

AMENDED EXPLANATION COVER

March Amendment

Please find enclosed an amended statement for the year ended December 31, 2008 for American Network Insurance Company. The primary reason for the amendment is the Company's reassessment of certain assumptions in the development of current claim reserves. Other modifications include adjustments to the Company's tax provision and certain expense accruals identified during the Company's year-end closing process. We do not believe that any of these adjustments had a material effect upon the Company's financial standing.

April Amendment

Please find enclosed amended pages of the Supplemental Investment Risk Interrogatories and Accident and Health Policy Experience Exhibit for the year ended December 31, 2008 for American Network Insurance Company. These pages are being amended due to our amendment of the annual statement.



ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE

American Network Insurance Company (In Rehabilitation)

NAIC Group Code 0810, 0810 NAIC Company Code 81078 Employer's ID Number 03-0211497
(Current Period) (Prior Period)

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

Country of Domicile US

Incorporated/Organized February 27, 1961 Commenced Business May 26, 1961

Statutory Home Office 3440 Lehigh Street, Allentown, Pennsylvania 18103-7001
(Street and Number, City or Town, State and Zip Code)

Main Administrative Office 3440 Lehigh Street, Allentown, Pennsylvania 18103-7001 610-965-2222
(Street and Number, City or Town, State and Zip Code) (Area Code) (Telephone Number)

Mail Address 3440 Lehigh Street, Allentown, Pennsylvania 18103-7001
(Street and Number or P. O. Box, City or Town, State and Zip Code)

Primary Location of Books and Records 3440 Lehigh Street, Allentown, Pennsylvania 18103-7001
(Street and Number, City or Town, State and Zip Code)
610-965-2222
(Area Code) (Telephone Number)

Internet Website Address penntreaty.com

Statutory Statement Contact Mark David Cloutier 610-965-2222
(Name) (Area Code) (Telephone Number) (Extension)
mcloutier@penntreaty.com 610-967-3906
(E-Mail Address) (Fax Number)

OFFICERS

Joseph Di Memmo* (Deputy Commissioner)
Jane Menin Bagley (Secretary)
Mark David Cloutier (Treasurer)

OTHER OFFICERS

Cameron Barclay Waite (Executive Vice President)
Stephen Robert La Pierre (Executive Vice President)

DIRECTORS OR TRUSTEES

William Walter Hunt, Jr., Chairman
Mark David Cloutier
Emile Gene Ilchuk
Stephen Robert La Pierre
Peter Moodey Ross
Cameron Barclay Waite
Eugene Joseph Woznicki

State of Pennsylvania }
County of Lehigh } SS

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

Joseph Di Memmo*
Deputy Commissioner

Jane Menin Bagley
Corporate Secretary

Mark David Cloutier
CFO/Treasurer

Subscribed and sworn to before me this
29th day of May, 2009

a. Is this an original filing? Yes () No (X)
b. If no: 1. State the amendment number 2
2. Date filed May 29, 2009
3. Number of pages attached 21

ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Column 1 minus Column 2)	4 Net Admitted Assets
1. Bonds (Schedule D)	93,823,908		93,823,908	101,818,557
2. Stocks (Schedule D):				
2.1 Preferred stocks				
2.2 Common stocks	8,645,155		8,645,155	9,323,064
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens				
3.2 Other than first liens				
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$ encumbrances)				
4.2 Properties held for the production of income (less \$ encumbrances)				
4.3 Properties held for sale (less \$ encumbrances)				
5. Cash (\$ 1,943,964 , Schedule E - Part 1) , cash equivalents (\$ 10,876,684 , Schedule E - Part 2) and short-term investments (\$ 224,182 , Schedule DA)	13,044,830		13,044,830	5,603,607
6. Contract loans (including \$ premium notes)				
7. Other invested assets (Schedule BA)				
8. Receivables for securities				
9. Aggregate write-ins for invested assets				
10. Subtotals, cash and invested assets (Line 1 through Line 9)	115,513,893		115,513,893	116,745,228
11. Title plants less \$ charged off (for Title insurers only)				
12. Investment income due and accrued	1,208,657		1,208,657	1,327,497
13. Premiums and considerations:				
13.1 Uncollected premiums and agents' balances in the course of collection	28,079		28,079	22,088
13.2 Deferred premiums , agents' balances and installments booked but deferred and not yet due (including \$ earned but unbilled premiums)	3,224	3,224		
13.3 Accrued retrospective premiums				
14. Reinsurance:				
14.1 Amounts recoverable from reinsurers				
14.2 Funds held by or deposited with reinsured companies	1,302,548		1,302,548	519,264
14.3 Other amounts receivable under reinsurance contracts				
15. Amounts receivable relating to uninsured plans				
16.1 Current federal and foreign income tax recoverable and interest thereon				
16.2 Net deferred tax asset	5,940,871	5,239,743	701,128	824,290
17. Guaranty funds receivable or on deposit				
18. Electronic data processing equipment and software				
19. Furniture and equipment , including health care delivery assets (\$)				
20. Net adjustment in assets and liabilities due to foreign exchange rates				
21. Receivables from parent, subsidiaries and affiliates				6,487
22. Health care (\$) and other amounts receivable				878
23. Aggregate write-ins for other than invested assets	4,587,705	159,432	4,428,273	4,358,071
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23)	128,584,977	5,402,399	123,182,578	123,803,803
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts				
26. Total (Line 24 and Line 25)	128,584,977	5,402,399	123,182,578	123,803,803
DETAILS OF WRITE-INS				
0901.				
0902.				
0903.				
0998. Summary of remaining write-ins for Line 9 from overflow page				
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)				
2301. Prepaid Expense	92,499	92,499		
2302. Disallowed Negative IMR	66,933	66,933		
2303. Escrow for Purchase of Southern Security	4,428,273		4,428,273	4,358,071
2398. Summary of remaining write-ins for Line 23 from overflow page				
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	4,587,705	159,432	4,428,273	4,358,071

LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$ (Exhibit 5, Line 999999) less \$ included in Line 6.3 (including \$ Modco Reserve)		
2. Aggregate reserve for accident and health contracts (Exhibit 6, Line 17, Column 1) (including \$ Modco Reserve)	10,411,585	7,933,521
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Column 1) (including \$ Modco Reserve)		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Column 1 less sum of Columns 9, 10 and 11)		
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Columns 9, 10 and 11)	633,307	561,352
5. Policyholders' dividends \$ and coupons \$ due and unpaid (Exhibit 4, Line 10)		
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$ Modco)		
6.2 Dividends not yet apportioned (including \$ Modco)		
6.3 Coupons and similar benefits (including \$ Modco)		
7. Amount provisionally held for deferred dividend policies not included in Line 6		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$ discount; including \$ accident and health premiums (Exhibit 1, Part 1, Column 1, sum of Line 4 and Line 14)		
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on cancelled contracts		
9.2 Provision for experience rating refunds, including \$ accident and health experience rating refunds		
9.3 Other amounts payable on reinsurance, including \$ assumed and \$ ceded		
9.4 Interest Maintenance Reserve (IMR, Line 6)		
10. Commissions to agents due or accrued-life and annuity contracts \$, accident and health \$ and deposit-type contract funds \$	8,424	6,626
11. Commissions and expense allowances payable on reinsurance assumed		
12. General expenses due or accrued (Exhibit 2, Line 12, Column 6)	112,280	439,838
13. Transfers to Separate Accounts due or accrued (net) (including \$ accrued for expense allowances recognized in reserves, net of reinsured allowances)		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Column 5)	137,017	132,026
15.1 Current federal and foreign income taxes, including \$ on realized capital gains (losses)	574,788	2,366,936
15.2 Net deferred tax liability		
16. Unearned investment income		
17. Amounts withheld or retained by company as agent or trustee	3,555	19
18. Amounts held for agents' account, including \$ agents' credit balances	174,245	185,380
19. Remittances and items not allocated	3,327	33,988
20. Net adjustment in assets and liabilities due to foreign exchange rates		
21. Liability for benefits for employees and agents if not included above		
22. Borrowed money \$ and interest thereon \$		
23. Dividends to stockholders declared and unpaid		
24. Miscellaneous liabilities:		
24.1 Asset valuation reserve (AVR, Line 16, Column 7)	70,702	163,781
24.2 Reinsurance in unauthorized companies	8,585,461	
24.3 Funds held under reinsurance treaties with unauthorized reinsurers	98,262,033	90,614,287
24.4 Payable to parent, subsidiaries and affiliates	33,513	79,683
24.5 Drafts outstanding		
24.6 Liability for amounts held under uninsured plans		
24.7 Funds held under coinsurance		
24.8 Payable for securities		
24.9 Capital notes \$ and interest thereon \$		
25. Aggregate write-ins for liabilities	30,561	64,503
26. Total liabilities excluding Separate Accounts business (Line 1 to Line 25)	119,040,798	102,581,940
27. From Separate Accounts statement		
28. Total liabilities (Line 26 and Line 27)	119,040,798	102,581,940
29. Common capital stock	2,502,500	2,502,500
30. Preferred capital stock		
31. Aggregate write-ins for other than special surplus funds		
32. Surplus notes		
33. Gross paid in and contributed surplus (Page 3, Line 33, Column 2 plus Page 4, Line 51.1, Column 1)	16,813,089	16,813,089
34. Aggregate write-ins for special surplus funds		
35. Unassigned funds (surplus)	(15,173,809)	1,906,274
36. Less treasury stock, at cost:		
36.1 shares common (value included in Line 29 \$)		
36.2 shares preferred (value included in Line 30 \$)		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$ in Separate Accounts Statement)	1,639,280	18,719,363
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55)	4,141,780	21,221,863
39. Totals of Lines 28 and 38 (Page 2, Line 26, Column 3)	123,182,578	123,803,803
DETAILS OF WRITE-INS		
2501. Accounts Payable	30,561	64,503
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page		
2599. Totals (Line 2501 through Line 2503 plus Line 2598) (Line 25 above)	30,561	64,503
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page		
3199. Totals (Line 3101 through Line 3103 plus Line 3198) (Line 31 above)		
3401.		
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page		
3499. Totals (Line 3401 through Line 3403 plus Line 3498) (Line 34 above)		

SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Column 1, less Column 11)	8,219,352	9,223,794
2. Considerations for supplementary contracts with life contingencies		
3. Net investment income (Exhibit of Net Investment Income, Line 17)	881,183	954,223
4. Amortization of Interest Maintenance Reserve (IMR, Line 5)	23,629	(4,805)
5. Separate Accounts net gain from operations excluding unrealized gains or losses		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Column 1)	4,126,981	3,545,626
7. Reserve adjustments on reinsurance ceded		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts		
8.2 Charges and fees for deposit-type contracts		
8.3 Aggregate write-ins for miscellaneous income		
9. Totals (Line 1 to Line 8.3)	13,251,145	13,718,838
10. Death benefits		
11. Matured endowments (excluding guaranteed annual pure endowments)		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Column 4 plus Column 8)		
13. Disability benefits and benefits under accident and health contracts	2,391,857	2,327,136
14. Coupons, guaranteed annual pure endowments and similar benefits		
15. Surrender benefits and withdrawals for life contracts		
16. Group conversions		
17. Interest and adjustments on contract or deposit-type contract funds		
18. Payments on supplementary contracts with life contingencies		
19. Increase in aggregate reserves for life and accident and health contracts	2,478,065	2,329,707
20. Totals (Line 10 to Line 19)	4,869,922	4,656,843
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Column 1)	2,802,565	3,042,050
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Column 1)	651,535	620,224
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4)	1,984,983	2,376,350
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Column 1 plus Column 2 plus Column 3)	570,604	484,225
25. Increase in loading on deferred and uncollected premiums		
26. Net transfers to or (from) Separate Accounts net of reinsurance		
27. Aggregate write-ins for deductions		
28. Totals (Line 20 to Line 27)	10,879,609	11,179,692
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	2,371,536	2,539,146
30. Dividends to policyholders		
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	2,371,536	2,539,146
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	207,852	1,116,936
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	2,163,684	1,422,210
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$ (excluding taxes of \$ transferred to the IMR)	(893,952)	3,813
35. Net Income (Line 33 plus Line 34)	1,269,732	1,426,023
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Column 2)	21,221,863	19,265,145
37. Net income (Line 35)	1,269,732	1,426,023
38. Change in net unrealized capital gains (losses) less capital gains tax of \$	(67,660)	501,952
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax	275,102	113,828
41. Change in nonadmitted assets	(463,677)	3,475
42. Change in liability for reinsurance in unauthorized companies	(8,585,462)	
43. Change in reserve on account of change in valuation basis, (increase) or decrease (Exhibit 5A, Line 9999999, Column 4)		
44. Change in asset valuation reserve	93,079	(65,511)
45. Change in treasury stock (Page 3, Lines 36.1 and 36.2 Column 2 minus Column 1)		
46. Surplus (contributed to) withdrawn from Separate Accounts during period		
47. Other changes in surplus in Separate Accounts statement		
48. Change in surplus notes		
49. Cumulative effects of changes in accounting principles		
50. Capital changes:		
50.1 Paid in		
50.2 Transferred from surplus (Stock Dividend)		
50.3 Transferred to surplus		
51. Surplus adjustment:		
51.1 Paid in		
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance	(22,317)	(23,049)
52. Dividends to stockholders	(8,000,000)	
53. Aggregate write-ins for gains and losses in surplus	(1,578,880)	
54. Net change in capital and surplus for the year (Line 37 through Line 53)	(17,080,083)	1,956,718
55. Capital and surplus, December 31, current year (Line 36 plus Line 54) (Page 3, Line 38)	4,141,780	21,221,863
DETAILS OF WRITE-INS		
08.301.		
08.302.		
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page		
08.399. Totals (Line 08.301 through Line 08.303 plus Line 08.398) (Line 8.3 above)		
2701.		
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page		
2799. Totals (Line 2701 through Line 2703 plus Line 2798) (Line 27 above)		
5301. Prior Year Surplus Adjustment Due to Reinsurance	(1,578,880)	
5302.		
5303.		
5398. Summary of remaining write-ins for Line 53 from overflow page		
5399. Totals (Line 5301 through Line 5303 plus Line 5398) (Line 53 above)	(1,578,880)	

CASH FLOW

	1	2
	Current Year	Prior Year
Cash from Operations		
1. Premiums collected net of reinsurance	8,213,361	9,218,094
2. Net investment income	1,197,846	897,159
3. Miscellaneous income	4,104,664	3,522,577
4. Total (Line 1 through Line 3)	13,515,871	13,637,830
5. Benefit and loss related payments	2,320,207	2,518,763
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts	6,334,080	6,815,106
7. Commissions, expenses paid and aggregate write-ins for deductions	6,334,080	6,815,106
8. Dividends paid to policyholders	(1,137)	(1,137)
9. Federal and foreign income taxes paid (recovered) net of \$ tax on capital gains (losses)	(1,137)	(1,137)
10. Total (Line 5 through Line 9)	8,654,287	9,332,732
11. Net cash from operations (Line 4 minus Line 10)	4,861,584	4,305,098
Cash from Investments		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds	14,318,297	15,647,672
12.2 Stocks		
12.3 Mortgage loans		
12.4 Real estate		
12.5 Other invested assets		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments		3,813
12.7 Miscellaneous proceeds		
12.8 Total investment proceeds (Line 12.1 through Line 12.7)	14,318,297	15,651,485
13. Cost of investments acquired (long-term only):		
13.1 Bonds	6,780,034	22,882,951
13.2 Stocks		
13.3 Mortgage loans		
13.4 Real estate		
13.5 Other invested assets		
13.6 Miscellaneous applications		
13.7 Total investments acquired (Line 13.1 through Line 13.6)	6,780,034	22,882,951
14. Net increase (decrease) in contract loans and premium notes		
15. Net cash from investments (Line 12.8 minus Line 13.7 minus Line 14)	7,538,263	(7,231,466)
Cash from Financing and Miscellaneous Sources		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes		
16.2 Capital and paid in surplus, less treasury stock		
16.3 Borrowed funds		
16.4 Net deposits on deposit-type contracts and other insurance liabilities		
16.5 Dividends to stockholders	8,000,000	
16.6 Other cash provided (applied)	3,041,376	4,516,962
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	(4,958,624)	4,516,962
RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS		
18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17)	7,441,223	1,590,594
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year	5,603,607	4,013,013
19.2 End of year (Line 18 plus Line 19.1)	13,044,830	5,603,607
Note: Supplemental disclosures of cash flow information for non-cash transactions:		
20.001		
20.002		
20.003		
20.004		
20.005		
20.006		
20.007		
20.008		
20.009		
20.010		

ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
1. Premiums and annuity considerations for life and accident and health contracts	8,219,352										8,219,352	
2. Considerations for supplementary contracts with life contingencies												
3. Net investment income	881,183										881,183	
4. Amortization of Interest Maintenance Reserve (IMR)	23,629										23,629	
5. Separate Accounts net gain from operations excluding unrealized gains or losses												
6. Commissions and expense allowances on reinsurance ceded	4,126,981										4,126,981	
7. Reserve adjustments on reinsurance ceded												
8. Miscellaneous Income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from Separate Accounts												
8.2 Charges and fees for deposit-type contracts												
8.3 Aggregate write-ins for miscellaneous income												
9. Totals (Line 1 to Line 8.3)	13,251,145										13,251,145	
10. Death benefits												
11. Matured endowments (excluding guaranteed annual pure endowments)												
12. Annuity benefits												
13. Disability benefits and benefits under accident and health contracts	2,391,857										2,391,857	
14. Coupons, guaranteed annual pure endowments and similar benefits												
15. Surrender benefits and withdrawals for life contracts												
16. Group conversions												
17. Interest and adjustments on contract or deposit-type contract funds												
18. Payments on supplementary contracts with life contingencies												
19. Increase in aggregate reserves for life and accident and health contracts	2,478,065										2,478,065	
20. Totals (Line 10 to Line 19)	4,869,922										4,869,922	
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)	2,802,565										2,802,565	
22. Commissions and expense allowances on reinsurance assumed	651,535										651,535	
23. General insurance expenses	1,984,983										1,984,983	
24. Insurance taxes, licenses and fees, excluding federal income taxes	570,604										570,604	
25. Increase in loading on deferred and uncollected premiums												
26. Net transfers to or (from) Separate Accounts net of reinsurance												
27. Aggregate write-ins for deductions												
28. Totals (Line 20 to Line 27)	10,879,609										10,879,609	
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	2,371,536										2,371,536	
30. Dividends to policyholders												
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	2,371,536										2,371,536	
32. Federal income taxes incurred (excluding tax on capital gains)	207,852										207,852	
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32)	2,163,684										2,163,684	
DETAILS OF WRITE-INS												
08.301												
08.302												
08.303												
08.398. Summary of remaining write-ins for Line 8.3 from overflow page												
08.399. Totals (Line 08.301 through Line 08.303 plus Line 08.398) (Line 8.3 above)												
2701.												
2702.												
2703.												
2798. Summary of remaining write-ins for Line 27 from overflow page												
2799. Totals (Line 2701 through Line 2703 plus Line 2798) (Line 27 above)												

(a) Includes the following amounts for FEGLI/SGLI: Line 1, Line 10, Line 16, Line 23, Line 24

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Analysis of Increase In Reserves During The Year

NONE

EXHIBIT OF NET INVESTMENT INCOME

	1	2
	Collected During Year	Earned During Year
1. U.S. Government bonds	(a) 454,791	430,007
1.1 Bonds exempt from U.S. tax	(a)	
1.2 Other bonds (unaffiliated)	(a) 4,800,812	4,718,804
1.3 Bonds of affiliates	(a)	
2.1 Preferred stocks (unaffiliated)	(b)	
2.11 Preferred stocks of affiliates	(b)	
2.2 Common stocks (unaffiliated)		
2.21 Common stocks of affiliates		
3. Mortgage loans	(c)	
4. Real estate	(d)	
5. Contract loans		
6. Cash, cash equivalents and short-term investments	(e) 158,360	146,312
7. Derivative instruments	(f)	
8. Other invested assets		
9. Aggregate write-ins for investment income	34,568	34,568
10. Total gross investment income	5,448,531	5,329,691
11. Investment expenses		(g) 116,257
12. Investment taxes, licenses and fees, excluding federal income taxes		(g)
13. Interest expense		(h) 4,332,251
14. Depreciation on real estate and other invested assets		(i)
15. Aggregate write-ins for deductions from investment income		
16. Totals deductions (Line 11 through Line 15)		4,448,508
17. Net investment income (Line 10 minus Line 16)		881,183
DETAILS OF WRITE-INS		
0901. Miscellaneous Income	34,568	34,568
0902.		
0903.		
0998. Summary of remaining write-ins for Line 9 from overflow page		
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)	34,568	34,568
1501.		
1502.		
1503.		
1598. Summary of remaining write-ins for Line 15 from overflow page		
1599. Totals (Line 1501 through Line 1503 plus Line 1598) (Line 15 above)		

(a) Includes \$ 68,040 accrual of discount less \$ 271,796 amortization of premium and less \$ 56,638 paid for accrued interest on purchases.
 (b) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued dividends on purchases.
 (c) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.
 (d) Includes \$ for company's occupancy of its own buildings; and excludes \$ interest on encumbrances.
 (e) Includes \$ accrual of discount less \$ amortization of premium and less \$ paid for accrued interest on purchases.

(f) Includes \$ accrual of discount less \$ amortization of premium.
 (g) Includes \$ investment expenses and \$ investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
 (h) Includes \$ interest on surplus notes and \$ interest on capital notes.
 (i) Includes \$ depreciation on real estate and \$ depreciation on other invested assets.

EXHIBIT OF CAPITAL GAINS (LOSSES)

	1	2	3	4	5
	Realized Gain (Loss) on Sales or Maturity	Other Realized Adjustments	Total Realized Capital Gain (Loss) (Cols. 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. Government bonds	220,989		220,989		
1.1 Bonds exempt from U.S. tax					
1.2 Other bonds (unaffiliated)	(189,916)	(280,473)	(470,389)		
1.3 Bonds of affiliates					
2.1 Preferred stocks (unaffiliated)					
2.11 Preferred stocks of affiliates					
2.2 Common stocks (unaffiliated)					
2.21 Common stocks of affiliates		(613,479)	(613,479)	(67,660)	
3. Mortgage loans					
4. Real estate					
5. Contract loans					
6. Cash, cash equivalents and short-term investments					
7. Derivative instruments					
8. Other invested assets					
9. Aggregate write-ins for capital gains (losses)					
10. Total capital gains (losses)	31,073	(893,952)	(862,879)	(67,660)	
DETAILS OF WRITE-INS					
0901.					
0902.					
0903.					
0998. Summary of remaining write-ins for Line 9 from overflow page					
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)					

EXHIBIT 1 - PART 1 - PREMIUMS AND ANNUITY CONSIDERATIONS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other	
FIRST YEAR (other than single)											
1. Uncollected	1,234										1,234
2. Deferred and accrued											
3. Deferred, accrued and uncollected:											
3.1 Direct	1,234										1,234
3.2 Reinsurance assumed											
3.3 Reinsurance ceded											
3.4 Net (Line 1 plus Line 2)	1,234										1,234
4. Advance											
5. Line 3.4 minus Line 4	1,234										1,234
6. Collected during year:											
6.1 Direct	1,033,835										1,033,835
6.2 Reinsurance assumed	432,999										432,999
6.3 Reinsurance ceded	958,771										958,771
6.4 Net	508,063										508,063
7. Line 5 plus Line 6.4	509,297										509,297
8. Prior year (uncollected plus deferred and accrued minus advance)	5,789										5,789
9. First year premiums and considerations:											
9.1 Direct	1,029,280										1,029,280
9.2 Reinsurance assumed	432,999										432,999
9.3 Reinsurance ceded	958,771										958,771
9.4 Net (Line 7 minus Line 8)	503,508										503,508
SINGLE											
10. Single premiums and considerations:											
10.1 Direct											
10.2 Reinsurance assumed											
10.3 Reinsurance ceded											
10.4 Net											
RENEWAL											
11. Uncollected	26,846										26,846
12. Deferred and accrued											
13. Deferred, accrued and uncollected:											
13.1 Direct	26,846										26,846
13.2 Reinsurance assumed											
13.3 Reinsurance ceded											
13.4 Net (Line 11 plus Line 12)	26,846										26,846
14. Advance											
15. Line 13.4 minus Line 14	26,846										26,846
16. Collected during year:											
16.1 Direct	22,980,044										22,980,044
16.2 Reinsurance assumed	960,841										960,841
16.3 Reinsurance ceded	16,235,587										16,235,587
16.4 Net	7,705,298										7,705,298
17. Line 15 plus Line 16.4	7,732,144										7,732,144
18. Prior year (uncollected plus deferred and accrued minus advance)	16,299										16,299
19. Renewal premiums and considerations:											
19.1 Direct	22,995,027										22,995,027
19.2 Reinsurance assumed	960,841										960,841
19.3 Reinsurance ceded	16,240,023										16,240,023
19.4 Net (Line 17 minus Line 18)	7,715,845										7,715,845
TOTAL											
20. Total premiums and annuity considerations:											
20.1 Direct	24,024,307										24,024,307
20.2 Reinsurance assumed	1,393,840										1,393,840
20.3 Reinsurance ceded	17,198,794										17,198,794
20.4 Net (Lines 9.4 plus 10.4 plus 19.4)	8,219,353										8,219,353

EXHIBIT 1 - PART 2 - DIVIDENDS AND COUPONS APPLIED, REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES AND COMMISSIONS INCURRED (direct business only)

