279,167,283	
95482	84-0614905	Rocky Mountain Health Maintenance Organization, Inc.		22,672,189			(30,903,513)				(8,231,324)	
	84-1009248	Rocky Mountain Health Management Corporation					31,146,645				31,146,645	
47004	84-1224718	Rocky Mountain HealthCare Options, Inc.					(221,955)				(221,955)	
71420	94-0734860	Sierra Health and Life Insurance Company	(117,000,000)				(1,547,245,130)	321,766			(1,663,923,364)	(30,089)
	88-0385705	Sierra Home Medical Products, Inc.					31,453,589				31,453,589	
	88-0201420	Southwest Medical Associates, Inc.					786,214,675				786,214,675	
	71-0886811	Spectera of New York, IPA, Inc.					38,103				38,103	
	52-1260282	Spectera, Inc.					14,629,542				14,629,542	
84549	38-2044243	Symphonix Health Insurance		67,500,000			(93,612,452)				(26,112,452)	
	94-3077084	U.S. Behavioral Health Plan, California	(3,500,000)				56,040,438				52,540,438	
	95-2931460	UHC of California	(150,000,000)				(948,507,147)				(1,098,507,147)	
91529	52-1996029	Unimerica Insurance Company					(36,394,548)	(23,856,211)			(60,250,759)	(128,506,191)
11596	01-0637149	Unimerica Life Insurance Company of New York	(1,800,000)				(1,561,157)				(3,361,157)	
	20-5917714	Unison Health Plan of Delaware, Inc.	(25,000,000)				(99,986,392)	(1,569,348)			(126,555,740)	3,821,001
	94-2649097	United Behavioral Health					1,259,799,977				1,259,799,977	
	41-1868911	United Behavioral Health of New York, I.P.A., Inc.					1,976,244				1,976,244	
	41-1289245	United HealthCare Services, Inc.	3,164,400,000	(383,672,189)			11,544,782,103	5,698,202			14,331,208,116	
	41-1321939	UnitedHealth Group Incorporated					2,990,486,376				2,990,486,376	
95174	33-0115163	UnitedHealthcare Benefits of Texas, Inc.	(34,500,000)				(290,938,348)	(1,745,506)			(327,183,854)	5,337,158
	47-3221444	UnitedHealthcare Benefits Plan of California					(252,454)				(252,454)	
	46-4348775	UnitedHealthcare Community Plan of California, Inc.		7,000,000			(62,788)			(5,698,202)	1,239,010	

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
13168	26-2688274	UnitedHealthcare Community Plan of Georgia, Inc.					201				201	
12323	56-2451429	UnitedHealthcare Community Plan of Ohio, Inc.	(22,900,000)				(317,652,184)	7,084,372			(333,467,812)	14,137,276
11141	91-2008361	UnitedHealthcare Community Plan of Texas, L.L.C.					(246,223,100)	7,711,314			(238,511,786)	14,274,410
95467	38-3204052	UnitedHealthcare Community Plan, Inc.	(15,000,000)				(110,163,139)	2,359,295			(122,803,844)	574,841
79413	36-2739571	UnitedHealthcare Insurance Company	(1,463,200,000)	180,500,000			(6,897,635,132)	87,468,680			(8,092,866,452)	(540,916,223)
60318	36-3800349	UnitedHealthcare Insurance Company of Illinois	(44,000,000)				(177,423,702)	(207,109)			(221,630,811)	5,361,612
60093	11-3283886	UnitedHealthcare Insurance Company of New York					(376,655,423)	(64,551,848)			(441,207,271)	372,819,230
12231	20-1902768	UnitedHealthcare Insurance Company of the River Valley					(111,943,332)	(1,030,172)			(112,973,504)	1,963,652
	86-0618309	UnitedHealthcare Integrated Services, Inc.	(2,500,000)								(2,500,000)	
97179	86-0207231	UnitedHealthcare Life insurance Company	(60,000,000)				(53,295,217)	5,533			(113,289,684)	4,767
95784	63-0899562	UnitedHealthcare of Alabama, Inc.	(22,000,000)				(2,451,849)	(15,332)			(24,467,181)	
96016	86-0507074	UnitedHealthcare of Arizona, Inc.					(15,453,889)	(136,423)			(15,590,312)	
95446	63-1036819	UnitedHealthcare of Arkansas, Inc.	(3,300,000)				(4,357,054)	(21,840)			(7,678,894)	
95090	84-1004639	UnitedHealthcare of Colorado, Inc.					(14,594,548)	(86,478)			(14,681,026)	
95264	59-1293865	UnitedHealthcare of Florida, Inc.	(150,000,000)				(321,358,032)	(2,448,085)			(473,806,117)	
95850	58-1653544	UnitedHealthcare of Georgia, Inc.	(20,000,000)				(41,581,473)	(281,349)			(61,862,822)	
95776	36-3280214	UnitedHealthcare of Illinois, Inc.	(3,300,000)				(22,576,958)	(224,544)			(26,101,502)	5,964
96644	62-1240316	UnitedHealthcare of Kentucky, Ltd.					(15,630,041)	(115,805)			(15,745,846)	
95833	72-1074008	UnitedHealthcare of Louisiana, Inc.	(12,000,000)				(196,589,998)	26,771,398			(181,818,600)	43,088,212
95716	63-1036817	UnitedHealthcare of Mississippi, Inc.		65,000,000			(90,112,103)	(1,968,288)			(27,080,391)	8,264,249
95149	05-0413469	UnitedHealthcare of New England, Inc.	(26,800,000)				(215,498,291)	(531,393)			(242,829,684)	2,503,083
13214	26-2697886	UnitedHealthcare of New Mexico	(26,000,000)				(96,479,194)	3,185,748			(119,293,446)	186,101
95085	06-1172891	UnitedHealthcare of New York, Inc.	(95,000,000)				(742,506,291)				(837,506,291)	
95103	56-1461010	UnitedHealthcare of North Carolina, Inc.	(70,500,000)				(56,667,148)	(476,668)			(127,643,816)	
95186	31-1142815	UnitedHealthcare of Ohio, Inc.					(6,211,238)	(43,576)			(6,254,814)	
96903	33-0115166	UnitedHealthcare of Oklahoma, Inc.	(16,000,000)				(59,504,377)				(75,504,377)	
95893	93-0938819	UnitedHealthcare of Oregon, Inc.		20,000,000			(157,270,499)				(137,270,499)	
95220	25-1756858	UnitedHealthcare of Pennsylvania, Inc.	(30,000,000)				(134,210,108)	(1,184,704)			(165,394,812)	
95765	95-3939697	UnitedHealthcare of Texas, Inc.					(15,688,664)	(575,758)			(16,264,422)	247,704
95025	52-1130183	UnitedHealthcare of the Mid-Atlantic, Inc.	(50,000,000)				(107,182,217)	(913,241)			(158,095,458)	10,996
95591	47-0676824	UnitedHealthcare of the Midlands, Inc.					(411,664,934)	(10,362,134)			(422,027,068)	
96385	43-1361841	UnitedHealthcare of the Midwest, Inc.	(3,900,000)				(197,483,684)	1,249,256			(200,134,428)	142,186,975
95501	41-1488563	UnitedHealthcare of Utah, Inc.					(570,552,390)	(669,493)			(571,221,883)	
48038	91-1312551	UnitedHealthcare of Washington, Inc.	(6,200,000)				(113,311,901)				(119,511,901)	
95710	39-1555888	UnitedHealthcare of Wisconsin, Inc.	(145,000,000)				(998,304,350)	(7,565,803)			(1,150,870,153)	609,854