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group and Individual)	10 Other	
DIVIDENDS AND COUPONS APPLIED (included in Part 1)											
21. To pay renewal premiums											
22. All other											
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED											
23. First year (other than single):											
23.1 Reinsurance ceded	755,467									755,467	
23.2 Reinsurance assumed	445,911									445,911	
23.3 Net ceded less assumed	309,556									309,556	
24. Single:											
24.1 Reinsurance ceded											
24.2 Reinsurance assumed											
24.3 Net ceded less assumed											
25. Renewal:											
25.1 Reinsurance ceded	3,371,514									3,371,514	
25.2 Reinsurance assumed	205,624									205,624	
25.3 Net ceded less assumed	3,165,890									3,165,890	
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6)	4,126,981									4,126,981	
26.2 Reinsurance assumed (Page 6, Line 22)	651,535									651,535	
26.3 Net ceded less assumed	3,475,446									3,475,446	
COMMISSIONS INCURRED (direct business only)											
27. First year (other than single)	675,361									675,361	
28. Single											
29. Renewal	2,127,204									2,127,204	
30. Deposit-type contract funds											
31. Totals (to agree with Page 6, Line 21)	2,802,565									2,802,565	

EXHIBIT 2 - GENERAL EXPENSES

	Insurance				5 Investment	6 Total
	1 Life	Accident and Health		4 All Other Lines of Business		
		2 Cost Containment	3 All Other			
1. Rent						
2. Salaries and wages			600,900			600,900
3.11 Contributions for benefit plans for employees			100,000			100,000
3.12 Contributions for benefit plans for agents						
3.21 Payments to employees under non-funded benefit plans						
3.22 Payments to agents under non-funded benefit plans						
3.31 Other employee welfare						
3.32 Other agent welfare						
4.1 Legal fees and expenses			50,642			50,642
4.2 Medical examination fees						
4.3 Inspection report fees			100,186			100,186
4.4 Fees of public accountants and consulting actuaries			404,767			404,767
4.5 Expense of investigation and settlement of policy claims			174,900			174,900
5.1 Traveling expenses						
5.2 Advertising			19,586			19,586
5.3 Postage, express, telegraph and telephone			18,531			18,531
5.4 Printing and stationery			66,851			66,851
5.5 Cost or depreciation of furniture and equipment			73			73
5.6 Rental of equipment						
5.7 Cost or depreciation of EDP equipment and software						
6.1 Books and periodicals						
6.2 Bureau and association fees			1,428			1,428
6.3 Insurance, except on real estate			20,959			20,959
6.4 Miscellaneous losses						
6.5 Collection and bank service charges			11,675			11,675
6.6 Sundry general expenses			214,014			214,014
6.7 Group service and administration fees						
6.8 Reimbursements by uninsured plans						
7.1 Agency expense allowance						
7.2 Agents' balances charged off (less \$ recovered)						
7.3 Agency conferences other than local meetings						
9.1 Real estate expenses						
9.2 Investment expenses not included elsewhere				116,257		116,257
9.3 Aggregate write-ins for expenses			200,471			200,471
10. General expenses incurred			1,984,983		116,257	(a) 2,101,240
11. General expenses unpaid December 31, prior year			439,838			439,838
12. General expenses unpaid December 31, current year			112,281			112,281
13. Amounts receivable relating to uninsured plans, prior year						
14. Amounts receivable relating to uninsured plans, current year						
15. General expenses paid during year (Lines 10 + 11 - 12 - 13 + 14)			2,312,540		116,257	2,428,797
DETAILS OF WRITE-INS						
09.301. Consulting Expense			74,260			74,260
09.302. Sales Promotion			76,911			76,911
09.303. Strategic Alternatives			49,300			49,300
09.398. Summary of remaining write-ins for Line 9.3 from overflow page						
09.399. Totals (Line 09.301 through Line 09.303 plus Line 09.398) (Line 9.3 above)			200,471			200,471

(a) Includes management fees of \$ to affiliates and \$ to non-affiliates.

**EXHIBIT 3 - TAXES, LICENSES AND FEES
(EXCLUDING FEDERAL INCOME TAXES)**

	Insurance			4 Investment	5 Total
	1 Life	2 Accident and Health	3 All Other Lines of Business		
1. Real estate taxes					
2. State insurance department licenses and fees		127,818			127,818
3. State taxes on premiums		442,735			442,735
4. Other state taxes, including \$ for employee benefits		51			51
5. U. S. Social Security taxes					
6. All other taxes					
7. Taxes, licenses and fees incurred		570,604			570,604
8. Taxes, licenses and fees unpaid December 31, prior year		132,026			132,026
9. Taxes, licenses and fees unpaid December 31, current year		137,017			137,017
10. Taxes, licenses and fees paid during year (Line 7 plus Line 8 minus Line 9)		565,613			565,613

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1	2
	Life	Accident and Health
1. Applied to pay renewal premiums		
2. Applied to shorten the endowment or premium-paying period		
3. Applied to provide paid-up additions		
4. Applied to provide paid-up annuities		
5. Total Line 1 through Line 4		
6. Paid-in cash		
7. Left on deposit		
8. Aggregate write-ins for dividend or refund options		
9. Total Line 5 through Line 8		
10. Amount due and unpaid		
11. Provision for dividends or refunds payable in the following calend		
12. Terminal dividends		
13. Provision for deferred dividend contracts		
14. Amount provisionally held for deferred dividend policies not inclu		
15. Total Line 10 through Line 14		
16. Total from prior year		
17. Total dividends or refunds (Line 9 plus Line 15 minus Line 16)		
NONE		
DETAILS OF WRITE-INS		
0801.		
0802.		
0803.		
0898. Summary of remaining write-ins for Line 8 from overflow page		
0899. Totals (Line 0801 through Line 0803 plus Line 0898) (Line 8 above)		

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Exhibit 5, Aggregate Reserve for Life Contracts

NONE

EXHIBIT 5 - INTERROGATORIES

- 1.1 Has the reporting entity ever issued both participating and non-participating contracts? Yes () No (X)
- 1.2 If not, state which kind is issued.
.....
- 2.1 Does the reporting entity at present issue both participating and non-participating contracts? Yes () No (X)
- 2.2 If not, state which kind is issued.
.....
- 3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?
If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions. Yes () No (X)
- 4. Has the reporting entity any assessment or stipulated premium contracts in force?
If so, state: Yes () No (X)
- 4.1 Amount of insurance? \$
- 4.2 Amount of reserve? \$
- 4.3 Basis of reserve:
.....
- 4.4 Basis of regular assessments:
.....
- 4.5 Basis of special assessments:
.....
- 4.6 Assessments collected during the year: \$
- 5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.
.....
- 6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? Yes () No (X)
- 6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$
- 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: \$
Attach statement of methods employed in their valuation.
- 7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? Yes () No (X)
- 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$
- 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount.
.....
- 7.3 State the amount of reserves established for this business: \$
- 7.4 Identify where the reserves are reported in the blank.
.....

EXHIBIT 5A - CHANGES IN BASES OF VALUATION DURING THE YEAR

1 Description of Valuation Class	Valuation Basis		4 Increase in Actuarial Reserve Due to Change
	2 Changed From	3 Changed To	

NONE

EXHIBIT 6 - AGGREGATES RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	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
ACTIVE LIFE RESERVE									
1. Unearned premium reserves	6,408,580				6,361	6,402,219			
2. Additional contract reserves (a)	83,281,616				441,157	82,840,459			
3. Additional actuarial reserves - Asset/Liability analysis									
4. Reserve for future contingent benefits									
5. Reserve for rate credits									
6. Aggregate write-ins for reserves									
7. Totals (Gross)	89,690,196				447,518	89,242,678			
8. Reinsurance ceded	80,532,744				447,518	80,085,226			
9. Totals (Net)	9,157,452					9,157,452			
CLAIM RESERVE									
10. Present value of amounts not yet due on claims	25,276,071				68,785	25,207,286			
11. Additional actuarial reserves - Asset/Liability analysis									
12. Reserve for future contingent benefits									
13. Aggregate write-ins for reserves									
14. Totals (Gross)	25,276,071				68,785	25,207,286			
15. Reinsurance ceded	24,021,938				68,785	23,953,153			
16. Totals (Net)	1,254,133					1,254,133			
17. TOTAL (Net)	10,411,585					10,411,585			
18. TABULAR FUND INTEREST	311,340					311,340			
DETAILS OF WRITE-INS									
0601									
0602									
0603									
0698. Summary of remaining write-ins for Line 6 from overflow page									
0699. Totals (Lines 0601 through 0603 plus 0698) (Line 6 above)									
1301									
1302									
1303									
1398. Summary of remaining write-ins for Line 13 from overflow page									
1399. Totals (Lines 1301 through 1303 plus 1398) (Line 13 above)									

(a) Attach statement as to valuation standard used in calculating this reserve, specifying reserve bases, interest rates and methods.

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Exhibit 7, Deposit Type Contracts

NONE

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

	1	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life	Life Insurance	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance	Annuities	Group	Credit (Group and Individual)	Other
1. Due and unpaid:											
1.1 Direct											
1.2 Reinsurance assumed											
1.3 Reinsurance ceded											
1.4 Net											
2. In course of settlement:											
2.1 Resisted											
2.11 Direct											
2.12 Reinsurance assumed											
2.13 Reinsurance ceded											
2.14 Net			(b)	(b)		(b)	(b)				
2.2 Other											
2.21 Direct	1,912,872										1,912,872
2.22 Reinsurance assumed											
2.23 Reinsurance ceded	1,377,840										1,377,840
2.24 Net	535,032		(b)	(b)		(b)	(b)	(b)	(b)	(b)	535,032
3. Incurred but unreported:											
3.1 Direct	1,376,020										1,376,020
3.2 Reinsurance assumed	30,000										30,000
3.3 Reinsurance ceded	1,307,745										1,307,745
3.4 Net	98,275		(b)	(b)		(b)	(b)		(b)	(b)	98,275
4. TOTALS											
4.1 Direct	3,288,892										3,288,892
4.2 Reinsurance assumed	30,000										30,000
4.3 Reinsurance ceded	2,685,585										2,685,585
4.4 Net	633,307	(a)	(a)				(a)				633,307

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$ in Column 2, \$ in Column 3 and \$ in Column 7.

(b) Include only portion of disability and accident and health claim liabilities applicable to assumed "accrued" benefits. Reserves (including reinsurance assumed and net of reinsurance ceded) for unaccrued benefits for Ordinary Life Insurance \$, Individual Annuities \$, Credit Life (Group and Individual) \$, and Group Life \$ are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$, Credit (Group and Individual) Accident and Health \$ and Other Accident and Health \$ are included in Page 3, Line 2, (See Exhibit 6, Claim Reserve).

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS
PART 2 - Incurred During the Year

	1 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct	12,941,682										12,941,682
1.2 Reinsurance assumed											
1.3 Reinsurance ceded	10,621,781										10,621,781
1.4 Net	(d) 2,319,901										2,319,901
2. Liability December 31, current year from Part 1:											
2.1 Direct	3,288,892										3,288,892
2.2 Reinsurance assumed	30,000										30,000
2.3 Reinsurance ceded	2,685,585										2,685,585
2.4 Net	633,307										633,307
3. Amounts recoverable from reinsurers December 31, current year											
4. Liability December 31, prior year:											
4.1 Direct	2,606,430										2,606,430
4.2 Reinsurance assumed	30,000										30,000
4.3 Reinsurance ceded	2,075,079										2,075,079
4.4 Net	561,351										561,351
5. Amounts recoverable from reinsurers December 31, prior year											
6. Incurred Benefits:											
6.1 Direct	13,624,144										13,624,144
6.2 Reinsurance assumed											
6.3 Reinsurance ceded	11,232,287										11,232,287
6.4 Net	2,391,857										2,391,857

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ in Line 1.1, \$ in Line 1.4.
 \$ in Line 6.1 and \$ in Line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ in Line 1.1, \$ in Line 1.4.
 \$ in Line 6.1 and \$ in Line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$ in Line 1.1, \$ in Line 1.4.
 \$ in Line 6.1 and \$ in Line 6.4.

(d) Includes \$ premiums waived under total and permanent disability benefits.

EXHIBIT OF NONADMITTED ASSETS

	1	2	3
	Current Year Total Nonadmitted Assets	Prior Year Total Nonadmitted Assets	Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D)			
2. Stocks (Schedule D):			
2.1 Preferred stocks			
2.2 Common stocks			
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens			
3.2 Other than first liens			
4. Real estate (Schedule A):			
4.1 Properties occupied by the company			
4.2 Properties held for the production of income			
4.3 Properties held for sale			
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA)			
6. Contract loans			
7. Other invested assets (Schedule BA)			
8. Receivable for securities			
9. Aggregate write-ins for invested assets			
10. Subtotals, cash and invested assets (Line 1 to Line 9)			
11. Title plants (for Title insurers only)			
12. Investment income due and accrued			
13. Premiums and considerations:			
13.1 Uncollected premiums and agents' balances in the course of collection			
13.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due	3,224	3,140	(84)
13.3 Accrued retrospective premiums			
14. Reinsurance:			
14.1 Amounts recoverable from reinsurers			
14.2 Funds held by or deposited with reinsured companies			
14.3 Other amounts receivable under reinsurance contracts			
15. Amounts receivable relating to uninsured plans			
16.1 Current federal and foreign income tax recoverable and interest thereon			
16.2 Net deferred tax asset	5,239,743	4,852,046	(387,697)
17. Guaranty funds receivable or on deposit			
18. Electronic data processing equipment and software			
19. Furniture and equipment, including health care delivery assets		73	73
20. Net adjustment in assets and liabilities due to foreign exchange rates			
21. Receivable from parent, subsidiaries and affiliates			
22. Health care and other amounts receivable			
23. Aggregate write-ins for other than invested assets	159,432	83,463	(75,969)
24. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Line 10 to Line 23)	5,402,399	4,938,722	(463,677)
25. From Separate Accounts, Segregated Accounts and Protected Cell Accounts			
26. Total (Line 24 and Line 25)	5,402,399	4,938,722	(463,677)
DETAILS OF WRITE-INS			
0901.			
0902.			
0903.			
0998. Summary of remaining write-ins for Line 9 from overflow page			
0999. Totals (Line 0901 through Line 0903 plus Line 0998) (Line 9 above)			
2301. Prepaid Expenses	92,499	19,651	(72,848)
2302. Disallowed Negative IMR	66,933	63,812	(3,121)
2303.			
2398. Summary of remaining write-ins for Line 23 from overflow page			
2399. Totals (Line 2301 through Line 2303 plus Line 2398) (Line 23 above)	159,432	83,463	(75,969)

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

A. Accounting Practices

1. The Annual Statement for the year 2008 of American Network Insurance Company is presented on the basis of accounting prescribed or permitted by the State of Pennsylvania Insurance Department.
2. In the current year there are no differences between the Pennsylvania statute and NAIC statutory accounting practices and procedures that impact the financial statements.
3. Not applicable.
4. Not applicable.

B. Use of Estimates in the Preparation of the Financial Statements.

The preparation of these financial statements in conformity with Statutory Accounting Principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy Disclosure

Premiums are recognized as revenue when due. Policy acquisition costs such as commissions and other marketing and policy issuance expenses incurred in connection with acquiring new business, are charged to operations as incurred.

In addition, the Company uses the following accounting policies:

1. Short-term investments are stated at amortized cost.
2. Bonds are stated at amortized cost, using the interest method.
3. Not applicable.
4. Not applicable.
5. Not applicable.
6. Loan-backed securities are stated at either amortized cost or the lower of amortized cost or fair market value. The prospective method is used to value the securities.
7. Investments in subsidiaries are valued at the equity or surplus value of the subsidiary. Ownership of parent common stock is valued in accordance with NAIC SVO upstream investment guidelines.
8. Not applicable.
9. Not applicable.
10. The Company utilizes investment income as a factor in its gross premium valuation calculation, as allowed by SSAP No. 54, Individual and Group Accident and Health contracts.
11. Liabilities for losses/claim adjustment expenses for accident and health contracts are estimated by the Company's valuation actuary using statistical claim development models to develop best estimates of liabilities. These models employ morbidity tables developed by the valuation actuary and discount rates specified by regulatory authorities. These morbidity tables are developed from a combination of company and industry experience. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined.
12. The Company has not modified its capitalization policy from the prior period.
13. Not applicable.

2. Accounting Changes and Correction of Errors - Not applicable.

3. Business Combinations and Goodwill

In December 2006, we entered into a purchase agreement to acquire Southern Security Life Insurance Company ("Southern Security"), a Florida-domiciled shell insurance company. The purchase price for Southern Security consisted of \$400,000 plus the capital and surplus of Southern Security as of December 31, 2006, which was \$3,861,363, plus all investment income and interest on the capital and surplus accruing between December 31, 2006 and the date of final distributions from escrow. The purchase agreement required the approval of the Pennsylvania Insurance Department, which was obtained, and the Florida Office of Insurance Regulation by December 21, 2007. Because the Florida Office of Insurance Regulation did not complete its review by that date, the seller exercised its right to terminate the purchase agreement. We are making no further attempt to consummate the transaction. The purchase price was held in escrow pending the completion of the transaction. The escrowed amount, plus interest, was returned to us on January 23, 2009.

4. Discontinued Operations - Not applicable.

5. Investments

- A. Mortgage Loans - Not applicable.
- B. Debt Restructuring - Not applicable.
- C. Reverse Mortgage - Not applicable.
- D. Loan-Backed Securities
 1. Not applicable.
 2. Prepayment assumptions were obtained from broker dealer survey values.
 3. Not applicable.
- E. Repurchase Agreements - Not applicable.

NOTES TO FINANCIAL STATEMENTS

F. Real Estate - Not applicable.

G. Low-Income Housing Tax Credits - Not applicable.

6. Joint Ventures, Partnerships and Limited Liability Companies - Not applicable.

7. Investment Income - Not applicable.

8. Derivative Instruments - Not applicable.

9. Income Taxes

A. The components of the net deferred tax asset are as follows:

	December 31	
	2008	2007
Total of gross deferred tax assets	\$ 5,940,871	\$ 5,676,336
Total of deferred tax liabilities	-	-
Net deferred tax assets	5,940,871	5,676,336
Deferred tax assets nonadmitted	5,239,742	4,852,046
Net admitted deferred tax assets	701,129	824,291
Increase in nonadmitted deferred tax assets	\$ 387,696	\$ 1,441

B. The Company does not have any deferred tax liabilities that are not recognized.

C. Current income taxes incurred consist of the following major components:

	December 31	
	2008	2007
Federal income tax on operations	\$ 207,852	\$ 1,116,936
Federal income tax on net realized capital gains	-	-
Total current Federal income tax incurred	\$ 207,852	1,116,936

The composition of deferred tax assets and liabilities are:

	December 31	
	2008	2007
Deferred tax assets:		
Deferred acquisition costs	\$ 3,565,462	\$ 3,615,519
Prepaid assets	31,450	6,681
Reserves	576,114	596,435
Investments	100,212	15,843
Other than temporary impairment	1,601,079	1,392,497
Alternative minimum tax carryforward	48,695	48,268
Strategic Alternatives	16,762	-
Other	\$ 1,096	\$ 1,092
Total deferred tax assets	5,940,871	5,676,336
Less: Nonadmitted deferred tax assets	5,239,742	4,852,046
Admitted deferred tax assets	701,129	824,290
Accrued Excise Tax Refund	-	-
Deferred tax liability	-	-
Net deferred tax assets admitted	\$ 701,129	\$ 824,290

The change in net deferred taxes is comprised of the following this analysis is exclusive of the tax effect of unrealized capital gains (losses) as the deferred taxes on unrealized gains (losses) are reported separately from the Change in Net Deferred Income Taxes in the surplus section of the Annual statement).

	December 31		Change
	2008	2007	
Total gross deferred tax assets	\$ 5,940,871	\$ 5,676,336	\$ 264,535
Total gross deferred tax liabilities	-	-	-
Deferred tax assets in excess of deferred tax liabilities	\$ 5,940,871	\$ 5,676,336	207,947
Tax effect of change in unrealized capital gains (losses)			(292,952)
Change in net deferred income taxes			\$ (28,417)

D. The provision for Federal income taxes incurred is different from that which would be obtained by applying the enacted Federal income tax rate to income before taxes. The significant items causing these differences are as follows:

	2008 Tax	Effective Tax Rate
Net gain from operations	\$ 2,371,535	
Realized capital gains (losses) from sales or maturities	-	
Total statutory gain	\$ 2,371,535	
Statutory gain at enacted rate	\$ 806,322	34.00%
Change in Net Capital Loss C/O	(427)	-0.02%
IMR in operations	(8,034)	-0.34%
Tax Return true-up	(555,221)	-23.41%
Other	(6,346)	-0.27%
Change in nonadmitted assets that are deferred	(25)	0.00%
	236,269	9.96%
Current Federal income tax incurred	207,852	8.76%
Change in net deferred income tax	28,417	1.20%
Total effective income tax	236,269	9.96%

E. The Company has no loss carryforwards at December 31, 2008. The following amounts of Federal income taxes are available for recoupment in the event of future net losses.

2006	922,249
2007	569,639
2008	763,073

F. The Company is part of a group that files a consolidated Federal income tax return. A written tax sharing agreement is approved and enforced by the Board of Directors. Allocation of tax provisions based upon the Company's provision as if the Company filed a separate return.

NOTES TO FINANCIAL STATEMENTS

Penn Treaty American Corporation
 Penn Treaty Network America Insurance Company
 American Independent Network Insurance Company of New York
 Senior Financial Consultants Company
 United Insurance Group Agency, Inc.
 Network Insurance Senior Health Division, Inc.

10. Information Concerning Parent, Subsidiaries and Affiliates

- A. B. and C. The Company is 100% owned by Penn Treaty Network America ("PTNA"), an insurance company. PTNA is 100% owned by Penn Treaty American Corporation ("PTA"), an insurance holding company. The Company owns 100% of American Independent Network Insurance Company of New York ("AINICNY"), an insurance company. In 2008 and 2007, the Company was allocated \$1,000,000 related to a cost sharing agreement with PTNA.
- D. Not applicable.
- E. Not applicable.
- F. Not applicable.
- G. The Company is under common control with PTNA and ANICNY. The existence of that control could result in operational or financial position changes being substantially different from those that would have been obtained if the Company were autonomous.
- H. The Company deducted \$291 from the market value of its common stock ownership of its ultimate parent PTA.
- I. Not applicable.
- J. Not applicable.
- K. Not applicable.
- L. Not applicable.

11. Debt - Not applicable.**12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Postretirement Benefit Plans - Not applicable.****13. Capital and Surplus, Shareowners' Dividend Restrictions and Quasi-Reorganizations**

1. The Company's capital is common stock, 2,000,000 shares authorized, 1,750,000 issued and outstanding, \$1.43 par value.
2. Not applicable.
3. On February 12, 2002, the Department approved a Corrective Action Plan (the "Plan") for the Company. The Plan requires the Department to approve all dividend requests made by the Company, regardless of normal statutory requirements of the allowable dividends.
4. The Board of Directors of the Company declared an \$8,000,000 dividend to its Parent, Penn Treaty Network America Insurance Company payable on August 15, 2008.
5. Not applicable.
6. Not applicable.
7. Not applicable.
8. Not applicable.
9. Not applicable.
10. The portion of unassigned funds (surplus) represented or reduced by cumulative unrealized gains and losses is \$(67,660).
11. Not applicable.
12. Not applicable.
13. Not applicable.

14. Contingencies

- A. Not applicable.
- B. Not applicable.
- C. Not applicable.
- D. Various liabilities arise in the normal course of the Company's business and have been recorded. We believe that any ultimate contingent losses will not have a material adverse effect on the Company's future results of operations and financial position.
- E. Not applicable.

15. Leases - Not applicable.**16. Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentration of Credit Risk - Not applicable.****17. Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities - Not applicable.****18. Gain or Loss to the Reporting Entity from Uninsured Accident and Health Plans and the Uninsured Portion of Partially Insured Plans - Not applicable.****19. Direct Premium Written by Managing General Agents/Third Party Administrators - Not applicable.****20. Other Items****A. Reinsurance Agreements with Imagine International Reinsurance Limited**

On August 21, 2008 the Company provided notification of breach to Imagine for its failure to provide the requisite level of collateral in the form of letters of credit as of June 30, 2008 under the 2001 Agreement. The

NOTES TO FINANCIAL STATEMENTS

Company does not consider Imagine to be in breach of its obligations under the 2005 Agreement.

The Company took this action based on verbal notification provided by Imagine that the additional letter of credit would not be provided. Imagine has further provided written confirmation contending they are not in breach, stating that since the Company failed to obtain an Obligatory Premium Rate Increase as a result of regulatory action or inaction, a Regulatory Risk Event had occurred under the 2001 Agreement. The Company is pursuing available legal remedies including, but not limited to, the arbitration provisions included in the reinsurance agreement.

On November 10, 2008 the Company and Imagine agreed upon binding terms for a final settlement agreement regarding their dispute.

Under the terms of the agreement, the Company will not pay expense and risk charges to Imagine beyond the first quarter of 2008 for its primary reinsurance treaty or beyond the second quarter of 2008 for its secondary treaty. The Company believes that it would have otherwise been obligated to pay expense and risk charges through the end of 2008 on the primary treaty and potentially through the third quarter of 2010 on the secondary treaty. The Company estimates the value of these fees to be approximately \$1.2 million. In exchange, the Company has withdrawn its notice of intention to arbitrate and released approximately \$100 thousand in supporting letters of credit on December 1, 2008, which would have otherwise been released on January 1, 2009. The Company will recapture policies reinsured under both treaties on January 1, 2009. Both parties also agreed to waive any future contractual or non-contractual claims relating to the treaties other than those relating to the settlement agreement itself. The final settlement agreement was approved by the Pennsylvania Insurance Department.

As of December 31, 2008 the ceded reserves, collateral held and uncollateralized amounts under the 2001 Agreement are summarized as follows:

Ceded reserves	\$ 104,611,871
Funds withheld account	96,026,410
Uncollateralized amount	\$ 8,585,461

Statutory Accounting Principles state that credit for reinsurance shall be allowed a ceding insurer, for reinsurance ceded to a foreign unauthorized reinsurer, only when the unauthorized reinsurer maintains funds in a trust fund in a qualified U.S. financial institution in an amount not less than the liabilities assumed from U.S. ceding insurers. SSAP No. 61, Life, Deposit-Type, and Accident and Health Reinsurance, mandates that the liability for unauthorized reinsurance is a direct charge to surplus.

The Company, in accordance with SSAP No. 61, recognized a liability for unauthorized reinsurance as of December 31, 2008 amounting to \$8,585,461.

Economic Restructuring Plan

On October 3, 2008, PTA announced an economic restructuring plan ("the Plan") for PTNA and ANIC policyholders. The primary components of the Plan are:

1. Commutation of agreements with Imagine, PTNA's and ANIC's principal reinsurer, and recapture all reinsured policies under the two agreements on January 1, 2009, recognizing that statutory policyholder surplus would be negatively affected by the recapture. The Pennsylvania Insurance Department approved the recapture.
 2. PTA is continuing the review of strategic alternatives.
 3. The Company suspended new policy issuance nationwide on October 3, 2008 pending the outcome of the Plan.
- B. Not applicable.
- C. Not applicable.
- D. Not applicable.
- E. Not applicable.
- F. Not applicable.
- G. Not applicable.
- H. Not applicable.
- I. Not applicable.

21. Events Subsequent

On January 6, 2009 the Pennsylvania Insurance Department placed PTNA and ANIC under voluntary rehabilitation. Under rehabilitation, the Pennsylvania Insurance Commissioner will file a rehabilitation plan for the approval of the Commonwealth Court, which generally defines the plan under which the companies will operate. The companies would operate under the rehabilitation plan and would be overseen by the Insurance Commissioner as statutory rehabilitator.

22. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

- A. Are any of the reinsurers, listed in Schedule S as nonaffiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [] No [X]
- B. Have any policies issued by the Company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business? Yes [] No [X]

Section 2 - Ceded Reinsurance Report - Part A

- A. Does the Company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of premiums or other similar credits? Yes [] No [X]
- B. Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate

NOTES TO FINANCIAL STATEMENTS

and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [] No [X]

Section 3 - Ceded Reinsurance Report - Part B

- A. What is the estimated amount of the aggregate reduction in surplus (for agreements other than those under reflected in Section 2 above), of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the Company may consider the current or anticipated experience of the business reinsured in making this estimate. None
- B. Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the Company as the effective date of the agreement? Yes [] No [X]
- B. Uncollectible Reinsurance - Not applicable.
- C. Commutation of Ceded Reinsurance - Not applicable.

23. Retrospectively Related Contracts and Contracts Subject to Redetermination - Not applicable.

24. Change in Incurred Losses and Loss Adjustment Expenses

The increase in the incurred claims for 2007 and prior loss years (\$270,189) was due to lower than expected termination rates experienced in 2008. This adverse development has been addressed by adding margins to the claim reserve calculation for year end 2008. The company will also refine its claim reserve model in 2009 to account for this adverse trend in termination rates.

25. Inter Company Pooling Arrangements - Not applicable.

26. Structure Settlements - Not applicable.

27. Health Care Receivables - Not applicable.

28. Participating Policies - Not applicable.

29. Premium Deficiency Reserves - Not applicable

30. Reserves for Life Contracts and Annuity Contracts - Not applicable.

31. Analysis of Annuity Actuarial Reserves and Deposit Liabilities by Withdrawal Characteristics - Not applicable.

32. Premium and Annuity Considerations Deferred and Uncollected - Not applicable.

33. Separate Accounts - Not applicable.

34. Loss/Claim Adjustment Expenses

The activity in the liability for unpaid accident and health claim and claim adjustment expenses is summarized below:

	<u>Year Ended December 31</u>	
	<u>2008</u>	<u>2007</u>
Balance at January 1	1,363,208	1,569,753
Incurred related to:		
Current year	2,517,633	2,527,062
Prior Years	270,189	(294,959)
Imputed prior year interest	56,312	80,057
Total Incurred	<u>2,844,134</u>	<u>2,312,161</u>
Paid related to:		
Current Year	1,632,622	1,942,565
Prior Years	687,279	576,141
Total Paid	<u>2,319,901</u>	<u>2,518,706</u>
Balance at December 31	<u>1,887,441</u>	<u>1,363,208</u>

GENERAL INTERROGATORIES
PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes (X) No ()
- 1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent, or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes (X) No () N/A ()
- 1.3 State Regulating? Pennsylvania
- 2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes () No (X)
- 2.2 If yes, date of change:
- 3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2003
- 3.2 State the as of date of the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2003
- 3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 07/24/2005
- 3.4 By what department or departments?
Pennsylvania
- 3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments? Yes () No () N/A (X)
- 3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes (X) No () N/A ()
- 4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.11 sales of new business? Yes (X) No ()
- 4.12 renewals? Yes (X) No ()
- 4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:
- 4.21 sales of new business? Yes () No (X)
- 4.22 renewals? Yes () No (X)
- 5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes () No (X)
- 5.2 If yes, provide name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

1 Name of Entity	2 NAIC Company Code	3 State of Domicile
.....
.....
.....

- 6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes () No (X)
- 6.2 If yes, give full information:
.....
.....
- 7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes () No (X)
- 7.2 If yes,%
- 7.21 State the percentage of foreign control;
- 7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g. individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity
.....
.....
.....

GENERAL INTERROGATORIES

- 8.1 Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board? Yes () No (X)
- 8.2 If response to 8.1 is yes, please identify the name of the bank holding company.
.....
.....
- 8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes () No (X)
- 8.4 If response to 8.3 is yes, please provide the names and location (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i. e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 OTS	6 FDIC	7 SEC
.....
.....
.....

- 9. What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
BDO Seidman, LLP
1700 Market Street, 29th Floor, Philadelphia, PA 19103
- 10. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?
Milliman, USA
15800 Bluemound Road, Suite 400, Brookfield, WI 53005
- 11.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes () No (X)
 - 11.11 Name of real estate holding company
.....
.....
 - 11.12 Number of parcels involved
 - 11.13 Total book/adjusted carrying value \$
- 11.2 If yes, provide explanation
.....
.....
- 12. FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:
 - 12.1 What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?
.....
.....
 - 12.2 Does this statement contain all business transacted for the reporting entity through its United States branch on risks wherever located? Yes () No (X)
 - 12.3 Have there been any changes made to any of the trust indentures during the year? Yes () No (X)
 - 12.4 If answer to (12.3) is yes, has the domiciliary or entry state approved the changes? Yes () No () N/A (X)
- 13.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes (X) No ()
 - (a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 - (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 - (c) Compliance with applicable governmental laws, rules and regulations;
 - (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 - (e) Accountability for adherence to the code.
- 13.11 If the response to 13.1 is No, please explain:
.....
.....
- 13.2 Has the code of ethics for senior managers been amended? Yes () No (X)
- 13.21 If the response to 13.2 is Yes, provide information related to amendment(s).
.....
.....
- 13.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes () No (X)
- 13.31 If the response to 13.3 is Yes, provide the nature of any waiver(s).
.....
.....

BOARD OF DIRECTORS

- 14. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinate committee thereof? Yes (X) No ()
- 15. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof? Yes (X) No ()
- 16. Has the reporting entity an established procedure for disclosure to its board of directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees, or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes (X) No ()

GENERAL INTERROGATORIES

FINANCIAL

17. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes () No (X)
- 18.1 Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):
- 18.11 To directors or other officers \$
 - 18.12 To stockholders not officers \$
 - 18.13 Trustees, supreme or grand (Fraternal only) \$
- 18.2 Total amount of loans outstanding at end of year (inclusive of Separate Accounts, exclusive of policy loans):
- 18.21 To directors or other officers \$
 - 18.22 To stockholders not officers \$
 - 18.23 Trustees, supreme or grand (Fraternal only) \$
- 19.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes () No (X)
- 19.2 If yes, state the amount thereof at December 31 of the current year:
- 19.21 Rented from others \$
 - 19.22 Borrowed from others \$
 - 19.23 Leased from others \$
 - 19.24 Other \$
- 20.1 Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments? Yes () No (X)
- 20.2 If answer is yes:
- 20.21 Amount paid as losses or risk adjustment \$
 - 20.22 Amount paid as expenses \$
 - 20.23 Other amounts paid \$
- 21.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes () No (X)
- 21.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$

INVESTMENT

- 22.1 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date? (other than securities lending programs addressed in 22.3) Yes (X) No ()
- 22.2 If no, give full and complete information relating thereto:

- 22.3 For the security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet. (an alternative is to reference Note 16 where this information is also provided)

- 22.4 Does the Company's security lending program meet the requirements for a conforming program as outlined in Risk-Based Capital Instructions? Yes (X) No ()
- 22.5 If answer to 22.4 is YES, report amount of collateral for conforming programs. \$
- 22.6 If answer to 22.4 is NO, report amount of collateral for other programs. \$
- 23.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity, or has the reporting entity sold or transferred any assets subject to a put option contract that is currently in force? (Exclude securities subject to Interrogatory 19.1) Yes (X) No ()
- 23.2 If yes, state the amount thereof at December 31 of the current year:
- 23.21 Subject to repurchase agreements \$
 - 23.22 Subject to reverse repurchase agreements \$
 - 23.23 Subject to dollar repurchase agreements \$
 - 23.24 Subject to reverse dollar repurchase agreements \$
 - 23.25 Pledged as collateral \$
 - 23.26 Placed under option agreements \$
 - 23.27 Letter stock or securities restricted as to sale \$
 - 23.28 On deposit with state or other regulatory body \$ 4,053,589
 - 23.29 Other \$

23.3 For category (23.27) provide the following:

1 Nature of Restriction	2 Description	3 Amount
.....
.....
.....

- 24.1 Does the reporting entity have any hedging transactions reported on Schedule DB? Yes () No (X)
- 24.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes () No () N/A (X)
 If no, attach a description with this statement.
- 25.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity? Yes () No (X)
- 25.2 If yes, state the amount thereof at December 31 of the current year. \$

GENERAL INTERROGATORIES

INVESTMENT

26. Excluding items in Schedule E, Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds, and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? Yes (X) No ()

26.01 For agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian's Address
US Bank	Philadelphia, Pennsylvania
Davidson Trust Company	Devon, Pennsylvania
Bank of New York	New York, New York

26.02 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

26.03 Have there been any changes, including name changes, in the custodian(s) identified in 26.01 during the current year? Yes () No (X)

26.04 If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

26.05 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository Number(s)	2 Name	3 Address
	US Bank	Philadelphia, Pennsylvania
	Davidson Trust Company	Devon, Pennsylvania
	Bank of New York	New York, New York

27.1 Does the reporting entity have any diversified mutual funds reported in Schedule D, Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])? Yes () No (X)

27.2 If yes, complete the following schedule:

1 CUSIP#	2 Name of Mutual Fund	3 Book/Adjusted Carrying Value
Line 27.2998 from Overflow page		
Line 27.2999 TOTAL (9999999)		

27.3 For each mutual fund listed in the table above, complete the following schedule:

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holding	4 Date of Valuation

GENERAL INTERROGATORIES

28. Provide the following information for all short-term and long-term bonds and all preferred stocks. Do not substitute amortized value or statement value for fair value.

	1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
28.1 Bonds	\$ 94,048,089	\$ 82,899,132	\$ (11,148,957)
28.2 Preferred stocks	\$	\$	\$
28.3 Totals	\$ 94,048,089	\$ 82,899,132	\$ (11,148,957)

28.4 Describe the sources or methods utilized in determining the fair values:
Interactive Data Corporation Provides Actual Market Values

29.1 Have all the filing requirements of the Purposes and Procedures manual of the NAIC Securities Valuation Office been followed? Yes (X) No ()

29.2 If no, list exceptions:
.....

OTHER

30.1 Amount of payments to Trade Associations, service organizations and statistical or Rating Bureaus, if any? \$

30.2 List the name of the organization and the amount paid if any such payment represented 25% or more of the total payments to trade associations, service organizations and statistical or rating bureaus during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$
.....	\$

31.1 Amount of payments for legal expenses, if any? \$ 54,272

31.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payments for legal expenses during the period covered by this statement.

1 Name	2 Amount Paid
Ballard Spahr Andrews Ingersoll	\$ 44,032
.....	\$
.....	\$
.....	\$

32.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$

32.2 List the name of the firm and the amount paid if any such payment represented 25% or more of the total payment expenditures in connection with matters before legislative bodies, officers or departments of government during the period covered by this statement.

1 Name	2 Amount Paid
.....	\$
.....	\$
.....	\$
.....	\$

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?		Yes (X) No ()
1.2	If yes, indicate premium earned on U.S. business only.	\$	2,069,128
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	
	1.31 Reason for excluding:		
		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	1,522,668
1.6	Individual policies:		
	Most current three years:		
	1.61 Total premium earned	\$	
	1.62 Total incurred claims	\$	
	1.63 Number of covered lives		
	All years prior to most current three years:		
	1.64 Total premium earned	\$	2,069,128
	1.65 Total incurred claims	\$	1,522,668
	1.66 Number of covered lives		677
1.7	Group policies:		
	Most current three years:		
	1.71 Total premium earned	\$	
	1.72 Total incurred claims	\$	
	1.73 Number of covered lives		
	All years prior to most current three years:		
	1.74 Total premium earned	\$	
	1.75 Total incurred claims	\$	
	1.76 Number of covered lives		
2.	Health Test		
		1	2
		Current Year	Prior Year
	2.1 Premium Numerator	\$ 2,069,128	\$ 2,474,744
	2.2 Premium Denominator	\$ 8,219,352	\$ 9,223,794
	2.3 Premium Ratio (Line 2.1 divided by Line 2.2)	0.252	0.268
	2.4 Reserve Numerator	\$ 803,154	\$ 774,506
	2.5 Reserve Denominator	\$ 11,007,046	\$ 8,494,872
	2.6 Reserve Ratio (Line 2.4 divided by Line 2.5)	0.073	0.091
3.1	Does this reporting entity have Separate Accounts?		Yes () No (X)
3.2	If yes, has a Separate Accounts statement been filed with this Department?		Yes () No () N/A (X)
3.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	\$	
3.4	State the authority under which Separate Accounts are maintained:		
		
3.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?		Yes () No (X)
3.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?		Yes () No (X)
3.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts, due or accrued (net)?"	\$	
4.1	Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)?		Yes (X) No ()
4.2	Net reimbursement of such expenses between reporting entities:		
	4.21 Paid	\$	1,000,000
	4.22 Received	\$	
5.1	Does the reporting entity write any guaranteed interest contracts?		Yes () No (X)
5.2	If yes, what amount pertaining to these items is included in:		
	5.21 Page 3, Line 1	\$	
	5.22 Page 4, Line 1	\$	
6.	For stock reporting entities only:		
6.1	Total amount paid in by stockholders as surplus funds since organization of the reporting entity:	\$	16,813,089
7.	Total dividends paid stockholders since organization of the reporting entity:		
	7.11 Cash	\$	13,000,000
	7.12 Stock	\$	

GENERAL INTERROGATORIES

PART 2 - LIFE INTERROGATORIES

8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as: Yes () No (X)

Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.

8.2 If yes, has the reporting entity completed the Workers' Compensation Carve-Out Supplement to the Annual Statement? Yes () No (X)

8.3 If Line 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:

	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31 Earned premium
8.32 Paid claims
8.33 Claim liability and reserve (beginning of year)
8.34 Claim liability and reserve (end of year)
8.35 Incurred claims

8.4 If reinsurance assumed included amounts with attachment points below \$ 1,000,000, the distribution of the amounts reported in Line 8.31 and Line 8.34 for Column (1) are:

	1 Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
8.41	< \$ 25,000	.....	.....
8.42	\$ 25,000 - 99,999	.....	.....
8.43	\$ 100,000 - 249,999	.....	.....
8.44	\$ 250,000 - 999,999	.....	.....
8.45	\$ 1,000,000 or more	.....	.....

8.5 What portion of earned premium reported in Line 8.31, Column 1 was assumed from pools? \$

9.1 Does the company have variable annuities with guaranteed benefits? Yes () No (X)

9.2 If 9.1 is yes, complete the table for each type of guaranteed benefit.

Type		3	4	5	6	7	8	9
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit	Waiting Period Remaining	Account Value Related to Column 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit
.....
.....
.....

GENERAL INTERROGATORIES (Continued)

Part 2 - LIFE INTERROGATORIES Line 9.2

Type		3	4	5	6	7	8	9
1 Guaranteed Death Benefit	2 Guaranteed Living Benefit	Waiting Period Remaining	Account Value Related to Column 3	Total Related Account Values	Gross Amount of Reserve	Location of Reserve	Portion Reinsured	Reinsurance Reserve Credit

NONE

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.
 Show amounts of life insurance in this exhibit in thousands (omit \$000)

	1 2008	2 2007	3 2006	4 2005	5 2004
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary-whole life and endowment (Line 34, Column 4)					
2. Ordinary-term (Line 21, Column 4, less Line 34, Column 4)					
3. Credit life (Line 21, Column 6)					
4. Group, excluding FEGLI/SGLI (Line 21, Column 9 less Line 43 and Line 44, Column 4)					
5. Industrial (Line 21, Column 2)					
6. FEGLI/SGLI (Line 43 and Line 44, Column 4)					
7. Total (Line 21, Column 10)					
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary-whole life and endowment (Line 34, Column 2)					
9. Ordinary-term (Line 2, Column 4, less Line 34, Column 2)					
10. Credit life (Line 2, Column 6)					
11. Group (Line 2, Column 9)					
12. Industrial (Line 2, Column 2)					
13. Total (Line 2, Column 10)					
Premium Income-Lines of Business (Exhibit 1 - Part 1)					
14. Industrial life (Line 20.4, Column 2)					
15.1 Ordinary life insurance (Line 20.4, Column 3)					
15.2 Ordinary individual annuities (Line 20.4, Column 4)					
16. Credit life, (group and individual) (Line 20.4, Column 5)					
17.1 Group life insurance (Line 20.4, Column 6)					
17.2 Group annuities (Line 20.4, Column 7)					
18.1 A & H-group (Line 20.4, Column 8)					
18.2 A & H-credit (group and individual) (Line 20.4, Column 9)					
18.3 A & H-other (Line 20.4, Column 10)	8,219,353	9,223,793	8,763,866	11,976,163	7,432,765
19. Aggregate of all other lines of business (Line 20.4, Column 11)					
20. Total	8,219,353	9,223,793	8,763,866	11,976,163	7,432,765
Balance Sheet (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 24, Column 3)	123,182,578	123,803,803	114,419,877	104,502,022	12,996,449
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)	119,040,798	102,581,940	95,154,732	86,992,409	4,624,426
23. Aggregate life reserves (Page 3, Line 1)					
24. Aggregate A & H reserves (Page 3, Line 2)	10,411,585	7,933,521	5,603,814	4,087,018	2,188,984
25. Deposit-type contract funds (Page 3, Line 3)					
26. Asset valuation reserve (Page 3, Line 24.1)	70,702	163,781	98,270	117,458	58,858
27. Capital (Page 3, Line 29 and Line 30)	2,502,500	2,502,500	2,502,500	2,502,500	2,502,500
28. Surplus (Page 3, Line 37)	1,639,280	18,719,363	16,762,645	15,007,113	5,869,523
Cash Flow (Page 5)					
29. Net cash from operations (Line 11)	4,861,584	4,305,098	3,987,351	2,850,854	761,767
Risk-Based Capital Analysis					
30. Total adjusted capital	4,212,482	21,385,644	19,363,415	17,627,071	8,430,881
31. Authorized control level risk-based capital	1,071,809	1,052,613	1,184,529	1,123,564	362,021
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Column 3) (Line No./Page 2, Line 10, Column 3) x 100.0					
32. Bonds (Line 1)	81.2	87.2	88.1	88.2	87.6
33. Stocks (Line 2.1 and Line 2.2)	7.5	8.0	8.2	8.4	5.0
34. Mortgage loans on real estate (Line 3.1 and Line 3.2)					
35. Real estate (Line 4.1, Line 4.2 and Line 4.3)					
36. Cash, cash equivalents and short-term investments (Line 5)	11.3	4.8	3.7	3.3	7.4
37. Contract loans (Line 6)					
38. Other invested assets (Line 7)					
39. Receivables for securities (Line 8)					
40. Aggregate write-ins for invested assets (Line 9)					
41. Cash, cash equivalents and invested assets (Line 10)	100.0	100.0	100.0	100.0	100.0

FIVE-YEAR HISTORICAL DATA

(Continued)

	1 2008	2 2007	3 2006	4 2005	5 2004
<u>Investments in Parent, Subsidiaries and Affiliates</u>					
42. Affiliated bonds (Schedule D Summary, Line 25, Column 1)					
43. Affiliated preferred stocks (Schedule D Summary, Line 39, Column 1)					
44. Affiliated common stocks (Schedule D Summary, Line 53, Column 1)	8,645,155	9,323,064	8,821,111	8,498,430	619,265
45. Affiliated short-term investments (subtotal included in Schedule DA Verification, Column 5, Line 10)					
46. Affiliated mortgage loans on real estate					
47. All other affiliated					
48. Total of above Line 42 to Line 47	8,645,155	9,323,064	8,821,111	8,498,430	619,265
<u>Total Nonadmitted and Admitted Assets</u>					
49. Total nonadmitted assets (Page 2, Line 26, Column 2)	5,402,399	4,938,722	4,942,197	4,779,245	3,932,983
50. Total admitted assets (Page 2, Line 26, Column 3)	123,182,578	123,803,803	114,419,877	104,502,022	12,996,449
<u>Investment Data</u>					
51. Net investment income (Exhibit of Net Investment Income)	881,183	954,222	686,126	947,228	407,577
52. Realized capital gains (losses)	(862,879)	(69,501)	(17,517)	(32,665)	(3,405)
53. Unrealized capital gains (losses)	(67,660)	354,047	322,682	188,699	80,981
54. Total of above Lines 51, Line 52 and Line 53	(49,356)	1,238,768	991,291	1,103,262	485,153
<u>Benefits and Reserve Increase</u> (Page 6)					
55. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and Line 15, Column 1 minus Lines 10, 11, 12, 13, 14 and Line 15, Columns 9, 10 and 11)					
56. Total contract benefits - A and H (Line 13 and Line 14, Columns 9, 10 and 11)	2,391,857	2,327,136	3,174,702	5,171,072	4,901,269
57. Increase in life reserves - other than group and annuities (Line 19, Columns 2 and 3)					
58. Increase in A & H Reserves (Line 19, Columns 9, 10 and 11)	2,478,065	2,329,707	1,516,795	1,898,034	498,224
59. Dividends to policyholders (Line 30, Column 1)					
<u>Operating Percentages</u>					
60. Insurance expense percent (Page 6, Column 1, Line 21, Line 22 and Line 23 less Line 6) / (Page 6, Column 1, Line 1 plus Exhibit 7, Column 2, Line 2) x 100.00	16.0	27.0	20.8	25.1	20.1
61. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Column 4, Line 14 and Line 15) / 1/2 (Exhibit of Life Insurance, Column 4, Line 1 and Line 21)] x 100.00					
62. A & H loss percent (Schedule H, Part 1, Line 5 and Line 6, Column 2)	65.0	55.0	44.6	60.6	78.0
63. A & H cost containment percent (Schedule H, Part 1, Line 4, Column 2)					
64. A & H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Column 2)	24.9	34.1	23.3	34.9	33.3
<u>A & H Claim Reserve Adequacy</u>					
65. Incurred losses on prior years' claims - group health (Schedule H, Part 3, Line 3.1, Column 2)					
66. Prior years' claim liability and reserve - group health (Schedule H, Part 3, Line 3.2, Column 2)					
67. Incurred losses on prior years' claims - health other than group (Schedule H, Part 3, Line 3.1, Column 1 less Column 2)	1,569,710	1,354,851	1,498,839	1,851,228	972,021
68. Prior years' claim liability and reserve - health other than group (Schedule H, Part 3, Line 3.2, Column 1 less Column 2)	1,363,208	1,569,752	1,165,157	891,136	797,809
<u>Net Gains From Operations After Federal Income</u> <u>Taxes by Lines of Business</u> (Page 6, Line 33)					
69. Industrial life (Column 2)					
70. Ordinary-life (Column 3)					
71. Ordinary-individual annuities (Column 4)					
72. Ordinary-supplementary contracts (Column 5)					
73. Credit life (Column 6)					
74. Group life (Column 7)					
75. Group annuities (Column 8)					
76. A & H-group (Column 9)					
77. A & H-credit (Column 10)					
78. A & H-other (Column 11)	2,163,684	1,422,210	1,787,205	1,448,524	185,364
79. Aggregate of all other lines of business (Column 12)					
80. Total (Column 1)	2,163,684	1,422,210	1,787,205	1,448,524	185,364



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Program premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes and fees, 24.5 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 Line 25.1 to Line 25.5), 26. Totals (Line 24 through Line 24.4 plus Line 25.6).