SCHEDULE Y

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

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
95378	36-3379945	UnitedHealthcare Plan of the River Valley, Inc.	(50,000,000)				(459,268,816)	(4,080,726)			(513,349,542)	
	47-0854646	UnitedHealthcare Service LLC					1,158,603				1,158,603	
	01-0518346	UnitedHealthcare Specialty Benefits, LLC					15,526				15,526	
9999999	Control Totals		0	0	0	0	0	0	XXX	0	0	0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

	<u>Responses</u>
MARCH FILING	
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
4. Will an actuarial opinion be filed by March 1?	YES
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
6. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
JUNE FILING	
9. Will an audited financial report be filed by June 1?	YES
10. Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES
AUGUST FILING	
11. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	YES

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

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

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

- 27. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 28. Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 29. Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 30. Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 31. Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 32. Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 33. Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? NO
- 34. Will the Worker's Compensation Carve-Out Supplement be filed by March 1? NO
- 35. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? YES
- 36. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? NO
- 37. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? NO
- 38. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? NO
- 39. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? NO
- 40. Will the VM-20 Reserves Supplement be filed with the state of domicile and the NAIC by March 1? NO

APRIL FILING

- 41. Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by the Valuation Manual be filed with the state of domicile by April 1? YES
- 42. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? YES
- 43. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? YES
- 44. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? NO
- 45. Will the Accident and Health Policy Experience Exhibit be filed by April 1? YES
- 46. Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1? YES
- 47. Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1? YES
- 48. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? YES
- 49. Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? YES
- 50. Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? YES
- 51. Will the Supplemental Term and Universal Life Insurance Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? YES
- 52. Will the Variable Annuities Supplement be filed with the state of domicile and the NAIC by April 1? NO

AUGUST FILING

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

Explanations:

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Bar Codes:

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



- 14. Trusteed Surplus Statement [Document Identifier 490]



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



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



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



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



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



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

23. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI [Document Identifier 448]	 6 2 2 8 6 2 0 1 7 4 4 8 0 0 0 0 0
24. Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) [Document Identifier 449]	 6 2 2 8 6 2 0 1 7 4 4 9 0 0 0 0 0
25. C-3 RBC Certifications Required Under C-3 Phase I [Document Identifier 450]	 6 2 2 8 6 2 0 1 7 4 5 0 0 0 0 0 0
26. C-3 RBC Certifications Required Under C-3 Phase II [Document Identifier 451]	 6 2 2 8 6 2 0 1 7 4 5 1 0 0 0 0 0
27. Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities [Document Identifier 452]	 6 2 2 8 6 2 0 1 7 4 5 2 0 0 0 0 0
28. Modified Guaranteed Annuity Model Regulation [Document Identifier 453]	 6 2 2 8 6 2 0 1 7 4 5 3 0 0 0 0 0
29. Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII [Document Identifier 436]	 6 2 2 8 6 2 0 1 7 4 3 6 0 0 0 0 0
30. Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII [Document Identifier 437]	 6 2 2 8 6 2 0 1 7 4 3 7 0 0 0 0 0
31. Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII [Document Identifier 438]	 6 2 2 8 6 2 0 1 7 4 3 8 0 0 0 0 0
32. Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII [Document Identifier 439]	 6 2 2 8 6 2 0 1 7 4 3 9 0 0 0 0 0
33. Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities [Document Identifier 454]	 6 2 2 8 6 2 0 1 7 4 5 4 0 0 0 0 0
34. Workers' Compensation Carve-Out Supplement [Document Identifier 495]	 6 2 2 8 6 2 0 1 7 4 9 5 0 0 0 0 0
36. Medicare Part D Coverage Supplement [Document Identifier 365]	 6 2 2 8 6 2 0 1 7 3 6 5 0 0 0 0 0
37. Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	 6 2 2 8 6 2 0 1 7 2 2 4 0 0 0 0 0
38. Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	 6 2 2 8 6 2 0 1 7 2 2 5 0 0 0 0 0
39. Relief from the Requirements for Audit Committees [Document Identifier 226]	 6 2 2 8 6 2 0 1 7 2 2 6 0 0 0 0 0
40. VM-20 Reserves Supplement [Document Identifier 456]	 6 2 2 8 6 2 0 1 7 4 5 6 0 0 0 0 0
44. Credit Insurance Experience Exhibit [Document Identifier 230]	 6 2 2 8 6 2 0 1 7 2 3 0 0 0 0 0 0
52. Variable Annuities Supplement [Document Identifier 286]	 6 2 2 8 6 2 0 1 7 2 8 6 0 0 0 0 0