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	708	712			
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 Line 25.1 to Line 25.5)	708	712			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	708	712			

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,940	5,954		40,301	58,796
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	5,940	5,954		40,301	58,796
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	5,940	5,954		40,301	58,796

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
20. In force December 31, prior year					Number of Policies					
21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	651	652			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	651	652			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	651	652			

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Program premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes and fees, 24.5 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 Line 25.1 to Line 25.5), 26. Totals (Line 24 through Line 24.4 plus Line 25.6).

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: Ordinary (Number, Amount), Credit Life (Number of Individual Policies and Group Certificates, Amount), Group (Number of Certificates, Amount), Industrial (Number, Amount), Total (Number, Amount). Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Program premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes and fees, 24.5 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 Line 25.1 to Line 25.5), 26. Totals (Line 24 through Line 24.4 plus Line 25.6)

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year										
21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	2,951,891	2,958,871		1,244,332	1,863,827
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	2,951,891	2,958,871		1,244,332	1,863,827
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	2,951,891	2,958,871		1,244,332	1,863,827

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,890	3,900		539	786
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	3,890	3,900		539	786
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	3,890	3,900		539	786

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Program premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes and 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 Line 25.1 to Line 25.5), 26. Totals (Line 24 through Line 24.4 plus Line 25.6). A large 'NONE' watermark is present across the table.

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, and DIRECT CLAIMS AND BENEFITS PAID. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(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), Medicare Title XVIII exempt from state taxes and fees, and Other Individual policies.

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



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Program premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes and fees, 24.5 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 Line 25.1 to Line 25.5), 26. Totals (Line 24 through Line 24.4 plus Line 25.6).

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	618	619			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	618	619			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	618	619			

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	377	379			
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 Line 25.1 to Line 25.5)	377	379			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	377	379			

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	737	739		284	414
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	737	739		284	414
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	737	739		284	414

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	99	99		664	969
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	99	99		664	969
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	99	99		664	969

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. Large 'NONE' watermark is present.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, POLICY EXHIBIT. Large 'NONE' watermark is present.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 25. Other Individual policies. Large 'NONE' watermark is present.

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
20. In force December 31, prior year					Number of Policies					
21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	1,003	1,008			
25.2 Guaranteed renewable (b)	2,436,803	2,442,564		1,091,938	1,635,261
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	2,437,806	2,443,572		1,091,938	1,635,261
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	2,437,806	2,443,572		1,091,938	1,635,261

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18. Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	5,006	5,017			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	5,006	5,017			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	5,006	5,017			

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	17,658	17,700		67,151	97,969
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	17,658	17,700		67,151	97,969
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	17,658	17,700		67,151	97,969

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year					(a)					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year					(a)					

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	24,588	24,710		13,917	20,304
25.2 Guaranteed renewable (b)	395,220	396,155		74,662	108,926
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	419,808	420,865		88,579	129,230
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	419,808	420,865		88,579	129,230

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	490	491		4,179	6,096
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	490	491		4,179	6,096
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	490	491		4,179	6,096

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	(2,188)	(2,199)		2,110	3,078
25.2 Guaranteed renewable (b)	56,284	56,417		38,431	56,068
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	54,096	54,218		40,541	59,146
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	54,096	54,218		40,541	59,146

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Program premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes and 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 Line 25.1 to Line 25.5), 26. Totals (Line 24 through Line 24.4 plus Line 25.6). A large 'NONE' watermark is present across the table.

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	1,102	1,107		11,312	16,503
25.2 Guaranteed renewable (b)	12,831	12,862		618	902
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	13,933	13,969		11,930	17,405
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	13,933	13,969		11,930	17,405

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,900	3,910		26	38
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	3,900	3,910		26	38
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	3,900	3,910		26	38

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year:										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	3,814	3,833		54,755	79,883
25.2 Guaranteed renewable (b)	8,609	8,629		2,109	3,076
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	12,423	12,462		56,864	82,959
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	12,423	12,462		56,864	82,959

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
20. In force December 31, prior year					(a)					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year					(a)					

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)		3,167			3,174
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)		3,167			3,174
26. Totals (Line 24 through Line 24.4 plus Line 25.6)		3,167			3,174

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18. Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	1,440	1,447		9,188	13,404
25.2 Guaranteed renewable (b)	9,018	9,039			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	10,458	10,486		9,188	13,404
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	10,458	10,486		9,188	13,404

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year:										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	443	445			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	443	445			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	443	445			

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	267	268			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	267	268			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	267	268			

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Program premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes and fees, 24.5 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 Line 25.1 to Line 25.5), 26. Totals (Line 24 through Line 24.4 plus Line 25.6)

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	422	423			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	422	423			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	422	423			

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, Incurred during current year, and POLICY EXHIBIT.

NONE

(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. Includes rows for Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	5,752	5,781		5,676	8,280
25.2 Guaranteed renewable (b)	22,316	22,369		3,809	5,557
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	28,068	28,150		9,485	13,837
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	28,068	28,150		9,485	13,837

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Program premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes and 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 Line 25.1 to Line 25.5), 26. Totals (Line 24 through Line 24.4 plus Line 25.6). A large 'NONE' watermark is present across the table.

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year										
21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	1,533	1,536		2,997	4,373
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	1,533	1,536		2,997	4,373
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	1,533	1,536		2,997	4,373

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, and DIRECT CLAIMS AND BENEFITS PAID. A large 'NONE' watermark is present across the table.

Table with 10 columns: Ordinary (Number, Amount), Credit Life (Number of Individual Policies and Group Certificates, Amount), Group (Number of Certificates, Amount), Industrial (Number, Amount), Total (Number, Amount). Rows include DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

(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), Medicare Title XVIII exempt from state taxes and fees, and Other Individual policies.

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



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year					(a)					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year					(a)					

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	727	730			
25.2 Guaranteed renewable (b)	13,078	13,109			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	13,805	13,839			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	13,805	13,839			

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Program premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes and fees, 24.5 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 Line 25.1 to Line 25.5), 26. Totals (Line 24 through Line 24.4 plus Line 25.6)

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (1, 2), Credit Life (3, 4), Group (5, 6), Industrial (7, 8), Total (9, 10). Includes rows for Unpaid December 31, prior year, and Policy Exhibit.

NONE

(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. Includes rows for Group policies, Medicare Title XVIII, and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	308	310			
25.2 Guaranteed renewable (b)	53,670	53,797		2,665	3,889
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	53,978	54,107		2,665	3,889
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	53,978	54,107		2,665	3,889

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		341	342		
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)		341	342		
26. Totals (Line 24 through Line 24.4 plus Line 25.6)		341	342		

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

NONE

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)					
25.3 Non-renewable for stated reasons only (b)	36,197	36,282		18,874	27,535
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	36,197	36,282		18,874	27,535
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	36,197	36,282		18,874	27,535

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Includes rows for Life insurance, Annuity considerations, and Grand Totals. A large 'NONE' watermark is present across the table.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (Number, Amount), Credit Life (Number of Individual Policies and Group Certificates, Amount), Group (Number of Certificates, Amount), Industrial (Number, Amount), Total (Number, Amount). Includes rows for Unpaid December 31, prior year, and Incurred during current year. A large 'NONE' watermark is present across the table.

(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. Includes rows for Group policies (b), Federal Employees Health Benefits Program premium (b), and Totals.

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



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	457	460			
25.2 Guaranteed renewable (b)	3,926	3,935			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	4,383	4,395			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	4,383	4,395			

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year:										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
20. In force December 31, prior year					Number of Policies					
21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	935	940		6,059	8,839
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 Line 25.1 to Line 25.5)	935	940		6,059	8,839
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	935	940		6,059	8,839

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Includes rows for Life insurance, Annuity considerations, and Grand Totals. A large 'NONE' watermark is present across the table.

Table with 10 columns: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, Ordinary (Number, Amount), Credit Life (Number of Individual Policies and Group Certificates, Amount), Group (Number of Certificates, Amount), Industrial (Number, Amount), Total (Number, Amount). Includes rows for Unpaid December 31, prior year, Incurred during current year, and Policy Exhibit. A large 'NONE' watermark is present across the table.

(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. Includes rows for Group policies (b), Federal Employees Health Benefits Program premium (b), Credit (Group and Individual), Medicare Title XVIII exempt from state taxes and fees, and Other Individual policies.

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



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
					Number of Policies					
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	679	683			
25.2 Guaranteed renewable (b)	13,012	13,042		27	40
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	13,691	13,725		27	40
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	13,691	13,725		27	40

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
20. In force December 31, prior year										
21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	494	497			
25.2 Guaranteed renewable (b)	2,803,733	2,810,362		2,105,256	3,153,423
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	2,804,227	2,810,859		2,105,256	3,153,423
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	2,804,227	2,810,859		2,105,256	3,153,423

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Program premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes and fees, 24.5 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 Line 25.1 to Line 25.5), 26. Totals (Line 24 through Line 24.4 plus Line 25.6).

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

Table with 5 columns: 1 Ordinary, 2 Credit Life (Group and Individual), 3 Group, 4 Industrial, 5 Total. Rows include: DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS, DIRECT DIVIDENDS TO POLICYHOLDERS, DIRECT CLAIMS AND BENEFITS PAID, and DETAILS OF WRITE-INS. A large 'NONE' watermark is present across the table.

Table with 10 columns: 1 Number, 2 Amount, 3 Number of Individual Policies and Group Certificates, 4 Amount, 5 Number of Certificates, 6 Amount, 7 Number, 8 Amount, 9 Number, 10 Amount. Rows include: DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED, and POLICY EXHIBIT. A large 'NONE' watermark is present across the table.

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

ACCIDENT AND HEALTH INSURANCE

Table with 5 columns: 1 Direct Premiums, 2 Direct Premiums Earned, 3 Dividends Paid Or Credited On Direct Business, 4 Direct Losses Paid, 5 Direct Losses Incurred. Rows include: 24. Group policies (b), 24.1 Federal Employees Health Benefits Program premium (b), 24.2 Credit (Group and Individual), 24.3 Collectively renewable policies (b), 24.4 Medicare Title XVIII exempt from state taxes and 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 Line 25.1 to Line 25.5), 26. Totals (Line 24 through Line 24.4 plus Line 25.6). A large 'NONE' watermark is present across the table.

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year					Number of Policies					
21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and 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 Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)					

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF U. S. VIRGIN ISLANDS DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year					(a)					
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year					(a)					

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and 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 Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)					

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year					Number of Policies					
21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and 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 Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)					

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF OTHER ALIEN DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT										
20. In force December 31, prior year					Number of Policies					
21. Issued during year				(a)						
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and 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 Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)					

(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 2008 OF THE American Network Insurance Company (In Rehabilitation)

DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2008

NAIC Group Code: 0810

NAIC Company Code: 81078

LIFE INSURANCE

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

NONE

DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year:										
Settled during current year:										
18.1 By payment in full										
18.2 By payment on compromised claims										
18.3 Totals paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
NONE										
POLICY EXHIBIT										
20. In force December 31, prior year										
21. Issued during year			(a)							
22. Other changes to in force (Net)										
23. In force December 31 of current year			(a)							

(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 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
Other Individual policies:					
25.1 Non-cancelable (b)	60,174	60,476		149,273	217,774
25.2 Guaranteed renewable (b)	23,248,543	23,303,510		12,792,412	19,416,346
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	23,308,717	23,363,986		12,941,685	19,634,120
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	23,308,717	23,363,986		12,941,685	19,634,120

(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 _____

Page 25

Exh. of Life Insurance, Part 1

NONE

Page 26

Exh. of Life Insurance, Additional Info on Insurance in Force

NONE

Exh. of Life Insurance, Additional Info on Ordinary Insurance

NONE

Exh. of Life Insurance, Classification of Amount of Insurance

NONE

Exh. of Life Insurance, Additional Info on Credit Life and Group

NONE

Exh. of Life Insurance, Additional Accidental Death Benefits

NONE

Exh. of Life Insurance, Basis of Calculation of Ordinary Term

NONE

Exh. of Life Insurance, Policies with Disability Provisions

NONE

EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS, ANNUITIES, ACCIDENT AND HEALTH AND OTHER POLICIES

SUPPLEMENTARY CONTRACTS

	Ordinary		Group	
	1 Involving Life Contingencies	2 Not Involving Life Contingencies	3 Involving Life Contingencies	4 Not Involving Life Contingencies
1. In force end of prior year				
2. Issued during year				
3. Reinsurance assumed				
4. Increased during year (net)				
5. Total (Line 1 to Line 4)	NONE			
Deductions during year:				
6. Decreased (net)				
7. Reinsurance ceded				
8. Totals (Line 6 and Line 7)				
9. In force end of year				
10. Amount on deposit		(a)		(a)
11. Income now payable				
12. Amount of income payable	(a)	(a)	(a)	(a)

ANNUITIES

	Ordinary		Group	
	1 Immediate	2 Deferred	3 Contracts	4 Certificates
1. In force end of prior year				
2. Issued during year				
3. Reinsurance assumed				
4. Increased during year (net)				
5. Totals (Line 1 to Line 4)	NONE			
Deductions during year:				
6. Decreased (net)				
7. Reinsurance ceded				
8. Totals (Line 6 and Line 7)				
9. In force end of year				
Income now payable:				
10. Amount of income payable	(a)	X X X	X X X	(a)
Deferred fully paid:				
11. Account balance	X X X	(a)	X X X	(a)
Deferred not fully paid:				
12. Account balance	X X X	(a)	X X X	(a)

ACCIDENT AND HEALTH INSURANCE

	Group		Credit		Other	
	1 Certificates	2 Premiums in Force	3 Policies	4 Premiums in Force	5 Policies	6 Premiums in Force
1. In force end of prior year					13,190	24,886,727
2. Issued during year					391	1,049,927
3. Reinsurance assumed						
4. Increased during year (net)		X X X		X X X		X X X
5. Totals (Line 1 to Line 4)		X X X		X X X	13,581	X X X
Deductions during year:						
6. Conversions		X X X	X X X	X X X	X X X	X X X
7. Decreased (net)		X X X		X X X	820	X X X
8. Reinsurance ceded		X X X		X X X		X X X
9. Totals (Line 6 to Line 8)		X X X		X X X	820	X X X
10. In force end of year		(a)		(a)	12,761	(a) 25,575,843

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

	1 Deposit Funds	2 Dividend Accumulations
	Contracts	Contracts
1. In force end of prior year		
2. Issued during year		
3. Reinsurance assumed		
4. Increased during year (net)		
5. Totals (Line 1 to Line 4)	NONE	
Deductions during year:		
6. Decreased (net)		
7. Reinsurance ceded		
8. Totals (Line 6 and Line 7)		
9. In force end of year		
10. Amount of account balance	(a)	(a)

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

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
1. Reserve as of December 31, Prior Year	
2. Current Year's Realized Pre-Tax Capital Gains/ (Losses) of \$ 31,073 Transferred into the Reserve Net of Taxes \$ 10,565	20,508
3. Adjustment for Current Year's Liability Gains/ (Losses) released from the reserve	3,121
4. Balance Before Reduction for Amount Transferred to Summary of Operations (Line 1 plus Line 2 plus Line 3)	23,629
5. Current Year's Amortization Released to Summary of Operations (Amortization, Line 1, Column 4)	23,629
6. Reserve as of December 31, Current Year (Line 4 minus Line 5)	

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 (Columns 1 plus 2 plus 3)
1. 2008		23,629		23,629
2. 2009		36,059	(36,059)	
3. 2010		26,646	(26,646)	
4. 2011		6,901	(6,901)	
5. 2012		(7,285)	7,285	
6. 2013		(8,074)	8,074	
7. 2014		(10,350)	10,350	
8. 2015		(15,747)	15,747	
9. 2016		(17,365)	17,365	
10. 2017		(13,907)	13,907	
11. 2018				
12. 2019				
13. 2020				
14. 2021				
15. 2022				
16. 2023				
17. 2024				
18. 2025				
19. 2026				
20. 2027				
21. 2028				
22. 2029				
23. 2030				
24. 2031				
25. 2032				
26. 2033				
27. 2034				
28. 2035				
29. 2036				
30. 2037				
31. 2038 and Later				
32. TOTAL (Line 1 to Line 31)		20,507	3,122	23,629

ASSET VALUATION RESERVE

	Default Component			Equity Component			7 Total Amount (Column 3 plus Column 6)
	1 Other Than Mortgage Loans	2 Mortgage Loans	3 Total (Column 1 plus Column 2)	4 Common Stock	5 Real Estate and Other Invested Assets	6 Total (Column 4 plus Column 5)	
1. Reserve as of December 31, prior year	163,781		163,781				163,781
2. Realized Capital Gains/ (Losses) Net of Taxes - General Account	(185,112)		(185,112)				(185,112)
3. Realized Capital Gains/ (Losses) Net of Taxes - Separate Accounts							
4. Unrealized Capital Gains/ (Losses) Net of Deferred Taxes - General Account	(2,132)		(2,132)	(294,856)		(294,856)	(296,988)
5. Unrealized Capital Gains/ (Losses) Net of Deferred Taxes - Separate Accounts							
6. Capital gains credited/ (losses charged) to contract benefits, payments or reserves							
7. Basic Contribution	51,800		51,800				51,800
8. Accumulated Balances (Line 1 through Line 5, minus Line 6 plus Line 7)	28,337		28,337	(294,856)		(294,856)	(266,519)
9. Maximum Reserve	324,698		324,698	714		714	325,412
10. Reserve Objective	240,160		240,160	714		714	240,874
11. 20% of (Line 10 minus Line 8)	42,365		42,365	59,114		59,114	101,479
12. Balance Before Transfers (Line 8 plus Line 11)	70,702		70,702	(235,742)		(235,742)	(165,040)
13. Transfers							X X X
14. Voluntary Contribution							
15. Adjustment down to Maximum/up to Zero				235,742		235,742	235,742
16. Reserve as of December 31, Current Year (Line 12 plus Line 13 plus Line 14 plus Line 15)	70,702		70,702				70,702

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 (Columns 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
LONG-TERM BONDS												
1		Exempt Obligations	7,869,445	X X X	X X X	7,869,445	0.0000		0.0000		0.0000	
2	1	Highest Quality	79,402,229	X X X	X X X	79,402,229	0.0004	31,761	0.0023	182,625	0.0030	238,207
3	2	High Quality	5,514,608	X X X	X X X	5,514,608	0.0019	10,478	0.0058	31,985	0.0090	49,631
4	3	Medium Quality	1,028,105	X X X	X X X	1,028,105	0.0093	9,561	0.0230	23,646	0.0340	34,956
5	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
6	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
7	6	In or Near Default	9,520	X X X	X X X	9,520	0.0000		0.2000	1,904	0.2000	1,904
8		Total Unrated Multi-class Securities Acquired by Conversion		X X X	X X X		X X X		X X X		X X X	
9		Total Bonds (Sum of Line 1 through Line 8) (Page 2, Line 1, Net Admitted Asset)	93,823,907	X X X	X X X	93,823,907	X X X	51,800	X X X	240,160	X X X	324,698
PREFERRED STOCKS												
10	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
11	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
12	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
13	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
14	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
15	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
16		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
17		Total Preferred Stocks (Sum of Line 10 through Line 16) (Page 2, Line 2.1, Net Admitted Asset)		X X X	X X X		X X X		X X X		X X X	
SHORT-TERM BONDS												
18		Exempt Obligations	224,182	X X X	X X X	224,182	0.0000		0.0000		0.0000	
19	1	Highest Quality		X X X	X X X		0.0004		0.0023		0.0030	
20	2	High Quality		X X X	X X X		0.0019		0.0058		0.0090	
21	3	Medium Quality		X X X	X X X		0.0093		0.0230		0.0340	
22	4	Low Quality		X X X	X X X		0.0213		0.0530		0.0750	
23	5	Lower Quality		X X X	X X X		0.0432		0.1100		0.1700	
24	6	In or Near Default		X X X	X X X		0.0000		0.2000		0.2000	
25		Total Short-term Bonds (Sum of Line 18 through Line 24)	224,182	X X X	X X X	224,182	X X X		X X X		X X X	

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 (Columns 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
DERIVATIVE INSTRUMENTS												
26		Exchange Traded		XXX	XXX		0.0004		0.0023		0.0030	
27	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
28	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
29	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
30	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
31	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
32	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
33		Total Derivative Instruments		XXX	XXX		XXX		XXX		XXX	
34		TOTAL (Line 9 plus Line 17 plus Line 25 plus Line 33)	94,048,089	XXX	XXX	94,048,089	XXX	51,800	XXX	240,160	XXX	324,698
MORTGAGE LOANS												
In Good Standing:												
35		Farm Mortgages			XXX		(a) 0.0063		(a) 0.0120		(a) 0.0190	
36		Residential Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
37		Residential Mortgages - All Other			XXX		0.0013		0.0030		0.0040	
38		Commercial Mortgages - Insured or Guaranteed			XXX		0.0003		0.0006		0.0010	
39		Commercial Mortgages - All Other			XXX		(a) 0.0063		(a) 0.0120		(a) 0.0190	
40		In Good Standing With Restructured Terms			XXX		(b) 0.2800		(b) 0.6200		(b) 1.0000	
Overdue, Not in Process:												
41		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
42		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
43		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
44		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
45		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
In Process of Foreclosure:												
46		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
47		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
48		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
49		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
50		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
51		Total Schedule B Mortgages (Sum of Line 35 through Line 50) (Page 2, Line 3, Net Admitted Asset)			XXX		XXX		XXX		XXX	
52		Schedule DA Mortgages			XXX		(c)		(c)		(c)	
53		Total Mortgage Loans on Real Estate (Line 51 plus Line 52)			XXX		XXX		XXX		XXX	

(a) Times the company's experience adjustment factor (EAF).

(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.

(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

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 (Columns 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
COMMON STOCK												
1		Unaffiliated Public		XXX	XXX		0.0000		(d) 0.1300		(d) 0.1300	
2		Unaffiliated Private		XXX	XXX		0.0000		0.1600		0.1600	
3		Federal Home Loan Bank		XXX	XXX		0.0000		0.0050		0.0080	
4		Affiliated Life with AVR	8,639,660	XXX	XXX	8,639,660	0.0000		0.0000		0.0000	
Affiliated Investment Subsidiary:												
5		Fixed Income Exempt Obligations					XXX		XXX		XXX	
6		Fixed Income Highest Quality					XXX		XXX		XXX	
7		Fixed Income High Quality					XXX		XXX		XXX	
8		Fixed Income Medium Quality					XXX		XXX		XXX	
9		Fixed Income Low Quality					XXX		XXX		XXX	
10		Fixed Income Lower Quality					XXX		XXX		XXX	
11		Fixed Income In/Near Default					XXX		XXX		XXX	
12		Unaffiliated Common Stock Public					0.0000		(d) 0.1300		(d) 0.1300	
13		Unaffiliated Common Stock Private					0.0000		0.1600		0.1600	
14		Mortgage Loans					(c)		(c)		(c)	
15		Real Estate					(e)		(e)		(e)	
16		Affiliated-Certain Other (See SVO Purposes and Procedures Manual)	5,495	XXX	XXX	5,495	0.0000		0.1300	714	0.1300	714
17		Affiliated-All Other		XXX	XXX		0.0000		0.1600		0.1600	
18		Total Common Stock (Sum of Line 1 through Line 17) (Page 2, Line 2.2, Net Admitted Asset)	8,645,155			8,645,155	XXX		XXX	714	XXX	714
REAL ESTATE												
19		Home Office Property (General Account only)					0.0000		0.0750		0.0750	
20		Investment Properties					0.0000		0.0750		0.0750	
21		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
22		Total Real Estate (Sum of Line 19 through Line 21)					XXX		XXX		XXX	
OTHER INVESTED ASSETS												
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS												
23		Exempt Obligations		XXX	XXX		0.0000		0.0000		0.0000	
24	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
25	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
26	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
27	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
28	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
29	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
30		Total with Bond Characteristics (Sum of Line 23 through Line 29)		XXX	XXX		XXX		XXX		XXX	

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 (Columns 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS												
31	1	Highest Quality		XXX	XXX		0.0004		0.0023		0.0030	
32	2	High Quality		XXX	XXX		0.0019		0.0058		0.0090	
33	3	Medium Quality		XXX	XXX		0.0093		0.0230		0.0340	
34	4	Low Quality		XXX	XXX		0.0213		0.0530		0.0750	
35	5	Lower Quality		XXX	XXX		0.0432		0.1100		0.1700	
36	6	In or Near Default		XXX	XXX		0.0000		0.2000		0.2000	
37		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
38		Total with Preferred Stock Characteristics (Sum of Line 31 through Line 37)		XXX	XXX		XXX		XXX		XXX	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS												
In Good Standing:												
39		Farm Mortgages .....					) 0.0063		(a) 0.0120		(a) 0.0190	
40		Residential Mortgages - Insured or Guaranteed					0.0003		0.0006		0.0010	
41		Residential Mortgages - All Other					0.0013		0.0030		0.0040	
42		Commercial Mortgages - Insured or Guaranteed					0.0003		0.0006		0.0010	
43		Commercial Mortgages - All Other .....					) 0.0063		(a) 0.0120		(a) 0.0190	
44		In Good Standing With Restructured Terms .....					) 0.2800		(b) 0.6200		(b) 1.0000	
Overdue, Not in Process:												
45		Farm Mortgages			XXX		0.0420		0.0760		0.1200	
46		Residential Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
47		Residential Mortgages - All Other			XXX		0.0025		0.0058		0.0090	
48		Commercial Mortgages - Insured or Guaranteed			XXX		0.0005		0.0012		0.0020	
49		Commercial Mortgages - All Other			XXX		0.0420		0.0760		0.1200	
In Process of Foreclosure:												
50		Farm Mortgages			XXX		0.0000		0.1700		0.1700	
51		Residential Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
52		Residential Mortgages - All Other			XXX		0.0000		0.0130		0.0130	
53		Commercial Mortgages - Insured or Guaranteed			XXX		0.0000		0.0040		0.0040	
54		Commercial Mortgages - All Other			XXX		0.0000		0.1700		0.1700	
55		Total with Mortgage Loan Characteristics (Sum of Line 39 through Line 54)			XXX		XXX		XXX		XXX	

NONE

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 (Columns 1+2+3)	Basic Contribution		Reserve Objective		Maximum Reserve	
							5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK												
56		Unaffiliated Public		X X X	X X X		0.0000		(d) 0.1300		(d) 0.1300	
57		Unaffiliated Private		X X X	X X X		0.0000		0.1600		0.1600	
58		Affiliated Life with AVR		X X X	X X X		0.0000		0.0000		0.0000	
59		Affiliated Certain Other (See SVO Purposes and Procedures Manual)		X X X	X X X		0.0000		0.1300		0.1300	
60		Affiliated Other - All Other		X X X	X X X		0.0000		0.1600		0.1600	
61		Total with Common Stock Characteristics (Sum of Line 56 through Line 60)		X X X	X X X		X X X		X X X		X X X	
INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE												
62		Home Office Property (General Account Only)					0.0000		0.0750		0.0750	
63		Investment Properties					0.0000		0.0750		0.0750	
64		Properties Acquired in Satisfaction of Debt					0.0000		0.1100		0.1100	
65		Total with Real Estate Characteristics (Sum of Line 62 through Line 64)					X X X		X X X		X X X	
LOW INCOME HOUSING TAX CREDIT INVESTMENTS												
66		Guaranteed Federal Low Income Housing Tax Credit					0.0003		0.0006		0.0010	
67		Non-guaranteed Federal Low Income Housing Tax Credit					0.0063		0.0120		0.0190	
68		State Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
69		All Other Low Income Housing Tax Credit					0.0273		0.0600		0.0975	
70		Total LIHTC					X X X		X X X		X X X	
ALL OTHER INVESTMENTS												
71		Other Invested Assets - Schedule BA		X X X			0.0000		0.1300		0.1300	
72		Other Short-term Invested Assets - Schedule DA		X X X			0.0000		0.1300		0.1300	
73		Total All Other (Sum of Line 71 plus Line 72)		X X X			X X X		X X X		X X X	
74		Total Other Invested Assets - Schedules BA and DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)					X X X		X X X		X X X	

NONE

(a) Times the company's experience adjustment factor (EAF).
 (b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
 (c) Determined using the same factors and breakdowns used for directly owned mortgage loans.
 (d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
 (e) Determined using same factors and breakdowns used for directly owned real estate.

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AVR, Replicated (Synthetic) Assets

NONE

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Sch. F, Claims for Death Losses

NONE

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

	Total		Group Accident and Health		Credit Accident and Health (Group and Individual)		Collectively Renewable		Other Individual Contracts								
									Non-Cancelable		Guaranteed Renewable		Non-Renewable for Stated Reasons Only		Other Accident Only		All Other
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %

PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS

1. Premiums written	7,514,190	XXX		XXX		XXX		XXX		XXX	7,514,190	XXX		XXX		XXX		XXX
2. Premiums earned	7,561,284	XXX		XXX		XXX		XXX		XXX	7,561,284	XXX		XXX		XXX		XXX
3. Incurred claims	2,844,133	37.614									2,844,133	37.614						
4. Cost containment expenses																		
5. Incurred claims and cost containment expenses (Line 3 and Line 4)	2,844,133	37.614									2,844,133	37.614						
6. Increase in contract reserves	2,072,881	27.414									2,072,881	27.414						
7. Commissions (a)	(672,881)	(8.899)									(672,881)	(8.899)						
8. Other general insurance expenses	1,984,983	26.252									1,984,983	26.252						
9. Taxes, licenses and fees	570,604	7.546									570,604	7.546						
10. Total other expenses incurred	1,882,706	24.899									1,882,706	24.899						
11. Aggregate write-ins for deductions																		
12. Gain from underwriting before dividends or refunds	761,564	10.072									761,564	10.072						
13. Dividends or refunds																		
14. Gain from underwriting after dividends or refunds	761,564	10.072									761,564	10.072						

DETAILS OF WRITE-INS

1101.																		
1102.																		
1103.																		
1198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Line 1101 through Line 1103 plus Line 1198) (Line 11 above)																		

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

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	1,312,939					1,312,939			
2. Advance premiums									
3. Reserve for rate credits									
4. Total premium reserves, current year	1,312,939					1,312,939			
5. Total premium reserves, prior year	1,360,033					1,360,033			
6. Increase in total premium reserves	(47,094)					(47,094)			
B. Contract Reserves:									
1. Additional reserves (a)	7,844,513					7,844,513			
2. Reserve for future contingent benefits									
3. Total contract reserves, current year	7,844,513					7,844,513			
4. Total contract reserves, prior year	5,771,632					5,771,632			
5. Increase in contract reserves	2,072,881					2,072,881			
C. Claim Reserves and Liabilities:									
1. Total current year	1,887,440					1,887,440			
2. Total prior year	1,363,208					1,363,208			
3. Increase	524,232					524,232			

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	687,279					687,279			
1.2 On claims incurred during current year	1,632,622					1,632,622			
2. Claim reserves and liabilities, December 31, current year:									
2.1 On claims incurred prior to current year	882,431					882,431			
2.2 On claims incurred during current year	1,005,009					1,005,009			
3. Test:									
3.1 Line 1.1 plus Line 2.1	1,569,710					1,569,710			
3.2 Claim reserves and liabilities, December 31, prior year	1,363,208					1,363,208			
3.3 Line 3.1 minus Line 3.2	206,502					206,502			

PART 4 - REINSURANCE

A. Reinsurance Assumed:									
1. Premiums written	1,393,840					1,393,840			
2. Premiums earned	1,306,784					1,306,784			
3. Incurred claims									
4. Commissions	651,535					651,535			
B. Reinsurance Ceded:									
1. Premiums written	17,198,794				149,270	17,049,524			
2. Premiums earned	17,109,486				150,229	16,959,257			
3. Incurred claims	16,789,988				60,175	16,729,813			
4. Commissions	4,126,981					4,126,981			

(a) Includes \$ premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

	1	2	3	4
	Medical	Dental	Other	Total
A. Direct:				
1. Incurred claims			19,634,121	19,634,121
2. Beginning claim reserves and liabilities			22,146,102	22,146,102
3. Ending claim reserves and liabilities			28,838,541	28,838,541
4. Claims paid			12,941,682	12,941,682
B. Assumed Reinsurance:				
5. Incurred claims				
6. Beginning claim reserves and liabilities			30,000	30,000
7. Ending claim reserves and liabilities			30,000	30,000
8. Claims paid				
C. Ceded Reinsurance:				
9. Incurred claims			16,789,988	16,789,988
10. Beginning claim reserves and liabilities			20,812,894	20,812,894
11. Ending claim reserves and liabilities			26,981,101	26,981,101
12. Claims paid			10,621,781	10,621,781
D. Net:				
13. Incurred claims			2,844,133	2,844,133
14. Beginning claim reserves and liabilities			1,363,208	1,363,208
15. Ending claim reserves and liabilities			1,887,440	1,887,440
16. Claims paid			2,319,901	2,319,901
E. Net Incurred Claims and Cost Containment Expenses:				
17. Incurred claims and cost containment expenses			2,844,133	2,844,133
18. Beginning reserves and liabilities			1,363,208	1,363,208
19. Ending reserves and liabilities			1,887,440	1,887,440
20. Paid claims and cost containment expenses			2,319,901	2,319,901

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Schedule S, Part 1, Section 1

NONE

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
Affiliates											
63282	23-2603386	05/13/2005	Penn Treaty Network America	Allentown, Pennsylvania	COFW/I	1,393,838	472,998	30,000	30,000		1,302,632
0199999 - Totals - Affiliates						1,393,838	472,998	30,000	30,000		1,302,632
0399999 - TOTALS						1,393,838	472,998	30,000	30,000		1,302,632

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Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses
NONE

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Sch. S, Pt. 3, Sn. 1, Reinsurance Ceded Life and Related Benefits
NONE

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

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 Federal ID Number	3 Effective Date	4 Name of Company	5 Location	6 Type	7 Premiums	8 Unearned Premiums (Estimated)	9 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
									10 Current Year	11 Prior Year		
Authorized General Account, Non-Affiliates												
.....	AA-1784112	06/30/2005	Imagine Int'l Reinsurance Limited	Dublin, Ireland	CO/I	14,274,845	4,093,514	97,853,970				96,019,974
.....	AA-1784112	10/01/2005	ImagineInt'l Reinsurance Limited	Dublin, Ireland	CO/I	2,627,688	975,831	884,470				2,242,060
71439	38-1843471	09/01/2001	Assurity Life Insurance Company	Lincoln, Nebraska	CO/I	222,628	13,769	695,622				
62359	36-1824600	03/24/2004	Constitution Life	Oriando, Florida	CO/I							
78301	86-0201136	10/01/2005	Westward Life Insurance Company	Newport Beach, California	CO/I	69,198	12,526	24,978				
0299999 - Authorized General Account, Non-Affiliates						17,194,359	5,095,640	99,459,040				98,262,034
0399999 - Total Authorized General Account						17,194,359	5,095,640	99,459,040				98,262,034
0799999 - Total Authorized and Unauthorized General Account						17,194,359	5,095,640	99,459,040				98,262,034
1599999 - TOTALS						17,194,359	5,095,640	99,459,040				98,262,034

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE S - PART 4

Reinsurance Ceded To Unauthorized Companies

1	2	3	4	5	6	7	8	9	10	11	12	13	14
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsurer	Reserve Credit Taken	Paid and Unpaid Losses Recoverable (Debit)	Other Debits	Total (Columns 5 plus 6 plus 7)	Letters of Credit	Trust Agreements	Funds Deposited by and Withheld from Reinsurers	Other	Miscellaneous Balances (Credit)	Sum of Columns 9 plus 10 plus 11 plus 12 plus 13 But Not in Excess of Column 8
General Account Life and Annuity, Non-Affiliates													
AA-1784112	06/30/2005	Imagine Int'l Reinsurance Limited		101,947,485	2,664,386		104,611,871			96,019,974			96,019,974
AA-1784112	10/01/2005	Imagine Int'l Reinsurance Limited		1,860,302	21,199		1,881,501			2,242,060			1,881,501
0299999	General Account Life and Annuity, Non-Affiliates			103,807,787	2,685,585		106,493,372			98,262,034			97,901,475
0399999	TOTAL - General Account Life and Annuity			103,807,787	2,685,585		106,493,372			98,262,034			97,901,475
0799999	TOTAL - General Account			103,807,787	2,685,585		106,493,372			98,262,034			97,901,475
1199999	GRAND TOTAL - (General Account and Separate Accounts combined)			103,807,787	2,685,585		106,493,372			98,262,034			97,901,475

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business

(000 Omitted)

	1	2	3	4	5
	2008	2007	2006	2005	2004
A. OPERATIONS ITEMS					
1. Premiums and annuity considerations for life and accident and health contracts	17,199	15,464	16,034	14,563	18,355
2. Commissions and reinsurance expense allowances	4,127	3,546	4,099	3,351	4,317
3. Contract claims	11,232	9,668	9,319	8,855	8,140
4. Surrender benefits and withdrawals for life contracts					
5. Dividends to policyholders					
6. Reserve adjustments on reinsurance ceded					
7. Increase in aggregate reserves for life and accident and health contracts					
B. BALANCE SHEET ITEMS					
8. Premiums and annuity considerations for life and accident and health contracts deferred and uncollected					
9. Aggregate reserves for life and accident and health contracts	104,555	91,565	89,604	82,617	74,372
10. Liability for deposit-type contracts					
11. Contract claims unpaid	2,686	2,075	2,198	2,090	1,908
12. Amounts recoverable on reinsurance		519	147	6	
13. Experience rating refunds due or unpaid					
14. Policyholders' dividends (not included in Line 10)					
15. Commissions and reinsurance expense allowances unpaid					
16. Unauthorized reinsurance offset	8,585				
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Funds deposited by and withheld from (F)	98,262	90,614	85,430	79,552	96
18. Letters of credit (L)		101	4,618		14,581
19. Trust agreements (T)		1,934	660	2,910	58,338
20. Other (O)					

SCHEDULE S - PART 6

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, Column 3)			
1. Cash and invested assets (Line 10)	115,513,893		115,513,893
2. Reinsurance (Line 14)	1,302,548	(1,302,548)	
3. Premiums and considerations (Line 13)	28,079		28,079
4. Net credit for ceded reinsurance	X X X	1,695,321	1,695,321
5. All other admitted assets (balance)	6,338,058		6,338,058
6. Total assets excluding Separate Accounts (Line 24)	123,182,578	392,773	123,575,351
7. Separate Account assets (Line 25)			
8. Total assets (Line 26)	123,182,578	392,773	123,575,351
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9. Contract reserves (Line 1 and Line 2)	10,411,585	104,554,682	114,966,267
10. Liability for deposit-type contracts (Line 3)			
11. Claim reserves (Line 4)	633,307	2,685,585	3,318,892
12. Policyholder dividends/reserves (Line 5 through Line 7)			
13. Premium and annuity considerations received in advance (Line 8)			
14. Other contract liabilities (Line 9)			
15. Reinsurance in unauthorized companies (Line 24.2)	8,585,461	(8,585,461)	
16. Funds held under reinsurance with unauthorized reinsurers (Line 24.3)	98,262,033	(98,262,033)	
17. All other liabilities (balance)	1,148,412		1,148,412
18. Total liabilities excluding Separate Accounts (Line 26)	119,040,798	392,773	119,433,571
19. Separate Account liabilities (Line 27)			
20. Total liabilities (Line 28)	119,040,798	392,773	119,433,571
21. Capital and surplus (Line 38)	4,141,780	X X X	4,141,780
22. Total liabilities, capital and surplus (Line 39)	123,182,578	392,773	123,575,351
NET CREDIT FOR CEDED REINSURANCE			
23. Contract reserves	104,554,682		
24. Claim reserves	2,685,585		
25. Policyholder dividends/reserves			
26. Premium and annuity considerations received in advance			
27. Liability for deposit-type contracts			
28. Other contract liabilities			
29. Reinsurance ceded assets	1,302,548		
30. Other ceded reinsurance recoverables			
31. Total ceded reinsurance recoverables	108,542,815		
32. Premiums and considerations			
33. Reinsurance in unauthorized companies	8,585,461		
34. Funds held under reinsurance treaties with unauthorized reinsurers	98,262,033		
35. Other ceded reinsurance payables/offsets			
36. Total ceded reinsurance payable/offsets	106,847,494		
37. Total net credit for ceded reinsurance	1,695,321		

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

States, Etc.	1	Direct Business Only						
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts	
		2 Life Insurance Premiums	3 Annuity Considerations					
1. Alabama	AL	L			11,362		11,362	
2. Alaska	AK	N			708		708	
3. Arizona	AZ	L			5,940		5,940	
4. Arkansas	AR	L			651		651	
5. California	CA	L			310		310	
6. Colorado	CO	L			2,044,817		2,044,817	
7. Connecticut	CT	L			2,951,891		2,951,891	
8. Delaware	DE	L			3,890		3,890	
9. District of Columbia	DC	L						
10. Florida	FL	N			6,131		6,131	
11. Georgia	GA	L			12,542		12,542	
12. Hawaii	HI	L			618		618	
13. Idaho	ID	L			377		377	
14. Illinois	IL	L			737		737	
15. Indiana	IN	L			99		99	
16. Iowa	IA	N						
17. Kansas	KS	L			2,437,806		2,437,806	
18. Kentucky	KY	L			5,006		5,006	
19. Louisiana	LA	L			17,658		17,658	
20. Maine	ME	L			419,808		419,808	
21. Maryland	MD	L			490		490	
22. Massachusetts	MA	L			54,096		54,096	
23. Michigan	MI	N						
24. Minnesota	MN	L			13,933		13,933	
25. Mississippi	MS	L			3,900		3,900	
26. Missouri	MO	L			12,423		12,423	
27. Montana	MT	L			3,167		3,167	
28. Nebraska	NE	L			10,457		10,457	
29. Nevada	NV	L			443		443	
30. New Hampshire	NH	L			267		267	
31. New Jersey	NJ	L			7,662,655		7,662,655	
32. New Mexico	NM	N			422		422	
33. New York	NY	N			13,243		13,243	
34. North Carolina	NC	L			28,068		28,068	
35. North Dakota	ND	L						
36. Ohio	OH	L			1,533		1,533	
37. Oklahoma	OK	L			75		75	
38. Oregon	OR	L			13,805		13,805	
39. Pennsylvania	PA	L			6,556		6,556	
40. Rhode Island	RI	L			22,452		22,452	
41. South Carolina	SC	L			53,978		53,978	
42. South Dakota	SD	L			341		341	
43. Tennessee	TN	L			36,197		36,197	
44. Texas	TX	L			20,987		20,987	
45. Utah	UT	L			4,383		4,383	
46. Vermont	VT	L			935		935	
47. Virginia	VA	L			4,604,760		4,604,760	
48. Washington	WA	L			13,691		13,691	
49. West Virginia	WV	L			2,804,227		2,804,227	
50. Wisconsin	WI	N			882		882	
51. Wyoming	WY	L						
52. American Samoa	AS	N						
53. Guam	GU	N						
54. Puerto Rico	PR	N						
55. U.S. Virgin Islands	VI	N						
56. Northern Mariana Islands	MP	N						
57. Canada	CN	N						
58. Aggregate Other Alien	OT	X X X						
59. Subtotal	(a)	44			23,308,717		23,308,717	
90. Reporting entity contributions for employee benefit plans		X X X						
91. Dividends or refunds applied to purchase paid-up additions and annuities		X X X						
92. Dividends of refunds applied to shorten endowment or premium paying period		X X X						
93. Premium or annuity considerations waived under disability or other contract provisions		X X X			705,162		705,162	
94. Aggregate other amounts not allocable by State		X X X						
95. Totals (Direct Business)		X X X			24,013,879		24,013,879	
96. Plus Reinsurance Assumed		X X X			1,393,840		1,393,840	
97. Totals (All Business)		X X X			25,407,719		25,407,719	
98. Less Reinsurance Ceded		X X X			17,194,358		17,194,358	
99. Totals (All Business) less Reinsurance Ceded		X X X			(b) 8,213,361		8,213,361	
DETAILS OF WRITE-INS								
5801.		X X X						
5802.		X X X						
5803.		X X X						
5898. Summary of remaining write-ins for Line 58 from overflow page		X X X						
5899. Total (Line 5801 through Line 5803 plus Line 5898) (Line 58 above)		X X X						
9401.		X X X						
9402.		X X X						
9403.		X X X						
9498. Summary of remaining write-ins for Line 94 from overflow page		X X X						
9499. Total (Line 9401 through Line 9403 plus Line 9498) (Line 94 above)		X X X						

Explanation of basis of allocation by states, etc., of premiums and annuity considerations

Accident and Health Insurance premiums are allocated according to the state in which the policy was issued.

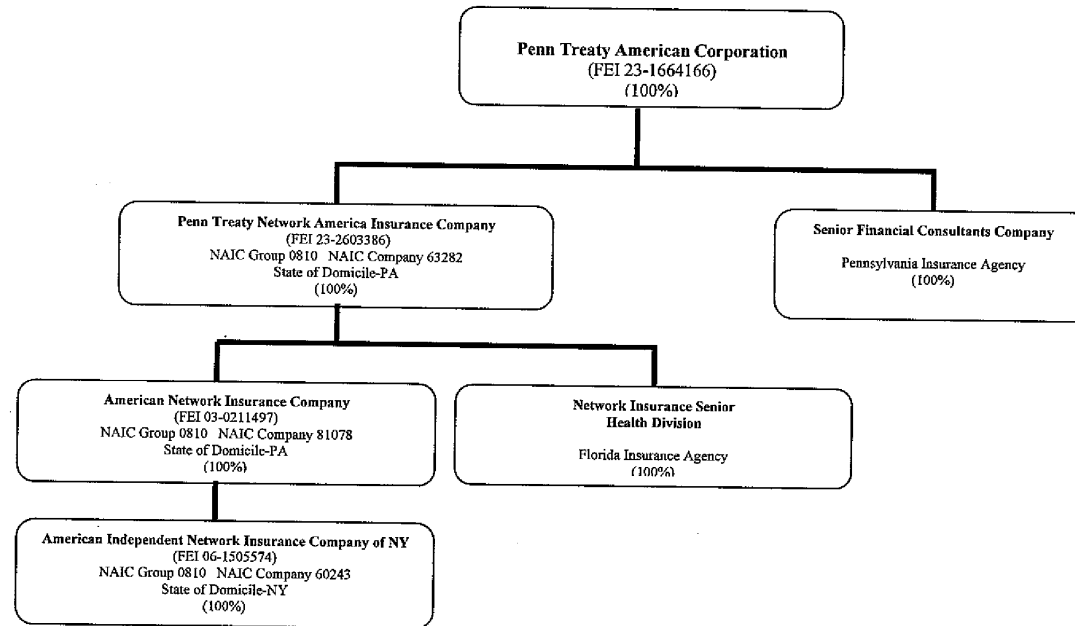
(a) Insert the number of L responses except for Canada and Other Alien.
 (b) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9 and 10, or with Schedule H, Part 1, Column 1, Line 1; indicate which; Exhibit 1, Lines 6.4, 10.4, 16.4, Cols. 8, 9, and 10

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

Allocated by States and Territories

States, Etc.		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	
1. Alabama	AL				11,362		11,362
2. Alaska	AK			708			708
3. Arizona	AZ			1,974	3,966		5,940
4. Arkansas	AR			651			651
5. California	CA			310			310
6. Colorado	CO			9,111	2,035,706		2,044,817
7. Connecticut	CT			13,363	2,938,528		2,951,891
8. Delaware	DE			3,890			3,890
9. District of Columbia	DC						
10. Florida	FL			6,131			6,131
11. Georgia	GA			12,542			12,542
12. Hawaii	HI			618			618
13. Idaho	ID			377			377
14. Illinois	IL			737			737
15. Indiana	IN			99			99
16. Iowa	IA						
17. Kansas	KS			(1,198)	2,439,004		2,437,806
18. Kentucky	KY			5,006			5,006
19. Louisiana	LA			17,658	354,838		372,496
20. Maine	ME			64,970			64,970
21. Maryland	MD			490			490
22. Massachusetts	MA			54,096			54,096
23. Michigan	MI						
24. Minnesota	MN			13,933			13,933
25. Mississippi	MS			3,900			3,900
26. Missouri	MO			12,423			12,423
27. Montana	MT			3,167			3,167
28. Nebraska	NE			10,457			10,457
29. Nevada	NV			443			443
30. New Hampshire	NH			267			267
31. New Jersey	NJ			(18,928)	7,681,583		7,662,655
32. New Mexico	NM			422			422
33. New York	NY			13,243			13,243
34. North Carolina	NC			28,068			28,068
35. North Dakota	ND						
36. Ohio	OH			1,533			1,533
37. Oklahoma	OK			75			75
38. Oregon	OR			13,805			13,805
39. Pennsylvania	PA			6,556			6,556
40. Rhode Island	RI			22,452			22,452
41. South Carolina	SC			801	53,177		53,978
42. South Dakota	SD			341			341
43. Tennessee	TN			10,369	25,828		36,197
44. Texas	TX			15,060	5,927		20,987
45. Utah	UT			457	3,926		4,383
46. Vermont	VT			935			935
47. Virginia	VA			924	4,603,836		4,604,760
48. Washington	WA			13,691			13,691
49. West Virginia	WV			7,861	2,796,366		2,804,227
50. Wisconsin	WI			882			882
51. Wyoming	WY						
52. American Samoa	AS						
53. Guam	GU						
54. Puerto Rico	PR						
55. U. S. Virgin Islands	VI						
56. Northern Mariana Islands	MP						
57. Canada	CN						
58. Aggregate Other Alien	OT						
59. Totals				354,670	22,954,047		23,308,717

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP
PART 1 - ORGANIZATIONAL CHART



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

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	Federal 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)
63282	23-2603386	Penn Treaty Network America Ins Co.	8,000,000				1,100,000	(783,286)			8,316,714	
81078	03-211497	American Network Insurance Co.	(8,000,000)				(1,000,000)	783,286			(8,216,714)	
60243	06-1505574	American Independent Network Ins Co NY					(100,000)				(100,000)	
9999999 - CONTROL TOTALS												

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

.....

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

MARCH FILING	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 460:	
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 390:	
4. Will an actuarial opinion be filed by March 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 440:	
APRIL FILING	
5. Will Management's Discussion and Analysis be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 350:	
6. Will the Life, Health and Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 290:	
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 300:	
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 285:	

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.

JUNE FILING

9. Will an audited financial report be filed by June 1? YES

EXPLANATION:
.....