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

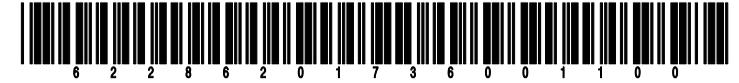
OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Liabilities Line 25

	1 Current Year	2 Prior Year
2504. Fines and Penalties	75,000	75,000
2505. Unclaimed Property Payable	168	134,951
2597. Summary of remaining write-ins for Line 25 from overflow page	75,168	209,951

Additional Write-ins for Exhibit 2 Line 9.3

	Insurance				5 Investment	6 Total
	1	2 Accident and Health		4 All Other Lines of Business		
	Life	Cost Containment	3 All Other			
09.304. Professional Fees & Consulting	23,175	1,829,614	16,384,989			18,237,778
09.305. Training and Recruiting	714	56,400	505,088			562,202
09.397. Summary of remaining write-ins for Line 9.3 from overflow page	23,889	1,886,014	16,890,077	0	0	18,799,980



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Alabama.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		05/27/2005	12/31/2009	M-CARE SUPP	6,565	5,489	83.6	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										6,565	5,489	83.6	3	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Alaska.....
 NAIC Group Code 0707..... NAIC Company Code 62286.....
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278.....
 Person Completing This Exhibit Robert S. Coleman.....
 Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	1,437	460	32.0	0	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	7,895	1,256	15.9	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		06/22/2005	12/31/2009	M-CARE SUPP	13,150	18,721	142.4	6	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		06/22/2005	12/31/2009	M-CARE SUPP	11,525	1,378	12.0	3	0	0	0.0	0
0199999. Total Experience on Individual Policies										34,007	21,815	64.1	10	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
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 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

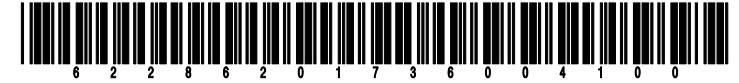
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Arizona.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	1,547	11,474	741.8	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	33,667	25,655	76.2	4	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	3,130	619	19.8	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	17,346	11,595	66.8	2	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		07/05/2005	01/01/2006	M-CARE SUPP	5,025	225	4.5	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		07/05/2005	01/01/2006	M-CARE SUPP	103,729	107,648	103.8	46	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		07/05/2005	01/01/2006	M-CARE SUPP	4,116	2,561	62.2	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		07/05/2005	01/01/2006	M-CARE SUPP	213,794	125,860	58.9	56	0	0	0.0	0
0199999. Total Experience on Individual Policies										382,353	285,637	74.7	113	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

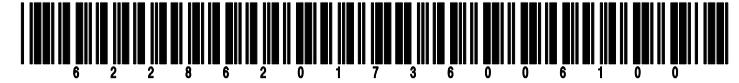
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Arkansas.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,344	898	26.9	1	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	6,633	854	12.9	4	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	75,832	72,990	96.3	36	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		07/28/2005	12/31/2009	M-CARE SUPP	5,265	1,764	33.5	2	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		07/28/2005	12/31/2009	M-CARE SUPP	221,579	231,124	104.3	113	0	0	0.0	0
0199999. Total Experience on Individual Policies										312,653	307,630	98.4	156	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

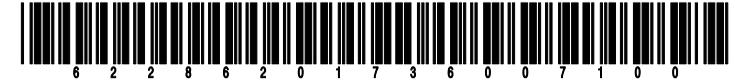
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Colorado.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	2,016	1,681	83.4	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	27,055	36,138	133.6	4	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	4,729	92	1.9	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	12,993	4,545	35.0	2	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		12/08/2005	12/31/2009	M-CARE SUPP	3,583	6,916	193.0	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		12/08/2005	12/31/2009	M-CARE SUPP	284,007	165,546	58.3	112	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		12/08/2005	12/31/2009	M-CARE SUPP	6,071	10,033	165.3	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		12/08/2005	12/31/2009	M-CARE SUPP	346,347	136,138	39.3	93	0	0	0.0	0
0199999. Total Experience on Individual Policies										686,801	361,089	52.6	216	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
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 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Connecticut
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	1,190	3,668	308.1	0	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	41,420	27,136	65.5	14	0	0	0.0	0
0199999. Total Experience on Individual Policies										42,610	30,803	72.3	14	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

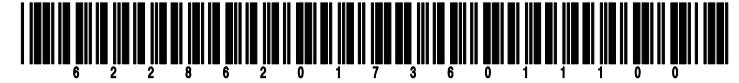
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Florida.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,834	1,709	44.6	1	0	0	0.0	0
YES	2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	70,149	144,093	205.4	13	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	14,010	3,743	26.7	4	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	448,681	381,300	85.0	87	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	55,048	69,352	126.0	45	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	803,925	895,002	111.3	379	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,395,648	1,495,199	107.1	529	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

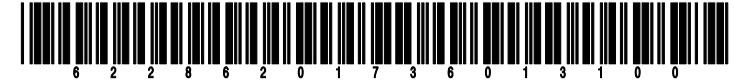
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Georgia.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,091	3,482	112.7	1	0	0	0.0	0
YES	2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	16,364	10,766	65.8	2	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	3,062	395	12.9	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	16,203	33,116	204.4	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										38,719	47,760	123.4	6	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Idaho.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
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											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		05/27/2005	12/31/2009	M-CARE SUPP	2,398	179	7.5	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,398	179	7.5	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
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 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360 ID



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Illinois.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	27,496	11,171	40.6	8	0	0	0.0	0
YES	2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	41,611	11,786	28.3	4	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	45,621	67,385	147.7	18	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	242,600	102,708	42.3	37	0	0	0.0	0
YES	CL-H-2/GR-H-2	P	NO	0034060	07/01/1976		04/01/1991	12/01/1978	M-CARE SUPP	2,815	0	0.0	1	0	0	0.0	0
YES	GRI-H-2	P	NO	0034060	06/01/1981		02/01/1990	10/01/1983	M-GAP BASIC	4,933	1,037	21.0	1	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	15,047	7,316	48.6	6	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	106,281	31,809	29.9	15	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	14,073	3,979	28.3	5	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	670,275	575,977	85.9	289	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		06/02/2005	12/31/2009	M-CARE SUPP	3,868	3,418	88.4	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		06/02/2005	12/31/2009	M-CARE SUPP	325,306	210,501	64.7	102	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,499,926	1,027,087	68.5	487	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
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 - Contact Person and Phone Number: Michelle White 317-715-7590
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SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