BARCODE:
Document Identifier 220:

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

10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? NO

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 2 0 0 0 0 0 0


Document Identifier 420:

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? YES

EXPLANATION:
.....

BARCODE:
Document Identifier 360:

12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? NO

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 9 0 0 0 0 0 0


Document Identifier 490:

13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed by March 1? NO

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 3 7 1 0 0 0 0 0


Document Identifier 371:

14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 be filed by March 1? NO

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 3 7 0 0 0 0 0 0


Document Identifier 370:

15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? NO


EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 4 2 0 0 0 0 0


Document Identifier 442:

16. 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

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 4 3 0 0 0 0 0


Document Identifier 443

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 (cont.)

17. 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

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 4 4 0 0 0 0 0

 Document Identifier 444:

18. 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

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 4 5 0 0 0 0 0

 Document Identifier 445:

19. 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

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 4 6 0 0 0 0 0

 Document Identifier 446:

20. 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

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 4 7 0 0 0 0 0

 Document Identifier 447:

21. 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

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 4 8 0 0 0 0 0

 Document Identifier 448:

22. 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

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 4 9 0 0 0 0 0

 Document Identifier 449:

23. 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

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 5 0 0 0 0 0 0

 Document Identifier 450:

24. 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

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 5 1 0 0 0 0 0

 Document Identifier 451:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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 (cont.)

25. 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


EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 5 2 0 0 0 0 0


Document Identifier 452:

26. Will the Workers' Compensation Carve-Out Supplement be filed by March 1? NO

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 4 9 5 0 0 0 0 0


Document Identifier 495:

27. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? YES


EXPLANATION:
.....

BARCODE: 8 1 0 7 8 2 0 0 8 3 6 5 0 0 0 0 0


Document Identifier 465:

28. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? NO

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 3 6 5 0 0 0 0 0


Document Identifier 365:

APRIL FILING

29. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? YES

EXPLANATION:
.....

BARCODE: 8 1 0 7 8 2 0 0 8 2 8 0 0 0 0 0 0


Document Identifier 330:

30. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? NO

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 2 8 0 0 0 0 0 0


Document Identifier 280:

31. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? NO

EXPLANATION:
None

BARCODE: 8 1 0 7 8 2 0 0 8 2 3 0 0 0 0 0 0


Document Identifier 230:

32. Will the Accident and Health Policy Experience Exhibit be filed by April 1? YES

EXPLANATION:
.....

BARCODE: 8 1 0 7 8 2 0 0 8 2 3 0 0 0 0 0 0


Document Identifier 210:

SUMMARY INVESTMENT SCHEDULE

Investment Categories	Gross Investment Holdings		Admitted Assets as Reported in the Annual Statement	
	1 Amount	2 Percentage	3 Amount	4 Percentage
1. Bonds:				
1.1 U.S. treasury securities	4,216,303	3.650	4,216,303	3.650
1.2 U.S. government agency obligations (excluding mortgage-backed securities):				
1.21 Issued by U.S. government agencies	3,653,143	3.163	3,653,143	3.163
1.22 Issued by U.S. government sponsored agencies				
1.3 Foreign government (including Canada, excluding mortgage-backed securities)				
1.4 Securities issued by states, territories, and possessions and political subdivisions in the U.S.:				
1.41 States, territories and possessions general obligations				
1.42 Political subdivisions of states, territories and possessions and political subdivisions general obligations				
1.43 Revenue and assessment obligations	1,676,224	1.451	1,676,224	1.451
1.44 Industrial development and similar obligations				
1.5 Mortgage-backed securities (includes residential and commercial MBS):				
1.51 Pass-through securities:				
1.511 Issued or guaranteed by GNMA				
1.512 Issued or guaranteed by FNMA and FHLMC				
1.513 All other				
1.52 CMOs and REMICs:				
1.521 Issued or guaranteed by GNMA, FNMA, FHLMC or VA	5,185,567	4.489	5,185,567	4.489
1.522 Issued by non-U.S. Government issuers and collateralized by mortgage-backed securities issued or guaranteed by agencies shown in Line 1.521	1,765,728	1.529	1,765,728	1.529
1.523 All other				
2. Other debt and other fixed income securities (excluding short term):				
2.1 Unaffiliated domestic securities (includes credit tenant loans rated by the SVO)	77,179,429	66.814	77,179,429	66.814
2.2 Unaffiliated foreign securities	147,515	0.128	147,515	0.128
2.3 Affiliated securities				
3. Equity interests:				
3.1 Investments in mutual funds	145,531	0.126	145,531	0.126
3.2 Preferred stocks:				
3.21 Affiliated				
3.22 Unaffiliated				
3.3 Publicly traded equity securities (excluding preferred stocks):				
3.31 Affiliated	5,495	0.005	5,495	0.005
3.32 Unaffiliated				
3.4 Other equity securities:				
3.41 Affiliated	8,639,660	7.479	8,639,660	7.479
3.42 Unaffiliated				
3.5 Other equity interests including tangible personal property under lease:				
3.51 Affiliated				
3.52 Unaffiliated				
4. Mortgage loans:				
4.1 Construction and land development				
4.2 Agricultural				
4.3 Single family residential properties				
4.4 Multifamily residential properties				
4.5 Commercial loans				
4.6 Mezzanine real estate loans				
5. Real estate investments:				
5.1 Property occupied by company				
5.2 Property held for production of income (including \$ of property acquired in satisfaction of debt)				
5.3 Property held for sale (including \$ property acquired in satisfaction of debt)				
6. Contract loans				
7. Receivables for securities				
8. Cash, cash equivalents and short-term investments	12,899,298	11.167	12,899,298	11.167
9. Other invested assets				
10. Total invested assets	115,513,893	100.000	115,513,893	100.000

Page SI02

Schedule A, Verification Between Years
NONE

Schedule B, Verification Between Years
NONE

SCHEDULE BA - VERIFICATION BETWEEN YEARS
Other Long-Term Invested Assets

1. Book/adjusted carrying value, December 31 of prior year		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition (Part 2, Column 8)		
2.2 Additional investment made after acquisition (Part 2, Column 9)		
3. Capitalized deferred interest and other		
3.1 Totals, Part 1, Column 16		
3.2 Totals, Part 3, Column 12		
4. Accrual of discount		
5. Unrealized valuation increase (decrease):		
5.1 Totals, Part 1, Column 13	NONE	
5.2 Totals, Part 3, Column 9		
6. Total gain (loss) on disposals, Part 3, Column 19 ..		
7. Deduct amounts received on disposals, Part 3, Col		
• 8. Deduct amortization of premium and depreciation		
9. Total foreign exchange change in book/adjusted carrying value:		
9.1 Totals, Part 1, Column 17		
9.2 Totals, Part 3, Column 14		
10. Deduct current year's other than temporary impairment recognized:		
10.1 Totals, Part 1, Column 15		
10.2 Totals, Part 3, Column 11		
11. Book/adjusted carrying value at the end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 plus Line 6 minus Line 7 minus Line 8 plus Line 9 minus Line 10)		
12. Deduct total nonadmitted amounts		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION BETWEEN YEARS
Bonds and Stocks

1. Book/adjusted carrying value, December 31 of prior year		111,141,621
2. Cost of bonds and stocks acquired, Column 7, Part 3		6,780,034
3. Accrual of discount		68,040
4. Unrealized valuation increase (decrease):		
4.1 Column 12, Part 1,	(3,230)	
4.2 Column 15, Part 2, Section 1		
4.3 Column 13, Part 2, Section 2	(64,430)	
4.4 Column 11, Part 4		(67,660)
5. Total gain (loss) on disposals, Column 19, Part 4		31,073
6. Deduction consideration for bonds and stocks disposed of, Column 7, Part 4		14,318,297
7. Deduct amortization of premium		271,796
8. Total foreign exchange change in book/adjusted carrying value:		
8.1 Column 15, Part 1,		
8.2 Column 19, Part 2, Section 1		
8.3 Column 16, Part 2, Section 2		
8.4 Column 15, Part 4		
9. Deduct current year's other than temporary impairment recognized:		
9.1 Column 14, Part 1,	280,473	
9.2 Column 17, Part 2, Section 1		
9.3 Column 14, Part 2, Section 2	613,479	
9.4 Column 13, Part 4		893,952
10. Book/adjusted carrying value at end of current period (Line 1 plus Line 2 plus Line 3 plus Line 4 plus Line 5 minus Line 6 minus Line 7 plus Line 8 minus Line 9)		102,469,063
11. Deduct total nonadmitted amounts		
12. Statement value at end of current period (Line 10 minus Line 11)		102,469,063

SCHEDULE D - SUMMARY BY COUNTRY

Long-Term Bonds and Stocks OWNED December 31 of Current Year

Description		1 Book/Adjusted Carrying Value	2 Fair Value	3 Actual Cost	4 Par Value of Bonds
BONDS					
Governments (Including all obligations guaranteed by governments)	1. United States	7,869,445	8,345,094	7,922,196	7,725,000
	2. Canada				
	3. Other Countries				
	4. Totals	7,869,445	8,345,094	7,922,196	7,725,000
States, Territories and Possessions (Direct and guaranteed)	5. United States				
	6. Canada				
	7. Other Countries				
	8. Totals				
Political Subdivisions of States, Territories and Possessions (Direct and guaranteed)	9. United States				
	10. Canada				
	11. Other Countries				
	12. Totals				
Special revenue and special assessment obligations and all non-guaranteed obligations of agencies and authorities of governments and their political subdivisions	13. United States	6,861,791	7,132,265	6,796,934	7,255,193
	14. Canada				
	15. Other Countries				
	16. Totals	6,861,791	7,132,265	6,796,934	7,255,193
Public Utilities (unaffiliated)	17. United States	77,703	76,666	78,503	75,000
	18. Canada				
	19. Other Countries				
	20. Totals	77,703	76,666	78,503	75,000
Industrial and Miscellaneous and Credit Tenant Loans (unaffiliated)	21. United States	78,867,453	66,984,216	79,512,424	74,101,078
	22. Canada	28,754	29,108	28,754	30,000
	23. Other Countries	118,762	107,602	125,933	115,000
	24. Totals	79,014,969	67,120,926	79,667,111	74,246,078
Parent, Subsidiaries and Affiliates	25. Totals				
	26. Total Bonds	93,823,908	82,674,951	94,464,744	89,301,271
PREFERRED STOCKS					
Public Utilities (unaffiliated)	27. United States				
	28. Canada				
	29. Other Countries				
	30. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	31. United States				
	32. Canada				
	33. Other Countries				
	34. Totals				
Industrial and Miscellaneous (unaffiliated)	35. United States				
	36. Canada				
	37. Other Countries				
	38. Totals				
Parent, Subsidiaries and Affiliates	39. Totals				
	40. Total Preferred Stocks				
COMMON STOCKS					
Public Utilities (unaffiliated)	41. United States				
	42. Canada				
	43. Other Countries				
	44. Totals				
Banks, Trust and Insurance Companies (unaffiliated)	45. United States				
	46. Canada				
	47. Other Countries				
	48. Totals				
Industrial and Miscellaneous (unaffiliated)	49. United States				
	50. Canada				
	51. Other Countries				
	52. Totals				
Parent, Subsidiaries and Affiliates	53. Totals	8,645,155	8,645,155	7,114,169	
	54. Total Common Stocks	8,645,155	8,645,155	7,114,169	
	55. Total Stocks	8,645,155	8,645,155	7,114,169	
	56. Total Bonds and Stocks	102,469,063	91,320,106	101,578,913	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, (Group 1)											
1.1 Class 1	2,110,014	4,652,353	1,331,260			8,093,627	8.6	15,215,530	14.4	8,093,627	
1.2 Class 2											
1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.6 Class 6											
1.7 Totals	2,110,014	4,652,353	1,331,260			8,093,627	8.6	15,215,530	14.4	8,093,627	
2. All Other Governments, (Group 2)											
2.1 Class 1											
2.2 Class 2											
2.3 Class 3											
2.4 Class 4											
2.5 Class 5											
2.6 Class 6											
2.7 Totals											
3. States, Territories and Possessions etc., Guaranteed, (Group 3)											
3.1 Class 1											
3.2 Class 2											
3.3 Class 3											
3.4 Class 4											
3.5 Class 5											
3.6 Class 6											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, (Group 4)											
4.1 Class 1											
4.2 Class 2											
4.3 Class 3											
4.4 Class 4											
4.5 Class 5											
4.6 Class 6											
4.7 Totals											
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, (Group 5)											
5.1 Class 1	11,254	386,857	4,939,379	1,524,300		6,861,790	7.3	6,835,569	6.5	6,861,791	
5.2 Class 2											
5.3 Class 3											
5.4 Class 4											
5.5 Class 5											
5.6 Class 6											
5.7 Totals	11,254	386,857	4,939,379	1,524,300		6,861,790	7.3	6,835,569	6.5	6,861,791	

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
6. Public Utilities (Unaffiliated), (Group 6)											
6.1 Class 1											
6.2 Class 2		77,703				77,703	0.1			77,703	
6.3 Class 3											
6.4 Class 4											
6.5 Class 5											
6.6 Class 6											
6.7 Totals		77,703				77,703	0.1			77,703	
7. Industrial and Miscellaneous (Unaffiliated), (Group 7)											
7.1 Class 1	357,864	16,991,328	19,174,234	7,001,205	29,015,808	72,540,439	77.1	75,863,666	71.8	72,540,439	
7.2 Class 2		905,243	3,258,064	1,273,598		5,436,905	5.8	7,708,349	7.3	5,436,905	
7.3 Class 3				1,028,105		1,028,105	1.1			1,028,105	
7.4 Class 4											
7.5 Class 5											
7.6 Class 6					9,520	9,520				9,520	
7.7 Totals	357,864	17,896,571	22,432,298	9,302,908	29,025,328	79,014,969	84.0	83,572,015	79.1	79,014,969	
8. Credit Tenant Loans, (Group 8)											
8.1 Class 1											
8.2 Class 2											
8.3 Class 3											
8.4 Class 4											
8.5 Class 5											
8.6 Class 6											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, (Group 9)											
9.1 Class 1											
9.2 Class 2											
9.3 Class 3											
9.4 Class 4											
9.5 Class 5											
9.6 Class 6											
9.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total from Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1	(d) 2,479,132	22,030,538	25,444,873	8,525,505	29,015,808	87,495,856	93.0	XXX	XXX	87,495,857	
10.2 Class 2	(d)	982,946	3,258,064	1,273,598		5,514,608	5.9	XXX	XXX	5,514,608	
10.3 Class 3	(d)			1,028,105		1,028,105	1.1	XXX	XXX	1,028,105	
10.4 Class 4	(d)							XXX	XXX		
10.5 Class 5	(d)							XXX	XXX		
10.6 Class 6	(d)				9,520	(c) 9,520		XXX	XXX	9,520	
10.7 Totals	2,479,132	23,013,484	28,702,937	10,827,208	29,025,328	(b) 94,048,089	100.0	XXX	XXX	94,048,090	
10.8 Line 10.7 as a % of Column 6	2.6	24.5	30.5	11.5	30.9	100.0	XXX	XXX	XXX	100.0	
11. Total Bonds Prior Year											
11.1 Class 1	4,818,251	12,328,982	42,989,407	5,075,308	32,702,817	XXX	XXX	97,914,765	92.7	97,914,765	
11.2 Class 2	75,749	875,544	3,385,848	3,371,209		XXX	XXX	7,708,349	7.3	7,708,349	
11.3 Class 3						XXX	XXX				
11.4 Class 4						XXX	XXX				
11.5 Class 5						XXX	XXX	(c)			
11.6 Class 6						XXX	XXX	(c)			
11.7 Totals	4,894,000	13,204,526	46,375,255	8,446,517	32,702,817	XXX	XXX	(b) 105,623,114	100.0	105,623,114	
11.8 Line 11.7 as a % of Column 8	4.6	12.5	43.9	8.0	31.0	XXX	XXX	100.0	XXX	100.0	
12. Total Publicly Traded Bonds											
12.1 Class 1	2,479,132	22,030,539	25,444,873	8,525,505	29,015,808	87,495,857	93.0	97,914,765	92.7	87,495,857	XXX
12.2 Class 2		982,947	3,258,064	1,273,598		5,514,609	5.9	7,708,349	7.3	5,514,608	XXX
12.3 Class 3				1,028,105		1,028,105	1.1			1,028,105	XXX
12.4 Class 4											XXX
12.5 Class 5											XXX
12.6 Class 6					9,520	9,520				9,520	XXX
12.7 Totals	2,479,132	23,013,486	28,702,937	10,827,208	29,025,328	94,048,091	100.0	105,623,114	100.0	94,048,090	XXX
12.8 Line 12.7 as a % of Column 6	2.6	24.5	30.5	11.5	30.9	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	2.6	24.5	30.5	11.5	30.9	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1										XXX	
13.2 Class 2										XXX	
13.3 Class 3										XXX	
13.4 Class 4										XXX	
13.5 Class 5										XXX	
13.6 Class 6										XXX	
13.7 Totals										XXX	
13.8 Line 13.7 as a % of Column 6							XXX	XXX	XXX	XXX	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							XXX	XXX	XXX	XXX	

(a) Includes \$ freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.
 (b) Includes \$ current year, \$ prior year of bonds with Z designations and \$ current year, \$ prior year of bonds with Z* designations. The letter "Z" means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.
 (c) Includes \$ current year, \$ prior year of bonds with 5* designations and \$ current year, \$ prior year of bonds with 6* designations. "5*" means the NAIC designation was assigned by the SVO in reliance on the insurer's certification that the issuer is current in all principal and interest payments. "6*" means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.
 (d) Includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$; NAIC 3 \$; NAIC 4 \$; NAIC 5 \$; NAIC 6 \$

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
1. U.S. Governments, (Group 1)											
1.1 Issuer Obligations	2,110,014	4,652,353	1,331,260			8,093,627	8.6	15,215,530	14.4	8,093,627	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities											
1.7 Totals	2,110,014	4,652,353	1,331,260			8,093,627	8.6	15,215,530	14.4	8,093,627	
2. All Other Governments, (Group 2)											
2.1 Issuer Obligations											
2.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
2.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 Totals											
3. States, Territories and Possessions, Guaranteed, (Group 3)											
3.1 Issuer Obligations											
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
3.3 Defined											
3.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
3.5 Defined											
3.6 Other											
3.7 Totals											
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, (Group 4)											
4.1 Issuer Obligations											
4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined											
4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined											
4.6 Other											
4.7 Totals											
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, (Group 5)											
5.1 Issuer Obligations			1,676,224			1,676,224	1.8	1,673,391	1.6	1,676,224	
5.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
5.3 Defined	11,254	386,857	3,263,155	1,524,300		5,185,566	5.5	5,162,179	4.9	5,185,567	
5.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 Totals	11,254	386,857	4,939,379	1,524,300		6,861,790	7.3	6,835,570	6.5	6,861,791	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
6. Public Utilities (Unaffiliated), (Group 6)											
6.1 Issuer Obligations		77,703				77,703	0.1			77,703	
6.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
6.3 Defined											
6.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.6 Other											
6.7 Totals		77,703				77,703	0.1			77,703	
7. Industrial and Miscellaneous (Unaffiliated), (Group 7)											
7.1 Issuer Obligations	207,552	17,554,753	22,432,298	8,029,310	29,025,328	77,249,241	82.1	81,809,854	77.5	77,249,241	
7.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
7.3 Defined											
7.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined	97,135	195,234		1,273,598		1,565,967	1.7	1,562,318	1.5	1,565,967	
7.6 Other	53,176	146,584				199,760	0.2	199,844	0.2	199,761	
7.7 Totals	357,863	17,896,571	22,432,298	9,302,908	29,025,328	79,014,968	84.0	83,572,016	79.1	79,014,969	
8. Credit Tenant Loans, (Group 8)											
8.1 Issuer Obligations											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, (Group 9)											
9.1 Issuer Obligations											
9.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
9.3 Defined											
9.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
9.5 Defined											
9.6 Other											
9.7 Totals											

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Column 6 as a % of Line 10.7	8 Total From Column 6 Prior Year	9 % From Column 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	2,317,566	22,284,809	25,439,782	8,029,310	29,025,328	87,096,795	92.6	X X X	X X X	87,096,795	
10.2 Single Class Mortgage-Backed/Asset-Backed Securities								X X X	X X X		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
10.3 Defined	11,254	386,857	3,263,155	1,524,300		5,185,566	5.5	X X X	X X X	5,185,567	
10.4 Other								X X X	X X X		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
10.5 Defined	97,135	195,234		1,273,598		1,565,967	1.7	X X X	X X X	1,565,967	
10.6 Other	53,176	146,584				199,760	0.2	X X X	X X X	199,761	
10.7 Totals	2,479,131	23,013,484	28,702,937	10,827,208	29,025,328	94,048,088	100.0	X X X	X X X	94,048,090	
10.8 Line 10.7 as a % of Column 6	2.6	24.5	30.5	11.5	30.9	100.0	X X X	X X X	X X X	100.0	
11. Total Bonds Prior Year											
11.1 Issuer Obligations	4,847,444	12,473,965	43,122,670	5,551,878	32,702,817	X X X	X X X	98,698,774	93.4	98,698,774	
11.2 Single Class Mortgage-Backed/Asset-Backed Securities						X X X	X X X				
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
11.3 Defined	13,043	265,602	3,252,585	1,630,949		X X X	X X X	5,162,179	4.9	5,162,179	
11.4 Other						X X X	X X X				
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
11.5 Defined	33,513	265,115		1,263,691		X X X	X X X	1,562,318	1.5	1,562,318	
11.6 Other		199,844				X X X	X X X	199,844	0.2	199,844	
11.7 Totals	4,894,000	13,204,526	46,375,255	8,446,518	32,702,817	X X X	X X X	105,623,115	100.0	105,623,115	
11.8 Line 11.7 as a % of Column 8	4.6	12.5	43.9	8.0	31.0	X X X	X X X	100.0	X X X	100.0	
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	2,317,566	22,284,810	25,439,781	8,029,310	29,025,328	87,096,795	92.6	98,698,774	93.4	87,096,795	X X X
12.2 Single Class Mortgage-Backed/Asset-Backed Securities											X X X
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
12.3 Defined	11,254	386,857	3,263,155	1,524,300		5,185,566	5.5	5,162,179	4.9	5,185,567	X X X
12.4 Other											X X X
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
12.5 Defined	97,135	195,234		1,273,598		1,565,967	1.7	1,562,318	1.5	1,565,967	X X X
12.6 Other	53,176	146,584				199,760	0.2	199,844	0.2	199,761	X X X
12.7 Totals	2,479,131	23,013,485	28,702,936	10,827,208	29,025,328	94,048,088	100.0	105,623,115	100.0	94,048,090	X X X
12.8 Line 12.7 as a % of Column 6	2.6	24.5	30.5	11.5	30.9	100.0	X X X	X X X	X X X	100.0	X X X
12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	2.6	24.5	30.5	11.5	30.9	100.0	X X X	X X X	X X X	100.0	X X X
13. Total Privately Placed Bonds											
13.1 Issuer Obligations										X X X	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities										X X X	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
13.3 Defined										X X X	
13.4 Other										X X X	
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
13.5 Defined										X X X	
13.6 Other										X X X	
13.7 Totals										X X X	
13.8 Line 13.7 as a % of Column 6							X X X	X X X	X X X	X X X	
13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							X X X	X X X	X X X	X X X	

SCHEDULE DA - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets (a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, December 31 of prior year	323,021	323,021			
2. Cost of short-term investments acquired	9,351,089	9,351,089			
3. Accrual of discount					
4. Unrealized valuation increase (decrease)					
5. Total gain (loss) on disposals					
6. Deduct consideration received on disposals	9,449,928	9,449,928			
7. Deduct amortization of premium					
8. Total foreign exchange change in book/adjusted carrying value					
9. Deduct current year's other than temporary impairment recognized					
10. Book/adjusted carrying value at the end of current period (Lines 1 plus 2 plus 3 plus 4 plus 5 minus 6 minus 7 plus 8 minus 9)	224,182	224,182			
11. Deduct total nonadmitted amounts					
12. Statement value of end of current period (Line 10 minus Line 11)	224,182	224,182			

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Page SI12

Schedule DB, Part A, Verification Between Years
NONE

Schedule DB, Part B, Verification Between Years
NONE

Page SI13

Schedule DB, Part C, Verification Between Years
NONE

Schedule DB, Part D, Verification Between Years
NONE

Schedule DB, Part E, Verification of Statement and Fair Values
NONE

Page SI14

Schedule DB, Pt. F, Section 1, Replicated (Synthetic) Assets Open
NONE

Page SI15

Sch. DB, Pt. F, Sn. 2, Reconciliation Replicated (Syn.) Assets
NONE

SCHEDULE E - VERIFICATION BETWEEN YEARS

(Cash Equivalents)

	1	2	3
	Total	Bonds	Other (a)
1. Book/adjusted carrying value, December 31 of prior year	4,784,608	4,784,608	
2. Cost of cash equivalents acquired	25,085,650	25,085,650	
3. Accrual of discount			
4. Unrealized valuation increase (decrease)			
5. Total gain (loss) on disposals			
6. Deduct consideration received on disposals	18,993,574	18,993,574	
7. Deduct amortization of premium			
8. Total foreign exchange change in book/adjusted carrying value			
9. Deduct current year's other than temporary impairment recognized			
10. Book/adjusted carrying value at end of current period (Line 1 + Line 2 + Line 3 + Line 4 + Line 5 - Line 6 - Line 7 + Line 8 - Line 9)	10,876,684	10,876,684	
11. Deduct total nonadmitted amounts			
12. Statement value at end of current period (Line 10 minus Line 11)	10,876,684	10,876,684	

(a) Indicate the category of such investments, for example, joint ventures, transportation equipment

Page E01

Schedule A, Pt. 1, Real Estate Owned
NONE

Page E02

Schedule A, Pt. 2, Real Estate Acquired
NONE

Page E03

Schedule A, Pt. 3, Real Estate Sold
NONE

Page E04

Schedule B, Pt. 1, Mortgage Loans Owned
NONE

Page E05

Schedule B, Pt. 2, Mortgage Loans Acquired
NONE

Page E06

Schedule B, Pt. 3, Mortgage Loans Disposed
NONE

Page E07

Schedule BA, Pt. 1, Other Long-Term Invested Assets Owned
NONE

Page E08

Schedule BA, Pt. 2, Other Long-Term Invested Assets Acquired
NONE

Page E09

Schedule BA, Pt. 3, Other Long-Term Invested Assets Disposed
NONE

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes			6 NAIC Designation	7 Actual Cost	Fair Value		10 Par Value	11 Book / Adjusted Carrying Value	Change in Book Adjusted Carrying Value				Interest					Dates	
		3 Code	4 Foreign	5 Bond CHAR			8 Rate Used To Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization) / Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Foreign Exchange Change in B. / A. C. V.	16 Rate of	17 Effective Rate of	18 When Paid	19 Admitted Amount Due and Accrued	20 Amount Received During Year	21 Acquired	22 Maturity
U. S. Governments - Issuer Obligations																					
3133XF-LE-4	FEDERAL HOME LN BKS	SD			1	1,210,084	106,250	1,275,000	1,200,000	1,204,189		(2,729)			5.250	4.997	JD	3,500	62,900	10/10/2006	06/11/2010
3133XG-DD-3	FEDERAL HOME LN BKS				1	1,020,000	109,875	1,098,750	1,000,000	1,013,613		(4,736)			5.375	4.819	FA	19,708	53,750	08/21/2007	08/19/2011
3133XJ-W2-0	FEDERAL HOME LN BKS				1	415,425	112,750	451,000	400,000	414,590		(835)			5.125	4.586	MS	6,321	10,250	06/04/2008	03/10/2017
3134A4-UK-8	FEDERAL HOME LN MTG CORP				1	75,834	111,563	83,672	75,000	75,513		(92)			4.875	4.716	MN	467	3,656	04/07/2005	11/15/2013
31359M-7X-5	FEDERAL NATL MTG ASSN				1	256,727	114,031	285,078	250,000	256,556		(171)			5.000	4.618	MN	1,736	6,250	09/25/2008	05/11/2017
31359M-GJ-6	FEDERAL NATL MTG ASSN				1	270,140	110,156	275,391	250,000	258,243		(4,111)			6.625	4.764	MN	2,116	16,563	12/19/2005	11/15/2010
31359M-RG-0	FEDERAL NATL MTG ASSN				1	261,547	107,406	268,516	250,000	259,936		(1,611)			4.375	3.354	MS	3,220	5,469	04/04/2008	03/15/2013
31398A-DM-1	FEDERAL NATL MTG ASSN				1	170,664	116,844	175,266	150,000	170,502		(162)			5.375	3.493	JD	426	4,031	12/03/2008	06/12/2017
912827-5G-3	UNITED STATES TREAS NTS	SD			1	177,680	101,938	178,391	175,000	175,349		(911)			5.500	4.951	MN	1,250	9,628	05/02/2006	05/15/2009
912827-7L-0	UNITED STATES TREAS NTS				1	100,758	111,906	111,906	100,000	100,457		(133)			4.875	4.716	FA	1,841	4,875	09/01/2006	02/15/2012
912828-AJ-9	UNITED STATES TREAS NTS				1	77,282	112,063	84,047	75,000	76,131		(285)			4.375	3.924	FA	1,239	3,281	09/13/2004	08/15/2012
912828-AJ-4	UNITED STATES TREAS NTS				1	24,947	111,406	27,852	25,000	24,975		5			3.875	3.901	FA	366	969	04/09/2003	02/15/2013
912828-BR-0	UNITED STATES TREAS NTS				1	121,470	114,125	142,656	125,000	122,348		474			4.250	4.743	MN	690	5,313	02/09/2007	11/15/2013
912828-CL-2	UNITED STATES TREAS NTS				1	856,541	101,688	864,344	850,000	850,771		(1,654)			4.000	3.796	JD	10,115	33,976	05/03/2005	06/15/2009
912828-CX-6	UNITED STATES TREAS NTS				1	870,619	102,406	870,453	850,000	859,712		(10,908)			3.375	1.904	AO	6,990	27,849	02/08/2008	10/15/2009
912828-EQ-9	UNITED STATES TREAS NTS				1	313,853	107,406	322,219	300,000	311,902		(1,950)			4.375	2.287	JD	613	6,563	09/03/2008	12/15/2010
912828-FF-2	UNITED STATES TREAS NTS				1	261,514	121,094	302,734	250,000	259,369		(1,050)			5.125	4.521	MN	1,664	12,813	11/28/2006	05/15/2016
912828-FS-4	UNITED STATES TREAS NTS				1	49,477	109,906	54,953	50,000	49,650		121			4.625	4.909	FA	786	2,313	07/19/2007	08/31/2011
912828-GM-6	UNITED STATES TREAS NTS				1	377,673	110,500	386,750	350,000	375,883		(1,791)			4.500	2.129	MS	4,024		10/08/2008	03/31/2012
912828-HK-9	UNITED STATES TREAS NTS				1	274,721	109,000	299,750	275,000	274,777		52			3.375	3.397	MN	816	9,281	12/06/2007	11/30/2012
912828-JB-7	UNITED STATES TREAS NTS				1	205,813	109,531	219,063	200,000	205,576		(237)			3.500	2.824	MN	615	3,500	10/20/2008	05/31/2013
912828-JH-4	UNITED STATES TREAS NTS				1	230,389	115,469	259,805	225,000	230,242		(147)			4.000	3.710	FA	3,399		09/03/2008	08/15/2018
912828-JL-5	UNITED STATES TREAS NTS				1	299,040	102,500	307,500	300,000	299,160		120			2.000	2.164	MS	1,533		09/25/2008	09/30/2010
0199999 - U. S. Governments - Issuer Obligations						7,922,196		8,345,094	7,725,000	7,869,445		(32,740)						73,436	283,228		
0399999 - Subtotal - U. S. Governments						7,922,196		8,345,094	7,725,000	7,869,445		(32,740)						73,436	283,228		
Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations																					
646139-D7-7	NEW JERSEY ST TPK AUTH TPK REV REV				1FE	117,747	99,022	118,826	120,000	118,322		200			4.252	4.487	JJ	2,551	5,102	12/31/2005	01/01/2016
646139-D8-5	NEW JERSEY ST TPK AUTH TPK REV REV				1FE	1,550,341	95,368	1,506,814	1,580,000	1,557,902		2,633			4.252	4.487	JJ	33,591	67,182	12/31/2005	01/01/2016
2599999 - Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Issuer Obligations																					
						1,668,088		1,625,641	1,700,000	1,676,224		2,833						36,142	72,284		
Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Defined Multi-Class Residential Mortgage-Backed Securities																					
31394W-CK-2	FHLMC REMIC SERIES 2773				1	1,369,688	97,982	1,469,730	1,500,000	1,388,369		9,586			4.500	5.533	MON	5,625	67,500	01/25/2007	04/15/2024
31397H-SD-1	FHLMC REMIC SERIES 3338				1	1,863,750	101,182	2,023,640	2,000,000	1,882,623		13,032			5.000	5.945	MON	8,333	100,000	06/08/2007	10/15/2034
31396C-3C-2	FHLMC REMIC SERIES R003				1	54,783	101,451	55,994	55,193	54,845		24			5.125	5.287	MON	236	2,843	10/05/2006	10/15/2015
31394A-5M-4	FNMA REMIC TRUST 2004-70				1	1,840,625	97,863	1,957,260	2,000,000	1,859,730		11,822			4.500	5.424	MON	7,500	90,000	05/15/2007	01/25/2032
2799999 - Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions - Defined Multi-Class Residential Mortgage-Backed Securities																					
						5,128,846		5,506,624	5,555,193	5,185,567		34,464						21,694	260,343		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes			6 NAIC Designation	7 Actual Cost	Fair Value		10 Par Value	11 Book / Adjusted Carrying Value	Change in Book Adjusted Carrying Value				Interest					Dates		
		3 Code	4 Foreign	5 Bond CHAR			8 Rate Used To Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization) / Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Foreign Exchange Change in B. / A. C. V.	16 Rate of	17 Effective Rate of	18 When Paid	19 Admitted Amount Due and Accrued	20 Amount Received During Year	21 Acquired	22 Maturity	
3199999 - Subtotal - Special Revenue and Special Assessment Obligations and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions						6,796,934	7,132,265	7,255,193	6,861,791		37,297							57,836	332,627			
Public Utilities (Unaffiliated) - Issuer Obligations																						
843646-AC-4	SOUTHERN POWER CO				2FE	78,503	102,221	76,666	75,000	77,703		(680)			6.250	5.124	JJ	2,161	4,688	10/26/2007	07/15/2012	
3299999	Public Utilities (Unaffiliated) - Issuer Obligations					78,503		76,666	75,000	77,703		(680)						2,161	4,688			
3899999 - Subtotal - Public Utilities (Unaffiliated)						78,503		76,666	75,000	77,703		(680)						2,161	4,688			
Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations																						
002824-AT-7	ABBOTT LABS				1FE	1,543,830	108,307	1,624,601	1,500,000	1,536,392		(3,912)			5.875	5.471	MN	11,260	88,125	01/19/2007	05/15/2016	
02835P-SK-0	AMERICAN GENERAL FINANCE CORP				2FE	48,217	48,496	24,248	50,000	49,315		288			4.000	4.660	MS	589	2,000	11/29/2004	03/15/2011	
060505-AX-2	BANK OF AMERICA CORP				1FE	77,205	98,509	73,882	75,000	76,031		(228)			4.875	4.499	JJ	1,686	3,656	04/17/2003	01/15/2013	
060505-AR-5	BANK OF AMERICA CORPORATION				1FE	99,887	98,677	98,677	100,000	99,933		16			4.875	4.895	MS	1,435	4,875	01/18/2006	09/15/2012	
054937-AC-1	BB&T CORP SUB NTS				1FE	56,660	101,219	50,610	50,000	52,343		(836)			6.500	4.557	FA	1,354	3,250	04/09/2003	08/01/2011	
14149Y-AL-2	CARDINAL HEALTH INC				2FE	998,620	90,468	904,678	1,000,000	998,863		112			5.800	5.818	AO	12,244	60,056	10/01/2006	10/15/2016	
14149Y-AQ-1	CARDINAL HEALTH INC				2FE	1,030,220	91,203	912,031	1,000,000	1,027,728		(2,492)			6.000	5.584	JD	2,667	60,271	01/03/2008	06/15/2017	
172967-DH-1	CITIGROUP INC				1FE	74,327	97,599	73,199	75,000	74,689		135			5.125	5.334	FA	1,463	3,844	03/08/2006	02/14/2011	
126117-AH-3	CNA FINL CORP				2FE	1,082,230	68,256	682,564	1,000,000	1,071,704		(5,853)			6.950	5.915	JJ	32,047	69,500	02/28/2007	01/15/2018	
20030N-AB-7	COMCAST CORP NEW				2FE	74,019	98,293	68,805	70,000	73,151		(427)			6.500	5.611	JJ	2,098	4,550	11/28/2006	01/15/2015	
20030N-AD-3	COMCAST CORP NEW				2FE	77,498	97,884	73,413	75,000	76,077		(452)			5.500	4.806	MS	1,215	4,125	09/07/2005	03/15/2011	
222372-AJ-3	COUNTRYWIDE FINANCIAL CORP				1FE	1,026,240	94,951	949,508	1,000,000	1,022,052		(2,329)			6.250	5.877	MN	7,986	62,500	02/28/2007	05/15/2016	
22541L-AH-6	CREDIT SUISSE FIRST BOSTON USA				1FE	3,570,170	97,543	3,316,469	3,400,000	3,503,648		(19,606)			5.500	4.758	FA	70,644	187,000	05/24/2005	08/15/2013	
22541L-AC-7	CREDIT SUISSE USA INC				1FE	78,246	102,281	76,711	75,000	76,840		(541)			6.500	5.611	JJ	2,248	4,875	04/11/2003	01/15/2012	
26441Y-AD-9	DUKE RLTY LTD PARTNERSHIP NEW				2FE	105,204	82,767	82,767	100,000	102,521		(1,043)			6.950	5.718	MS	2,046	6,950	04/20/2006	03/15/2011	
263534-BJ-7	DUPONT EI DE NEMOURS & CO				1FE	79,825	102,475	76,856	75,000	76,427		(1,736)			6.875	4.399	AO	1,089	5,156	04/17/2003	10/15/2009	
291011-AN-4	EMERSON ELEC CO				1FE	100,986	103,921	103,921	100,000	100,564		(179)			5.750	5.532	MN	958	5,750	07/19/2006	11/01/2011	
291011-AR-5	EMERSON ELEC CO				1FE	98,861	99,416	99,416	100,000	99,315		161			4.625	4.825	AO	976	4,625	01/18/2006	10/15/2012	
26884A-AN-3	ERP OPER LTD PARTNERSHIP				2FE	155,118	82,167	123,250	150,000	153,107		(856)			6.625	5.907	MS	2,926	9,938	07/19/2006	03/15/2012	
36962G-ZY-3	GENERAL ELECTRIC CAP CORP				1FE	100,716	100,716	75,537	75,000	77,048		(450)			5.450	4.700	JJ	1,885	4,088	04/17/2003	01/15/2013	
370334-AS-3	GENERAL MILLS INC				2FE	160,818	103,737	155,605	150,000	155,610		(1,631)			6.000	4.699	FA	3,400	9,000	08/17/2005	02/15/2012	
377372-AD-9	GLAXOSMITHKLINE CAP INC				1FE	199,878	105,033	210,066	200,000	199,884		6			5.650	5.658	MN	1,444	5,713	05/07/2008	05/15/2018	
38141G-AL-8	GOLDMAN SACHS GROUP INC				1FE	76,869	98,882	69,217	70,000	72,507		(2,228)			7.800	4.357	JJ	2,321	5,460	05/14/2003	01/28/2010	
38141G-CG-7	GOLDMAN SACHS GROUP INC				1FE	78,766	95,354	71,515	75,000	77,135		(520)			5.700	4.844	MS	1,425	4,275	09/08/2005	09/01/2012	
38141G-EA-8	GOLDMAN SACHS GROUP INC				1FE	98,175	91,746	91,746	100,000	98,575		195			5.125	5.405	JJ	2,363	5,125	11/20/2006	01/15/2015	
416515-AL-8	HARTFORD FINL SVCS GROUP INC				1FE	145,856	75,911	113,867	150,000	146,508		653			4.625	5.207	JJ	3,199	6,938	01/08/2008	07/15/2013	
45920Q-BX-1	INTERNATIONAL BUSINESS MACHS				1FE	56,232	100,056	55,031	55,000	55,025		(617)			5.500	4.340	JJ	1,395	3,025	04/17/2003	01/15/2009	
478160-AL-8	JOHNSON & JOHNSON				1FE	3,478,965	103,598	3,625,923	3,500,000	3,480,341		407			4.950	4.990	MN	22,138	173,250	05/24/2005	05/15/2033	
46625H-BV-1	JPMORGAN & CHASE & CO				1FE	10,616,865	96,908	10,175,320	10,500,000	10,577,846		(11,532)			5.125	4.974	MS	158,448	538,125	05/24/2005	09/15/2014	
52517P-FG-3	LEHMAN BROS HLDGS INC MTN BE				6FE	12,500	9,500	9,500	100,000	9,500		(3,000)			5.500		AO	2,750	10/26/2006	04/04/2016		
548861-AH-0	LOWES COS INC				1FE	3,645,480	97,950	2,938,506	3,000,000	3,586,465		(17,497)			6.875	5.244	FA	77,917	206,250	05/24/2005	02/15/2028	
548861-AK-3	LOWES COS INC				1FE	2,339,000	88,966	1,779,314	2,000,000	2,310,401		(8,480)			6.500	5.245	MS	38,278	130,000	05/24/2005	03/15/2029	
565849-AA-4	MARATHON OIL CORP				2FE	81,230	101,209	75,907	75,000	78,297		(933)			6.125	4.634	MS	1,353	4,594	09/08/2005	03/15/2012	

(continues)

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1	2	Codes			6	7	Fair Value		10	11	Change in Book Adjusted Carrying Value				Interest					Dates		
		3	4	5			8	9			12	13	14	15	16	17	18	19	20	21	22	
CUSIP Identification	Description	Code	Foreign	Bond CHAR	NAIC Designation	Actual Cost	Rate Used To Obtain Fair Value	Fair Value	Par Value	Book / Adjusted Carrying Value	Unrealized Valuation Increase / (Decrease)	Current Year's (Amortization) / Accretion	Current Year's Other Than Temporary Impairment Recognized	Total Foreign Exchange Change in B. / A. C. V.	Rate of	Effective Rate of	When Paid	Admitted Amount Due and Accrued	Amount Received During Year	Acquired	Maturity	
Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations (continued)																						
59018Y-UW-9	MERRILL LYNCH CO INC MTN BE				1FE	5,551,425	96.454	5,304,943	5,500,000	5,534,938		(4,866)			5.000	4.877	JJ	126,806	275,000	05/24/2005	01/15/2015	
59156R-AG-3	METLIFE INC				1FE	7,416,070	91.462	6,676,704	7,300,000	7,372,489		(12,851)			5.000	4.770	MN	37,514	365,000	05/24/2005	11/24/2013	
617446-HD-4	MORGAN STANLEY				1FE	14,232,348	85.794	10,037,863	11,700,000	14,070,375		(48,280)			7.250	5.671	AO	212,063	848,250	05/24/2005	04/01/2032	
61748A-AE-6	MORGAN STANLEY SUB				1FE	128,398	76.189	101,331	133,000	129,533		558			4.750	5.325	AO	1,579	6,318	11/28/2006	04/01/2014	
635405-AM-5	NATIONAL CITY CORP				1FE	3,514,740	80.184	2,405,529	3,000,000	3,414,740		(29,620)			6.875	5.139	MN	26,354	206,250	05/24/2005	05/15/2019	
670346-AF-2	NUCOR CORP				1FE	49,772	97.613	48,806	50,000	49,816		41			5.000	5.105	JD	208	2,486	12/01/2007	12/01/2012	
674599-BV-6	OCCIDENTAL PETE CORP				1FE	86,439	104.167	78,125	75,000	79,510		(1,353)			6.750	4.607	JJ	2,334	5,063	04/25/2003	01/15/2012	
694032-BC-6	PACIFIC BELL				1FE	80,129	101.068	75,801	75,000	76,101		(1,262)			6.625	4.810	MN	828	4,969	08/17/2005	11/01/2009	
74432Q-AB-1	PRUDENTIAL FINL INC MTNS BOOK				1FE	4,637,678	76.674	3,603,659	4,700,000	4,662,381		7,274			4.500	4.698	JJ	97,525	211,500	05/24/2005	07/15/2013	
75884R-AH-6	REGENCY CTRS LP				2FE	46,350	89.484	35,794	40,000	42,232		(1,015)			7.950	5.036	JJ	1,466	3,180	08/04/2004	01/15/2011	
852060-AG-7	SPRINT CAP CORP				3FE	1,031,590	71.000	710,000	1,000,000	1,028,105		(1,856)			6.900	6.522	MN	11,500	69,000	01/25/2007	05/01/2019	
881575-AC-8	TESCO PLC				1FE	2,915,940	88.318	2,649,543	3,000,000	2,917,063		987			6.150	6.360	MN	23,575	189,625	11/09/2007	11/15/2037	
92344G-AM-8	VERIZON GLOBAL FDG CORP				1FE	6,330,400	110.890	5,544,490	5,000,000	6,237,628		(27,682)			7.750	5.749	JD	32,292	387,500	05/24/2005	12/01/2030	
93933W-AC-0	WASH MUT BK CA GLBL SUB BK MTN				6FE	250	0.010	20	200,000	20	(230)	601	193,564		5.125		JJ		10,250	09/01/2006	01/15/2015	
947075-AC-1	WEATHERFORD INTL LTD				2FE	99,794	88.057	88,057	100,000	99,822		28			5.150	5.198	MS	1,516		03/19/2008	03/15/2013	
94874R-CN-4	WEINGARTEN RLTY INVS MEDIUM TERM				2FE	47,990	67.516	33,758	50,000	47,990					4.857		MS	715	2,429	03/09/2004	01/15/2014	
94980V-AA-6	WELLS FARGO BANK NA				1FE	75,023	101.219	75,914	75,000	75,015		(2)			4.750	4.746	FA	1,405	3,563	02/01/2005	02/09/2015	
98385X-AA-4	XTO ENERGY INC				2FE	70,052	98.836	64,243	65,000	68,127		(838)			7.500	5.871	AO	1,029	4,875	08/11/2006	04/15/2012	
136375-BH-4	CANADIAN NATIONAL RAILWAYS CO		F		1FE	28,754	97.026	29,108	30,000	28,754					4.400		MS	389	1,320	06/10/2003	03/15/2013	
111021-AD-3	BRITISH TELECOMMUNICATIONS PLC		F		2FE	87,890	102.870	77,152	75,000	80,135		(2,459)			8.625	4.911	JD	288	6,469	09/08/2005	12/15/2010	
87927V-AL-2	TELECOM ITALIA CAP		F		2FE	38,043	76.125	30,450	40,000	38,627		197			4.950	5.658	MS	501	1,980	11/10/2005	09/30/2014	
3999999	Industrial and Miscellaneous (Unaffiliated) - Issuer Obligations					77,916,426		66,533,950	72,253,000	77,249,241	(3,230)	(204,752)	280,473						1,052,383	4,297,093		
Industrial and Miscellaneous (Unaffiliated) - Defined Multi-Class Commercial Mortgage-Backed Securities																						
396789-FQ-7	GREENWICH CAP CMBS 2004-GG1				1FE	97,438	97.065	97,065	100,000	99,123		782			4.755	5.603	MON	396	4,755	08/01/2006	06/10/2036	
36228C-VP-5	GS MTG COML 2005-GG4				1FE	97,918	92.293	92,293	100,000	98,931		612			4.475	4.982	MON	373	4,475	05/16/2007	07/10/2039	
61754J-AQ-1	MORGAN STANLEY CAP 2007-TOP27				2FE	1,259,328	8.025	120,375	1,500,000	1,273,598		9,907			5.803	7.599	MON	7,254	85,900	07/19/2007	06/11/2042	
79548C-BH-8	SALOMON BROS MTG 7 2001-C1				1FE	96,128	97.804	91,034	93,078	94,316		(593)			6.428	4.951	MON	499	5,806	08/11/2006	12/18/2035	
4399999	Industrial and Miscellaneous (Unaffiliated) - Defined Multi-Class Commercial Mortgage-Backed Securities					1,550,811		400,767	1,793,078	1,565,967		10,707							8,522	100,936		
Industrial and Miscellaneous (Unaffiliated) - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities																						
17310N-AC-2	CITICORP RES MTG TR 2006-3 FIX				1FE	99,998	91.762	91,762	100,000	99,812		(133)			5.610	5.443	MON	468	5,610	11/16/2006	11/25/2036	
40052K-AD-0	GS AUTO LN TR 2006-1				1FE	99,875	94.447	94,447	100,000	99,949		49			5.380	5.409	MON	239	5,380	07/01/2007	01/15/2014	
4499999	Industrial and Miscellaneous (Unaffiliated) - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities					199,873		186,209	200,000	199,761		(83)							707	10,990		
4599999	Subtotal - Industrial and Miscellaneous (Unaffiliated)					79,667,110		67,120,926	74,246,078	79,014,968	(3,230)	(194,128)	280,473						1,061,611	4,409,020		
5499999	Total Bonds - Subtotal - Issuer Obligations					87,585,213		76,581,351	81,753,000	86,872,613	(3,230)	(235,338)	280,473						1,164,122	4,657,293		
5699999	Total Bonds - Subtotal - Defined Multi-Class Residential Mortgage-Backed Securities					5,128,846		5,506,624	5,555,193	5,185,567		34,464							21,694	260,343		

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 1

Showing all Long-Term BONDS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes			6 NAIC Designation	7 Actual Cost	Fair Value		10 Par Value	11 Book/ Adjusted Carrying Value	Change in Book Adjusted Carrying Value				Interest					Dates		
		3 Code	4 Foreign	5 Bond CHAR			8 Rate Used To Obtain Fair Value	9 Fair Value			12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization) / Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Foreign Exchange Change in B. / A. C. V.	16 Rate of	17 Effective Rate of	18 When Paid	19 Admitted Amount Due and Accrued	20 Amount Received During Year	21 Acquired	22 Maturity	
5899999 - Total Bonds - Subtotal - Defined Multi-Class Commercial Mortgage-Backed Securities						1,550,811		400,767	1,793,078	1,565,967		10,707							8,522	100,936		
5999999 - Total Bonds - Subtotal - Other Multi-Class Commercial Mortgage-Backed/Asset-Backed Securities						199,873		186,209	200,000	199,761		(83)							707	10,990		
6099999 - TOTALS						94,464,743		82,674,950	89,301,271	93,823,908		(3,230)	(190,250)	280,473					1,195,044	5,029,562		

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Sch. D, Pt. 2, Sn. 1, Preferred Stocks Owned

NONE

SCHEDULE D - PART 2 - SECTION 2

Showing all COMMON STOCKS Owned December 31 of Current Year

1 CUSIP Identification	2 Description	Codes		5 Number of Shares	6 Book/Adjusted Carrying Value	7 Rate Per Share Used to Obtain Fair Value	8 Fair Value	9 Actual Cost	Dividends			Changes in Book/Adjusted Carrying Value				17 NAIC Market Indicator (a)	18 Date Acquired
		3 Code	4 Foreign						10 Declared but Unpaid	11 Amount Received During Year	12 Nonadmitted Declared But Unpaid	13 Unrealized Valuation Increase/ (Decrease)	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change in B./A.C.V. (13 - 14)	16 Total Foreign Exchange Change in B./A.C.V.		
Common Stocks - Parent, Subsidiaries, and Affiliates																	
02678@-10-5	AMERICAN IND NETWORK INS CO OF NY			600,000	8,639,660	14,399.433	8,639,660	7,108,383				(230,866)		(230,866)		U	06/30/2005
707874-10-3	PENN TREATY AMERICAN CORP			77,150,000	5,495	0.071	5,495	5,786				166,436	613,479	(447,043)		L	11/03/1999
69999999	Subtotal - Common Stocks - Parent, Subsidiaries, and Affiliates				8,645,155		8,645,155	7,114,169				(64,430)	613,479	(677,909)			
72999999	TOTAL - Common Stocks				8,645,155		8,645,155	7,114,169				(64,430)	613,479	(677,909)			
73999999	TOTAL - Preferred and Common Stocks				8,645,155		8,645,155	7,114,169				(64,430)	613,479	(677,909)			

(a) For all common stocks bearing the NAIC market indicator "U" provide: the number of such issues 1 , the total \$ value (included in Column 8) of all such issues \$ 8,722,621 .