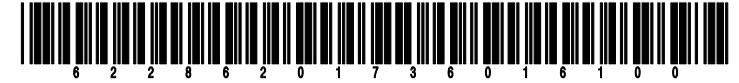
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Indiana.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,038	1,241	30.7	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	12,191	6,388	52.4	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	10,169	5,475	53.8	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	76,525	37,235	48.7	11	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	8,925	1,979	22.2	3	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	51,889	13,892	26.8	6	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	2,097	1,262	60.2	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	295,861	269,749	91.2	113	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	30,775	7,702	25.0	8	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		06/16/2005	12/31/2009	M-CARE SUPP	425,722	305,907	71.9	113	0	0	0.0	0
0199999. Total Experience on Individual Policies										918,190	650,831	70.9	260	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

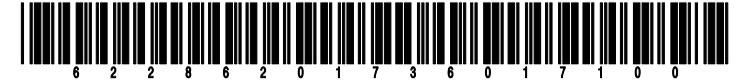
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Iowa.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	8,924	15,125	169.5	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	35,762	31,702	88.6	6	0	0	0.0	0
YES	GRI-H-12.2	P	NO	.0034060	06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	439	4,539	1,032.9	0	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	.0034060	09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	31,914	15,181	47.6	4	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	12/01/1991		.05/27/2005	.12/31/2009	M-CARE SUPP	54,279	61,270	112.9	26	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034000	12/01/1998		.05/27/2005	.12/31/2009	M-CARE SUPP	64,162	37,814	58.9	23	0	0	0.0	0
0199999. Total Experience on Individual Policies										195,481	165,631	84.7	62	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

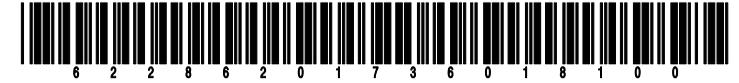
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Kansas.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,323	547	12.7	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	27,917	3,019	10.8	4	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	6,230	4,424	71.0	2	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		10/20/2005	12/31/2009	M-CARE SUPP	1,634	4	0.2	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		10/20/2005	12/31/2009	M-CARE SUPP	10,507	9,290	88.4	5	0	0	0.0	0
0199999. Total Experience on Individual Policies										50,612	17,284	34.1	13	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Kentucky.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H- 2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	2,266	280	12.4	.0	.0	.0	.0	.0
YES	GRI-H-11/12	P	NO	.0034060	.11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	10,663	4,255	39.9	.4	.0	.0	.0	.0
YES	GRI-H-11P/12P	P	NO	.0034060	.12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	41,076	23,881	58.1	.8	.0	.0	.0	.0
YES	GRI-H-12.2	P	NO	.0034060	.06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	11,184	1,885	16.9	.4	.0	.0	.0	.0
YES	GRI-H-12.2P	P	NO	.0034060	.09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	28,195	14,280	50.6	.5	.0	.0	.0	.0
YES	GRI-H-PLAN A	A	NO	.0034060	.12/01/1991		.06/06/2005	.12/31/2009	M-CARE SUPP	1,594	145	9.1	.1	.0	.0	.0	.0
YES	GRI-H-PLAN G	G	NO	.0034060	.12/01/1991		.06/06/2005	.12/31/2009	M-CARE SUPP	147,328	139,071	94.4	.86	.0	.0	.0	.0
0199999. Total Experience on Individual Policies										242,305	183,797	75.9	108	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

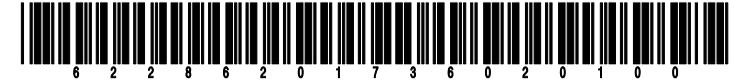
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Louisiana.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,119	346	8.4	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	11,507	3,006	26.1	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	9,255	680	7.4	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	80,115	476,070	594.2	11	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	34,195	6,786	19.8	11	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	29,591	4,427	15.0	4	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	2,010	396	19.7	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	536,860	306,136	57.0	217	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		08/03/2005	12/31/2009	M-CARE SUPP	3,296	2,198	66.7	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		08/03/2005	12/31/2009	M-CARE SUPP	175,041	109,107	62.3	50	0	0	0.0	0
0199999. Total Experience on Individual Policies										885,988	909,151	102.6	300	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

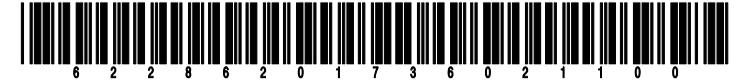
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Maine.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	3,099	3,769	121.6	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										3,099	3,769	121.6	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Maryland.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		11/23/2005	12/31/2009	M-CARE SUPP	69,768	74,965	107.4	27	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		11/23/2005	12/31/2009	M-CARE SUPP	74,956	67,181	89.6	19	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		11/23/2005	12/31/2009	M-CARE SUPP	165,750	67,634	40.8	51	0	0	0.0	0
0199999. Total Experience on Individual Policies										310,474	209,780	67.6	97	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Michigan.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	9,479	1,200	12.7	.2	.0	.0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	.12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	76,565	27,882	36.4	15	.0	.0	0.0	0
YES	GRI-H-2	P	NO	.0034060	.06/01/1981		.02/01/1990	.10/01/1983	M-GAP BASIC	6,042	490	8.1	1	.0	.0	0.0	0
YES	GRI-H-2D	P	NO	.0034060	.02/01/1982		.04/01/1991	.08/01/1992	M-GAP BASIC	3,906	219	5.6	1	.0	.0	0.0	0
YES	GRI-H-PLAN A	A	NO	.0034060	.12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	13,744	10,233	74.5	5	.0	.0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	.12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	290,048	227,156	78.3	125	.0	.0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034060	.12/01/1991		.06/21/2005	.12/31/2009	M-CARE SUPP	90,369	33,319	36.9	23	.0	.0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034000	.12/01/1998		.06/21/2005	.12/31/2009	M-CARE SUPP	525,553	280,996	53.5	174	.0	.0	0.0	0
0199999. Total Experience on Individual Policies										1,015,707	581,494	57.3	346	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Mississippi.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	3,089	10	0.3	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034060	12/01/1991		.06/06/2005	12/31/2009	M-CARE SUPP	67,424	69,552	103.2	30	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034060	12/01/1998		.06/06/2005	12/31/2009	M-CARE SUPP	52,400	8,970	17.1	14	0	0	0.0	0
0199999. Total Experience on Individual Policies										122,912	78,532	63.9	45	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

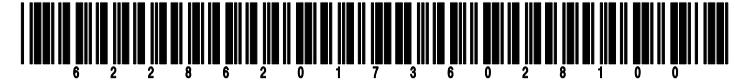
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Missouri.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	3,542	308	8.7	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	5,523	310	5.6	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	7,730	4,071	52.7	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	108,133	98,016	90.6	28	0	0	0.0	0
YES	GRI-H-2	P	NO	0034060	06/01/1981		02/01/1990	10/01/1983	M-GAP BASIC	5,450	81	1.5	1	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	17,831	14,366	80.6	7	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	43,372	21,383	49.3	7	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		10/27/2005	12/31/2009	M-CARE SUPP	13,623	6,373	46.8	9	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		10/27/2005	12/31/2009	M-CARE SUPP	1,558,973	1,150,301	73.8	631	0	0	0.0	0
0199999. Total Experience on Individual Policies										1,764,176	1,295,209	73.4	688	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 - Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 - Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

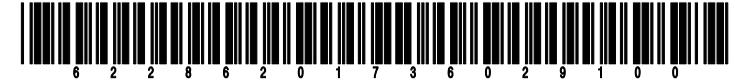
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Nebraska.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	.0034060	11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	2,919	82	2.8	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	.0034060	12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	30,158	24,627	81.7	5	0	0	0.0	0
YES	GRI-H-12.2	P	NO	.0034060	06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	6,080	2,325	38.2	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	.0034060	09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	14,158	7,246	51.2	2	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	.0034000	12/01/1991		.06/20/2005	.12/31/2009	M-CARE SUPP	82,032	82,009	100.0	36	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	.0034000	12/01/1991		.06/20/2005	.12/31/2009	M-CARE SUPP	4,331	592	13.7	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	.0034000	12/01/1998		.06/20/2005	.12/31/2009	M-CARE SUPP	122,417	57,393	46.9	38	0	0	0.0	0
0199999. Total Experience on Individual Policies										262,095	174,274	66.5	85	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

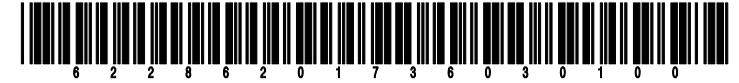
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Nevada.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	.0034060	.11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	1,376	76	5.5	.1	.0	.0	0.0	.0
YES	GRI-H-12.2	P	NO	.0034060	.06/01/1990		.12/01/1991	.12/01/1991	M-GAP BASIC	2,645	896	33.9	.1	.0	.0	0.0	.0
YES	GRI-H-PLAN G	G	NO	.0034060	.12/01/1991		.05/24/2005	.12/31/2009	M-CARE SUPP	33,149	43,183	130.3	.16	.0	.0	0.0	.0
0199999. Total Experience on Individual Policies										37,169	44,155	118.8	.18	.0	.0	0.0	.0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF New Hampshire.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

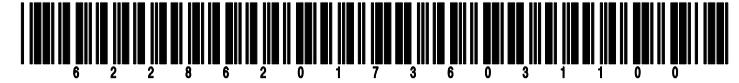
1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	2,589	2,631	101.6	1	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	3,247	9,848	303.3	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										5,836	12,480	213.8	1	0	0	0.0	0

GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

HN 093 360 NH



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

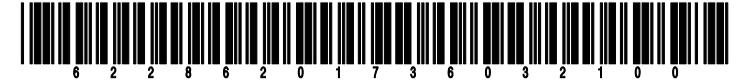
FOR THE STATE OF New Jersey.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.NI



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

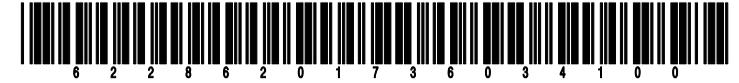
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF New Mexico.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	.0034060	.11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	2,961	3,243	109.5	.1	.0	.0	0.0	.0
YES	GRI-H-12.2P	P	NO	.0034060	.09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	8,347	.965	11.6	.1	.0	.0	0.0	.0
YES	GRI-H-PLAN G	G	NO	.0034060	.12/01/1991		.09/23/2005	.12/31/2009	M-CARE SUPP	28,009	8,729	31.2	.11	.0	.0	0.0	.0
0199999. Total Experience on Individual Policies										39,317	12,938	32.9	13	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF North Carolina.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		08/12/2005	12/31/2009	M-CARE SUPP	3,412	123	3.6	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		08/12/2005	12/31/2009	M-CARE SUPP	21,370	17,967	84.1	9	0	0	0.0	0
0199999. Total Experience on Individual Policies										24,783	18,090	73.0	10	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF North Dakota.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		06/14/2005	12/31/2009	M-CARE SUPP	32,828	15,287	46.6	16	0	0	0.0	0
0199999. Total Experience on Individual Policies										32,828	15,287	46.6	16	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

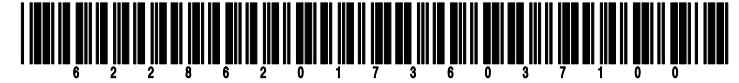
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Ohio.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,283	189	4.4	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	32,441	31,689	97.7	3	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	30,987	20,523	66.2	10	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	249,015	106,843	42.9	35	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	36,066	16,632	46.1	11	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	105,875	46,210	43.6	13	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	43,657	12,230	28.0	20	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	1,984,593	1,554,934	78.4	824	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		06/16/2005	12/31/2009	M-CARE SUPP	1,140,811	708,118	62.1	312	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		06/16/2005	12/31/2009	M-CARE SUPP	1,777,617	1,020,634	57.4	568	0	0	0.0	0
0199999. Total Experience on Individual Policies										5,405,344	3,518,002	65.1	1,797	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

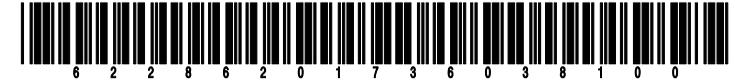
FOR THE STATE OF Oklahoma.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	17 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	7,750	465	6.0	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	12,586	3,429	27.2	2	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	5,473	1,385	25.3	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	20,231	19,531	96.5	3	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	28,307	18,801	66.4	9	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	160,486	153,819	95.8	76	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		05/23/2005	12/31/2009	M-CARE SUPP	3,659	472	12.9	1	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		05/23/2005	12/31/2009	M-CARE SUPP	310,820	183,445	59.0	104	0	0	0.0	0
0199999. Total Experience on Individual Policies										549,311	381,347	69.4	200	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.OK



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

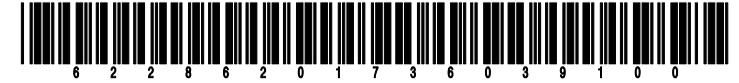
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Oregon.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	6,678	1,807	27.1	1	0	0	0.0	0
0199999. Total Experience on Individual Policies										6,678	1,807	27.1	1	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Pennsylvania.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H- 2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	7,062	12,645	179.1	2	0	0	0.0	0
0199999. Total Experience on Individual Policies										7,062	12,645	179.1	2	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

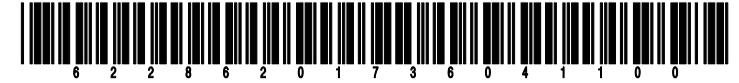
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Rhode Island.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

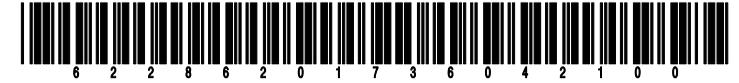
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF South Carolina.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	11,236	6,517	58.0	2	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	17,900	9,515	53.2	3	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		07/01/2005	12/31/2009	M-CARE SUPP	122,678	106,235	86.6	57	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		07/01/2005	12/31/2009	M-CARE SUPP	11,568	8,621	74.5	3	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		07/01/2005	12/31/2009	M-CARE SUPP	127,708	51,261	40.1	42	0	0	0.0	0
0199999. Total Experience on Individual Policies										291,091	182,149	62.6	107	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF South Dakota.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	2,309	904	39.1	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		06/01/2005	12/31/2009	M-CARE SUPP	40,453	26,146	64.6	15	0	0	0.0	0
0199999. Total Experience on Individual Policies										42,761	27,050	63.3	16	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".

360.SD



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

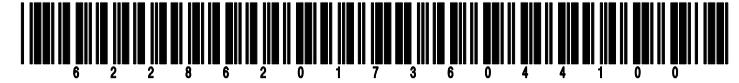
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Tennessee.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	14,073	1,874	13.3	5	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	157,668	66,365	42.1	29	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	26,752	25,226	94.3	10	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	8,716	8,703	99.9	2	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		12/07/2005	12/31/2009	M-CARE SUPP	1,684	5,992	355.8	1	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		12/07/2005	12/31/2009	M-CARE SUPP	213,650	227,484	106.5	109	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		12/07/2005	12/31/2009	M-CARE SUPP	12,229	4,687	38.3	3	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		12/07/2005	12/31/2009	M-CARE SUPP	120,652	110,411	91.5	38	0	0	0.0	0
0199999. Total Experience on Individual Policies										555,424	450,741	81.2	197	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

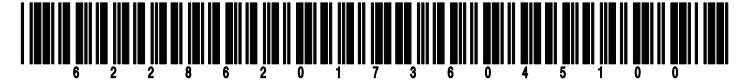
FOR THE STATE OF Texas.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	4,038	789	19.5	1	0	0	0.0	0
YES	GRI-H-2.1P/HP/2.2P	P	NO	0034060	05/01/1983		05/01/1990	12/01/1987	M-GAP PLUS	9,378	1,156	12.3	1	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	6,312	1,271	20.1	3	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	102,206	33,304	32.6	16	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	34,861	16,386	47.0	14	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	78,905	37,969	48.1	10	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	19,719	3,796	19.3	5	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034000	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	862,673	551,325	63.9	323	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034000	12/01/1991		09/30/2005	12/31/2009	M-CARE SUPP	27,074	10,652	39.3	6	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034000	12/01/1998		09/30/2005	12/31/2009	M-CARE SUPP	1,503,835	815,735	54.2	486	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,649,000	1,472,380	55.6	865	0	0	0.0	0

GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
- Explain any policies identified above as policy type "O".

360.TX



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

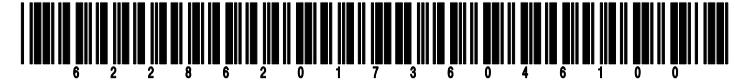
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Utah.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11	Incurred Claims		14	15	Incurred Claims		18
											12	13			16	17	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Vermont.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-2.1/2.2	P	NO	0034060	04/01/1983		02/01/1990	02/01/1987	M-GAP BASIC	342	33	9.7	0	0	0	0.0	0
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	13,501	17,249	127.8	10	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	658	6,871	1,043.6	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										14,502	24,153	166.5	10	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Virginia.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11/12	P	NO	0034060	11/01/1987		02/01/1990	01/01/1989	M-GAP BASIC	2,468	454	18.4	1	0	0	0.0	0
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	21,141	5,705	27.0	3	0	0	0.0	0
YES	GRI-H-12.2	P	NO	0034060	06/01/1990		12/01/1991	12/01/1991	M-GAP BASIC	17,899	6,118	34.2	7	0	0	0.0	0
YES	GRI-H-12.2P	P	NO	0034060	09/01/1990		01/01/1992	11/01/1991	M-GAP PLUS	23,872	4,690	19.6	3	0	0	0.0	0
YES	GRI-H-PLAN A	A	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	11,775	4,939	41.9	5	0	0	0.0	0
YES	GRI-H-PLAN G	G	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	251,700	159,613	63.4	109	0	0	0.0	0
YES	GRI-H-PLAN C	C	NO	0034060	12/01/1991		11/30/2005	12/31/2009	M-CARE SUPP	23,159	1,899	8.2	6	0	0	0.0	0
YES	GRI-H-PLAN F	F	NO	0034060	12/01/1998		11/30/2005	12/31/2009	M-CARE SUPP	228,602	127,383	55.7	63	0	0	0.0	0
0199999. Total Experience on Individual Policies										580,617	310,801	53.5	197	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
- 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Washington.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
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 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF West Virginia.....
 NAIC Group Code 0707..... NAIC Company Code 62286.....
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278.....
 Person Completing This Exhibit Robert S. Coleman.....
 Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H- 2.1P/HP/2.2P	P	NO	.0034060	.05/01/1983		.05/01/1990	.12/01/1987	M-GAP PLUS	8,881	401	4.5	.1	.0	.0	0.0	.0
YES	GRI-H-11/12	P	NO	.0034060	.11/01/1987		.02/01/1990	.01/01/1989	M-GAP BASIC	3,008	2,224	73.9	.1	.0	.0	0.0	.0
YES	GRI-H-11P/12P	P	NO	.0034060	.12/01/1987		.01/01/1990	.09/01/1989	M-GAP PLUS	5,317	581	10.9	.1	.0	.0	0.0	.0
YES	GRI-H-12.2P	P	NO	.0034060	.09/01/1990		.01/01/1992	.11/01/1991	M-GAP PLUS	8,659	5,455	63.0	.1	.0	.0	0.0	.0
YES	GRI-H-PLAN A	A	NO	.0034000	.12/01/1991		.05/23/2005	.12/31/2009	M-CARE SUPP	3,561	11,562	324.7	.2	.0	.0	0.0	.0
YES	GRI-H-PLAN G	G	NO	.0034000	.12/01/1991		.05/23/2005	.12/31/2009	M-CARE SUPP	127,536	110,277	86.5	.58	.0	.0	0.0	.0
YES	GRI-H-PLAN C	C	NO	.0034000	.12/01/1991		.05/23/2005	.12/31/2009	M-CARE SUPP	7,696	386	5.0	.2	.0	.0	0.0	.0
YES	GRI-H-PLAN F	F	NO	.0034000	.12/01/1998		.05/23/2005	.12/31/2009	M-CARE SUPP	91,504	48,325	52.8	.30	.0	.0	0.0	.0
0199999. Total Experience on Individual Policies										256,161	179,209	70.0	.96	.0	.0	0.0	.0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

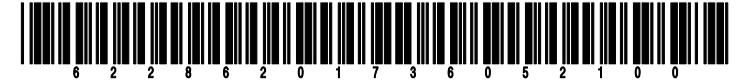
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Wyoming.....
 NAIC Group Code 0707..... NAIC Company Code 62286.....
 ADDRESS (City, State and Zip Code) Indianapolis, IN 46278.....
 Person Completing This Exhibit Robert S. Coleman.....
 Title Associate Director, Actuarial Services..... Telephone Number 317-715-7425.....

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014				Policies Issued in 2015; 2016; 2017			
										11 Premiums Earned	12 Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	16 Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES	GRI-H-11P/12P	P	NO	0034060	12/01/1987		01/01/1990	09/01/1989	M-GAP PLUS	2,019	5,831	288.8	0	0	0	0.0	0
0199999. Total Experience on Individual Policies										2,019	5,831	288.8	0	0	0	0.0	0

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 2.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 3.1 Address: 7440 Woodland Drive Indianapolis, IN 46278-1719
 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

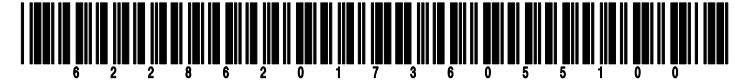
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF American Samoa.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

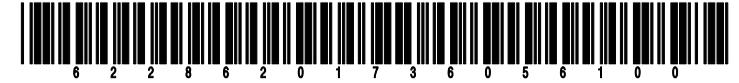
For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF U.S. Virgin Islands.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017
 (To Be Filed by March 1)

FOR THE STATE OF Northern Mariana Islands.....
 NAIC Group Code 0707 NAIC Company Code 62286
 ADDRESS (City, State and Zip Code) Indianapolis , IN 46278
 Person Completing This Exhibit Robert S. Coleman
 Title Associate Director, Actuarial Services Telephone Number 317-715-7425

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2014			Policies Issued in 2015; 2016; 2017				
										11 Premiums Earned	14 Incurring Claims		15 Premiums Earned	18 Incurring Claims		18 Number of Covered Lives	
											12 Amount	13 Percent of Premiums Earned		16 Amount	17 Percent of Premiums Earned		

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
 - 2.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 2.2 Contact Person and Phone Number: Michelle White 317-715-7590
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
 - 3.1 Address: 7440 Woodland Drive Indianapolis , IN 46278-1719
 - 3.2 Contact Person and Phone Number: Michelle White 317-715-7590
4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company

SCHEDULE O SUPPLEMENT

For The Year Ended December 31, 2017
(To Be Filed by March 1)

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

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Table with 6 rows (Prior, 2013-2017) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2013, 2014, 2015, 2016, 2017(a)).

Section B - Other Accident and Health

Table with 6 rows (Prior, 2013-2017) and 5 columns (Cumulative Net Amounts Paid Policyholders for 2013, 2014, 2015, 2016, 2017(a)).

Section C - Credit Accident and Health

Table with 6 rows (Prior, 2013-2017) and 5 columns. All cells contain 'NONE'.

Section D -

Table with 6 rows (Prior, 2013-2017) and 5 columns. All cells contain 'NONE'.

Section E -

Table with 6 rows (Prior, 2013-2017) and 5 columns. All cells contain 'NONE'.

Section F -

Table with 6 rows (Prior, 2013-2017) and 5 columns. All cells contain 'NONE'.

Section G -

Table with 6 rows (Prior, 2013-2017) and 5 columns. All cells contain 'NONE'.

(a) See the Annual Audited Financial Reports section of the annual statement instructions.

SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Net Amounts Paid for Cost Containment Expenses				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. Prior	519	0	0	0	
2. 2013	15,586	1,881			
3. 2014	XXX	12,250	1,477		
4. 2015	XXX	XXX	11,521	1,840	
5. 2016	XXX	XXX	XXX	11,725	1,969
6. 2017	XXX	XXX	XXX	XXX	14,001

Section B - Other Accident and Health

1. Prior	58	0	0	0	
2. 2013	2,951	104			
3. 2014	XXX	2,513	93		
4. 2015	XXX	XXX	2,101	69	
5. 2016	XXX	XXX	XXX	2,078	471
6. 2017	XXX	XXX	XXX	XXX	2,335

Section C - Credit Accident and Health

1. Prior					
2. 2013	NONE				
3. 2014	XXX	XXX	XXX		
4. 2015	XXX	XXX	XXX		
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section D -

1. Prior					
2. 2013	NONE				
3. 2014	XXX	XXX	XXX		
4. 2015	XXX	XXX	XXX		
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section E -

1. Prior					
2. 2013	NONE				
3. 2014	XXX	XXX	XXX		
4. 2015	XXX	XXX	XXX		
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section F -

1. Prior					
2. 2013	NONE				
3. 2014	XXX	XXX	XXX		
4. 2015	XXX	XXX	XXX		
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

Section G -

1. Prior					
2. 2013	NONE				
3. 2014	XXX	XXX	XXX		
4. 2015	XXX	XXX	XXX		
5. 2016	XXX	XXX	XXX		
6. 2017	XXX	XXX	XXX	XXX	

SUPPLEMENT FOR THE YEAR 2017 OF THE Golden Rule Insurance Company
SCHEDULE O SUPPLEMENT

SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses
(\$000 Omitted)

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. 2013	1,291,596	1,275,910	1,274,383	XXX	XXX
2. 2014	XXX	1,199,802	1,192,128	1,190,018	XXX
3. 2015	XXX	XXX	925,405	920,569	917,730
4. 2016	XXX	XXX	XXX	849,850	842,278
5. 2017	XXX	XXX	XXX	XXX	837,281

Section B - Other Accident and Health

1. 2013	227,839	225,512	224,198	XXX	XXX
2. 2014	XXX	210,979	212,938	211,857	XXX
3. 2015	XXX	XXX	158,729	156,574	156,317
4. 2016	XXX	XXX	XXX	126,995	125,807
5. 2017	XXX	XXX	XXX	XXX	133,321

Section C - Credit Accident and Health

1. 2013				XXX	XXX
2. 2014	XXX				XXX
3. 2015	XXX				
4. 2016	XXX	XX	XXX		
5. 2017	XXX	XX	XXX	XXX	

NONE

Section D -

1. 2013				XXX	XXX
2. 2014	XXX				XXX
3. 2015	XXX				
4. 2016	XXX	XX	XXX		
5. 2017	XXX	XX	XXX	XXX	

NONE

Section E -

1. 2013				XXX	XXX
2. 2014	XXX				XXX
3. 2015	XXX				
4. 2016	XXX	XX	XXX		
5. 2017	XXX	XX	XXX	XXX	

NONE

Section F -

1. 2013				XXX	XXX
2. 2014	XXX				XXX
3. 2015	XXX				
4. 2016	XXX	XX	XXX		
5. 2017	XXX	XX	XXX	XXX	

NONE

Section G -

1. 2013				XXX	XXX
2. 2014	XXX				XXX
3. 2015	XXX				
4. 2016	XXX	XX	XXX		
5. 2017	XXX	XX	XXX	XXX	

NONE

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

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

Section A - Group Accident and Health

Years in Which Losses Were Incurred	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1 2013	2 2014	3 2015	4 2016	5 2017
1. 2013	1,307,565	1,277,792	1,274,383		
2. 2014	XXX	1,212,262	1,193,606	1,190,018	
3. 2015	XXX	XXX	937,316	922,409	917,730
4. 2016	XXX	XXX	XXX	862,037	844,215
5. 2017	XXX	XXX	XXX	XXX	851,529

Section B - Other Accident and Health

1. 2013	230,843	225,616	224,198		
2. 2014	XXX	213,524	213,032	211,857	
3. 2015	XXX	XXX	160,880	156,643	156,317
4. 2016	XXX	XXX	XXX	129,124	126,310
5. 2017	XXX	XXX	XXX	XXX	135,679

Section C - Credit Accident and Health

1. 2013					
2. 2014	XXX				
3. 2015	XXX				
4. 2016	XXX				
5. 2017	XXX	XX	XXX	XXX	

Section D -

1. 2013					
2. 2014	XXX				
3. 2015	XXX				
4. 2016	XXX				
5. 2017	XXX	XX	XXX	XXX	

Section E -

1. 2013					
2. 2014	XXX				
3. 2015	XXX				
4. 2016	XXX				
5. 2017	XXX	XX	XXX	XXX	

Section F -

1. 2013					
2. 2014	XXX				
3. 2015	XXX				
4. 2016	XXX				
5. 2017	XXX	XX	XXX	XXX	

Section G -

1. 2013					
2. 2014	XXX				
3. 2015	XXX				
4. 2016	XXX				
5. 2017	XXX	XX	XXX	XXX	

SUPPLEMENTAL SCHEDULE O - PART 5

(\$000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

Line of Business	1 Methodology	2 Amount
1. Industrial Life		
2. Ordinary Life	Standard Factor	320
3. Individual Annuity		
4. Supplementary Contracts		
5. Credit Life		
6. Group Life	Standard Factor	516
7. Group Annuities		
8. Group Accident and Health	Development	130,934
9. Credit Accident and Health		
10. Other Accident and Health	Development	21,167
11. Total		152,937

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