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 3

Showing all Long-Term Bonds and Stocks ACQUIRED During Current Year

1 CUSIP Identification	2 Description	3 Foreign	4 Date Acquired	5 Name of Vendor	6 Number of Shares of Stock	7 Actual Cost	8 Par Value	9 Paid for Accrued Interest and Dividends
Bonds - U. S. Governments								
3133XJ-W2-0	FEDERAL HOME LN BKS		06/04/2008	DEUTSCHE		415,425	400,000.00	4,840
31359M-7X-5	FEDERAL NATL MTG ASSN		09/25/2008	DEUTSCHE		256,727	250,000.00	4,688
31359M-RG-0	FEDERAL NATL MTG ASSN		04/04/2008	BARCLAYS-CORPORATE		261,547	250,000.00	668
31398A-DM-1	FEDERAL NATL MTG ASSN		12/03/2008	DEUTSCHE		170,664	150,000.00	3,852
912828-CX-6	UNITED STATES TREAS NTS		02/08/2008	DAVIDSON TRUST COMPANY		870,619	850,000.00	9,092
912828-EQ-9	UNITED STATES TREAS NTS		09/03/2008	CHASE SECURITIES		313,853	300,000.00	2,905
912828-GM-6	UNITED STATES TREAS NTS		10/08/2008	DEUTSCHE BANK SEC		377,673	350,000.00	389
912828-JB-7	UNITED STATES TREAS NTS		10/20/2008	DEUTSCHE BANK SEC		205,813	200,000.00	2,735
912828-JH-4	UNITED STATES TREAS NTS		09/03/2008	MORGAN STANLEY		230,389	225,000.00	489
912828-JL-5	UNITED STATES TREAS NTS		09/25/2008	CHASE SECURITIES		498,400	500,000.00	
0399999	- Subtotal - Bonds - U. S. Governments					3,601,110	3,475,000.00	29,659
Bonds - Industrial and Miscellaneous (Unaffiliated)								
14149Y-AQ-1	CARDINAL HEALTH INC		01/03/2008	FTN FINANCIAL SECURITIES		1,030,220	1,000,000.00	3,833
377372-AD-9	GLAXOSMITHKLINE CAP INC		05/07/2008	CITIGROUP GLOBAL MARKETS		199,878	200,000.00	
416515-AL-8	HARTFORD FINL SVCS GROUP INC		01/08/2008	BEAR, STEARNS SECURITIES		145,856	150,000.00	3,392
947075-AC-1	WEATHERFORD INTL LTD		03/19/2008	GOLDMAN SACHS		99,794	100,000.00	
4599999	- Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					1,475,748	1,450,000.00	7,225
6099997	- Subtotal - Bonds - Part 3					5,076,857	4,925,000.00	36,884
6099998	- Summary Item from Part 5 for Bonds					1,703,177	1,650,000.00	19,755
6099999	- Subtotal - Bonds					6,780,034	6,575,000.00	56,638
7499999	- TOTALS					6,780,034		56,638

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1 CUSIP Identification	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	Change In Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date
									10 Prior Year Book/ Adjusted Carrying Value	11 Unrealized Valuation Increase/ (Decrease)	12 Current Year (Amorti- zation) / Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B. /A. C. V. (11+12-13)							15 Total Foreign Exchange Change in B. /A. C. V.
Bonds - U. S. Governments																			
313771-AA-5	FEDERAL HOME LN BK CHICAGO		08/13/2008	CHASE SECURITIES, INC.		377,124	400,000.00	418,588	416,879	(1,006)		(1,006)		415,872		(38,748)	(38,748)	15,063	06/13/2016
3133X7-FK-5	FEDERAL HOME LN BKS		08/13/2008	MERRILL LYNCH, PIERCE, FE		369,059	350,000.00	348,408	348,686	107		107		348,793		20,266	20,266	12,046	06/18/2014
3133XD-TA-9	FEDERAL HOME LN BKS		08/13/2008	CITIGROUP GLOBAL MARKETS		308,512	300,000.00	301,038	300,952	(189)		(189)		300,763		7,749	7,749	9,658	12/10/2010
3133XH-PH-9	FEDERAL HOME LN BKS		08/13/2008	CITIGROUP GLOBAL MARKETS		232,999	225,000.00	225,179	225,153	(22)		(22)		225,131		7,869	7,869	8,105	11/18/2011
3134A4-US-1	FEDERAL HOME LN MTG CORP		08/13/2008	CITIGROUP GLOBAL MARKETS		101,198	100,000.00	98,438	98,438					98,438		2,761	2,761	4,592	07/15/2009
3137EA-AB-5	FEDERAL HOME LN MTG CORP		08/13/2008	CITIGROUP GLOBAL MARKETS		312,041	300,000.00	298,702	298,845	201		201		299,046		12,995	12,995	12,642	04/18/2011
31359M-M2-6	FEDERAL NATL MTG ASSN		05/21/2008	BARCLAYS-CORPORATE		525,840	500,000.00	497,813	498,065	212		212		498,277		27,563	27,563	15,375	04/15/2011
31359M-VE-0	FEDERAL NATL MTG ASSN		04/04/2008	CREDIT SUISSE SECURITIES		255,076	250,000.00	252,466	250,916	(169)		(169)		250,748		4,329	4,329	4,191	05/15/2009
912827-3X-8	UNITED STATES TREAS NTS		03/06/2008	MATURITY		500,000	500,000.00	520,938	500,506	(506)		(506)		500,000				8,384	02/15/2008
912827-6T-4	UNITED STATES TREAS NTS		08/13/2008	LEHMAN BROTHER INC		238,121	225,000.00	231,750	230,218	(979)		(979)		229,239		8,883	8,883	11,219	02/15/2011
912828-AT-7	UNITED STATES TREAS NTS		02/15/2008	MATURITY		350,000	350,000.00	340,156	340,156					340,156		9,844	9,844	5,250	02/15/2008
912828-CH-1	UNITED STATES TREAS NTS		12/03/2008	JP MORGAN		25,375	25,000.00	25,103	25,037	(24)		(24)		25,012		363	363	1,020	05/15/2009
912828-CN-8	UNITED STATES TREAS NTS		05/21/2008	VARIOUS		408,082	400,000.00	400,047	400,018	(4)		(4)		400,014		8,068	8,068	11,622	07/15/2009
912828-CT-5	UNITED STATES TREAS NTS		08/13/2008	BANC AMERICA SECUR.LLC		200,071	190,000.00	192,521	191,835	(151)		(151)		191,684		8,386	8,386	8,053	08/15/2014
912828-DL-1	UNITED STATES TREAS NTS		05/21/2008	BANC AMERICA SECUR.LLC		510,117	500,000.00	493,008	493,827	1,082		1,082		494,909		15,208	15,208	13,365	02/15/2010
912828-EE-6	UNITED STATES TREAS NTS		08/13/2008	VARIOUS		839,733	800,000.00	774,891	776,470	1,417		1,417		777,887		61,846	61,846	29,937	08/15/2015
912828-EJ-5	UNITED STATES TREAS NTS		05/21/2008	DEUTSCHE		417,469	400,000.00	398,258	398,943	139		139		399,082		18,387	18,387	10,172	10/15/2010
912828-FW-5	UNITED STATES TREAS NTS		08/13/2008	LEHMAN BROTHER INC		422,702	400,000.00	395,391	395,937	602		602		396,540		26,162	26,162	14,579	10/31/2011
912828-GM-6	UNITED STATES TREAS NTS		08/13/2008	LEHMAN BROTHER INC		369,386	350,000.00	352,693	352,499	(334)		(334)		352,164		13,221	13,221	13,727	03/31/2012
912828-HA-1	UNITED STATES TREAS NTS		08/13/2008	FIRST TENNESSEE SECURITIE		374,704	350,000.00	367,240	367,157	(910)		(910)		366,247		8,457	8,457	16,579	08/15/2017
912828-JL-5	UNITED STATES TREAS NTS		12/03/2008	BNP PARIBAS SECURITIES		204,523	200,000.00	199,360	199,360	55		55		199,415		5,108	5,108	714	09/30/2010
0399999	- Subtotal - Bonds - U. S. Governments					7,342,131	7,115,000.00	7,131,988	6,910,536	(480)		(480)		7,109,416		232,715	232,715	226,293	
Bonds - Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions																			
31396C-3C-2	FHLMC REMIC SERIES R003		12/15/2008	PRINCIPAL RECEIPT		11,151	11,151.24	11,068	11,076	75		75		11,151				271	10/15/2015
3199999	- Subtotal - Bonds - Special Revenue and Special Assessment and all Non-Guaranteed Obligations of Agencies and Authorities of Governments and Their Political Subdivisions					11,151	11,151.24	11,068	11,076	75		75		11,151				271	
Bonds - Public Utilities (Unaffiliated)																			
20825C-AE-4	CONOCOPHILLIPS		08/13/2008	BEAR, STEARNS SECURITIES		254,743	250,000.00	246,083	246,248	434		434		246,682		8,061	8,061	9,896	10/15/2012
92781F-BP-2	VIRGINIA ELECTRIC & POWER CO		11/25/2008	MATURITY		75,000	75,000.00	78,479	75,749	(749)		(749)		75,000				6,017	11/25/2008
3899999	- Subtotal - Bonds - Public Utilities (Unaffiliated)					329,743	325,000.00	324,562	321,997	(315)		(315)		321,682		8,061	8,061	15,912	
Bonds - Industrial and Miscellaneous (Unaffiliated)																			
02635P-SV-6	AMERICAN GEN FIN MEDTM SRNT BE		08/13/2008	STERNE, AGEE & LEACH, INC.		188,000	200,000.00	197,592	197,837	536		536		198,373		(10,373)	(10,373)	7,313	05/15/2010
03076C-AA-4	AMERIPRISE FINL INC		08/13/2008	BANC AMERICA SECUR.LLC		123,520	125,000.00	123,715	124,155	(170)		(170)		124,325		(805)	(805)	5,016	11/15/2010
084664-AR-2	BERKSHIRE HATHAWAY FIN CORP		08/13/2008	CITIGROUP GLOBAL MARKETS		152,165	150,000.00	150,245	150,238	(70)		(70)		150,168		1,996	1,996	6,703	01/15/2010
14149Y-AH-1	CARDINAL HEALTH INC		01/03/2008	FTN FINANCIAL SECURITIES		1,019,340	1,000,000.00	1,010,090	1,009,504	(4)		(4)		1,009,501		9,839	9,839	3,738	12/15/2017
191216-AK-6	COCA COLA CO		08/13/2008	BANC AMERICA SECUR.LLC		202,970	200,000.00	199,702	199,706	14		14		199,720		3,250	3,250	8,441	11/15/2017
254687-CC-8	DISNEY WALT CO		08/13/2008	BEAR, STEARNS SECURITIES		261,743	250,000.00	254,558	254,234	(683)		(683)		253,551		8,191	8,191	15,438	07/15/2011
441812-JW-5	HOUSEHOLD FIN CORP NTS		08/13/2008	MORGAN STANLEY & CO.		153,021	150,000.00	154,041	153,041	(451)		(451)		152,589		432	432	7,969	10/15/2011
459200-GJ-4	INTERNATIONAL BUSINESS MACHS		08/13/2008	BANC AMERICA SECUR.LLC		254,345	250,000.00	256,158	256,131	(303)		(303)		255,828		(1,483)	(1,483)	13,102	09/14/2017
52517P-F6-3	LEHMAN BROS HLDGS INC MTN BE		08/13/2008	LEHMAN BROTHER INC		131,196	150,000.00	148,938	149,042	57		57		149,100		(17,904)	(17,904)	7,127	04/04/2016
52517P-SZ-5	LEHMAN BROS HLDGS INC MTN BE		09/09/2008	LEHMAN-LBI		868,860	1,000,000.00	1,068,120	1,057,230	(3,131)		(3,131)		1,054,099		(185,239)	(185,239)	48,469	11/15/2017
539830-AJ-8	LOCKHEED MARTIN CORP		06/15/2008	MATURITY		50,000	50,000.00	52,946	50,939	(939)		(939)		50,000				1,925	06/15/2008
61746S-BC-2	MORGAN STANLEY		08/13/2008	MORGAN STANLEY & CO.		148,227	150,000.00	147,666	147,725	664		664		148,390		(163)	(163)	6,500	01/15/2010
635405-AL-7	NATIONAL CITY CORP		08/13/2008	STERNE, AGEE & LEACH, INC.		259,740	270,000.00	272,862	271,412	(794)		(794)		270,618		(10,878)	(10,878)	16,129	02/01/2009
637432-CV-5	NATIONAL RURAL UTILS COOP FIN		08/13/2008	MORGAN STANLEY & CO.		137,477	135,000.00	136,647	136,413	(512)		(512)		135,901		1,576	1,576	7,482	08/28/2009
(continues)																			

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 4

Showing all Long-Term Bonds and Stocks SOLD, REDEEMED or Otherwise DISPOSED OF During Current Year

1 CUSIP Identifi- cation	2 Description	3 F o r e i g n	4 Disposal Date	5 Name of Purchaser	6 Number of Shares of Stock	7 Consideration	8 Par Value	9 Actual Cost	Change In Book/Adjusted Carrying Value					16 Book/Adjusted Carrying Value at Disposal Date	17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Bond Interest/ Stock Dividends Received During Year	21 Maturity Date
									10 Prior Year Book/ Adjusted Carrying Value	11 Unrealized Valuation Increase/ (Decrease)	12 Current Year (Amorti- zation) / Accretion	13 Current Year's Other Than Temporary Impairment Recognized	14 Total Change in B. /A. C. V. (11+12-13)							15 Total Foreign Exchange Change in B. /A. C. V.
Bonds - Industrial and Miscellaneous (Unaffiliated) (continued)																			
79548C-BH-8	SALOMON BROS MTG 7 2001-C1		12/18/2008	PRINCIPAL RECEIPT		6,922	6,922.45	7,149	7,059		(136)		(136)	6,922				372	12/18/2035
828807-AH-0	SIMON PPTY GROUP LP		08/13/2008	MORGAN STANLEY & CO.		207,748	200,000.00	215,219	210,770		(2,026)		(2,026)	208,744		(996)	(996)	16,576	01/20/2011
87612E-AG-1	TARGET CORP		08/13/2008	NATIONAL FINANCIAL SERVIC		74,963	75,000.00	76,221	75,535		(438)		(438)	75,097		(135)	(135)	3,533	10/01/2008
883199-AQ-4	TEXTRON FINL CORP		08/13/2008	BANC AMERICA SECUR.LLC		253,545	250,000.00	256,560	254,273		(1,351)		(1,351)	252,922		623	623	11,042	11/20/2009
907818-CQ-9	UNION PAC CORP		08/13/2008	MORGAN STANLEY & CO.		187,069	188,000.00	181,960	185,791		1,200		1,200	186,991		79	79	7,285	02/15/2009
913017-BC-2	UNITED TECHNOLOGIES CORP		08/13/2008	MORGAN STANLEY & CO.		268,398	250,000.00	264,843	263,549		(2,744)		(2,744)	260,805		7,593	7,593	13,359	11/15/2010
4599999	Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)					4,949,248	5,049,922.45	5,175,230	5,154,584		(10,941)		(10,941)	5,143,643		(194,395)	(194,395)	207,517	
6099997	Subtotal - Bonds - Part 4					12,632,273	12,501,073.69	12,642,849	12,398,193		(11,661)		(11,661)	12,585,892		46,381	46,381	449,992	
6099998	Summary Item from Part 5 for Bonds					1,686,024	1,650,000.00	1,703,177			(1,845)		(1,845)	1,701,332		(15,308)	(15,308)	36,442	
6099999	Subtotal - Bonds					14,318,297	14,151,073.69	14,346,025	12,398,193		(13,506)		(13,506)	14,287,224		31,073	31,073	486,435	
7499999	TOTALS					14,318,297	14,151,073.69	14,346,025	12,398,193		(13,506)		(13,506)	14,287,224		31,073	31,073	486,435	

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE American Network Insurance Company (In Rehabilitation)

SCHEDULE D - PART 5

Showing all Long-Term Bonds and Stocks ACQUIRED During Year and Fully DISPOSED OF During Current Year

1 CUSIP Identifi- cation	2 Description	3 F o r e i g n	4 Date Acquired	5 Name of Vendor	6 Disposal Date	7 Name of Purchaser	8 Par Value (Bonds) or Number of Shares (Stocks)	9 Actual Cost	10 Consideration	11 Book/Adjusted Carrying Value at Disposal						17 Foreign Exchange Gain (Loss) on Disposal	18 Realized Gain (Loss) on Disposal	19 Total Gain (Loss) on Disposal	20 Interest and Dividends Received During Year	21 Paid for Accrued Interest and Dividends
											12 Unrealized Valuation Increase/ (Decrease)	13 Current Year's (Amortization)/ Accretion	14 Current Year's Other Than Temporary Impairment Recognized	15 Total Change in B./A.C.V. (12+13-14)	16 Total Foreign Exchange Change in B./A.C.V.					
Bonds - U.S. Governments																				
912828-FN-5	UNITED STATES TREAS NTS		07/11/2008	CHASE SECURITIES	08/13/2008	FIRST TENNESSEE SECURITIE	750,000.000	794,475	796,081	793,214		(1,262)		(1,262)		2,868	2,868	19,672	16,574	
912828-HT-0	UNITED STATES TREAS NTS		03/13/2008	LEHMAN BROTHER	08/13/2008	FIRST TENNESSEE SECURITIE	600,000.000	606,938	591,795	606,389		(549)		(549)		(14,594)	(14,594)	7,488	628	
0399999 - Subtotal - Bonds - U.S. Governments																				
							1,350,000.000	1,401,413	1,387,876	1,399,603		(1,810)		(1,810)		(11,726)	(11,726)	27,160	17,201	
Bonds - Industrial and Miscellaneous (Unaffiliated)																				
438516-AW-6	HONEYWELL INTL INC		02/26/2008	BANC AMERICA SECUR.LLC	08/13/2008	CITIGROUP GLOBAL MARKETS	150,000.000	149,205	148,928	149,285		80		80		(357)	(357)	2,922		
74005P-AN-4	PRAXAIR INC		02/20/2008	BANC AMERICA SECUR.LLC	08/13/2008	BANC AMERICA SECUR.LLC	150,000.000	152,559	149,220	152,445		(114)		(114)		(3,225)	(3,225)	6,360	2,553	
4599999 - Subtotal - Bonds - Industrial and Miscellaneous (Unaffiliated)																				
							300,000.000	301,764	298,148	301,730		(34)		(34)		(3,582)	(3,582)	9,282	2,553	
6099998 - Subtotal - Bonds																				
							1,650,000.000	1,703,177	1,686,024	1,701,332		(1,845)		(1,845)		(15,308)	(15,308)	36,442	19,755	
7499999 - TOTALS																				
								1,703,177	1,686,024	1,701,332		(1,845)		(1,845)		(15,308)	(15,308)	36,442	19,755	

SCHEDULE D - PART 6 - SECTION 1

Valuation of Shares of Subsidiary, Controlled or Affiliated Companies

1 CUSIP Identification	2 Description Name of Subsidiary, Controlled or Affiliated Company	3 Foreign	4 NAIC Company Code or Alien Insurer Identification Number	5 NAIC Valuation Method (See SVO Purposes and Procedures manual)	6 Do Insurer's Assets Include Intangible Assets Connected with Holding of Such Company's Stock?	7 Total Amount of Such Intangible Assets	8 Book/Adjusted Carrying Value	Stock of Such Company Owned by Insurer on Statement Date		
								9 Number of Shares	10 % of Outstanding	
Common Stocks - Parent										
707874-10-3	Penn Treaty American Corporation			PT8	No		5,495	77,150,000	0.331	
1099999	Subtotal - Common Stocks - Parent							5,495		
Common Stocks - U. S. Life Insurer										
02678@-10-5	American Ind. Network Ins Co of NY		60243	iiA	No		8,639,660	600,000	100.000	
1299999	Subtotal - Common Stocks - U. S. Life Insurer							8,639,660		
1899999	Subtotal - Common Stocks							8,645,155		
1999999	TOTALS							8,645,155		

1. Amount of insurer's capital and surplus from the prior period's statutory statement reduced by any admitted EDP, goodwill and net deferred tax assets included therein: \$ 20,397,573
2. Total amount of intangible assets nonadmitted \$

SCHEDULE D - PART 6 - SECTION 2

1 CUSIP Identification	2 Name of Lower-tier Company	3 Name of Company Listed in Section 1 Which Controls Lower-tier Company	4 Total Amount of Intangible Assets Included in Amount Shown in Column 7, Section 1	Stock in Lower-Tier Company Owned Indirectly by Insurer on Statement Date	
				5 Number of Shares	6 % of Outstanding
NONE					

SCHEDULE DA - PART 1

Showing all SHORT-TERM INVESTMENTS Owned December 31 of Current Year

1 Description	Codes		4 Date Acquired	5 Name of Vendor	6 Maturity Date	7 Book/Adjusted Carrying Value	Change In Book/Adjusted Carrying Value				12 Par Value	13 Actual Cost	Interest					20 Paid for Accrued Interest
	2 Code	3 Foreign					8 Unrealized Valuation Increase/ (Decrease)	9 Current Year's (Amortization)/ Accretion	10 Current Year's Other Than Temporary Impairment Recognized	11 Total Foreign Exchange Change in B./A.C.V.			14 Amount Due and Accrued Dec. 31 of Current Year on Bond Not in Default	15 Non-Admitted Due and Accrued	16 Rate of	17 Effective Rate of	18 When Paid		19 Amount Received During Year
U. S. Governments - Issuer Obligations																		
EVERGREEN MONEY MKT			12/31/2008	US BANK TRUST	12/31/2009	224,182					224,182	224,182	21	182	3.300	3.348	MON	510
0199999 - U. S. Governments - Issuer Obligations						224,182					224,182	224,182	21	182				510
0399999 - Subtotal - U. S. Government Bonds						224,182					224,182	224,182	21	182				510
5499999 - Total Bonds - Subtotal - Issuer Obligations						224,182					224,182	224,182	21	182				510
6099999 - TOTAL - Bonds						224,182					224,182	224,182	21	182				510
8299999 - TOTALS						224,182					224,182	224,182	21	182				510

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Sch. DB, Pt. A, Sn. 1, Financial Options Owned
NONE

Sch. DB, Pt. A, Sn. 2, Financial Options Acquired
NONE

Page E19

Sch. DB, Pt. A, Sn. 3, Financial Options Terminated
NONE

Sch. DB, Pt. B, Sn. 1, Written and In-Force
NONE

Page E20

Sch. DB, Pt. B, Sn. 2, Financial Options Written
NONE

Sch. DB, Pt. B, Sn. 3, Financial Options Terminated
NONE

Page E21

Sch. DB, Pt. C, Sn. 1, Collar, Swap and Forwards Open
NONE

Sch. DB, Pt. C, Sn. 2, Collar, Swap and Forwards Opened
NONE

Page E22

Sch. DB, Pt. C, Sn. 3, Collar, Swap and Forwards Terminated
NONE

Sch. DB, Pt. D, Sn. 1, Futures and Ins Futures Contracts Open
NONE

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Sch. DB, Pt. D, Sn. 2, Futures Contracts Opened Current Year
NONE

Sch. DB, Pt. D, Sn. 3, Futures Contracts Terminated Current Year
NONE

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Sch. DB, Pt. E, Sn. 1, Counterparty Exposure Derivative Instr.
NONE

SCHEDULE E - PART 1 - CASH

1		2	3	4	5	6	7
Depository		Code	Rate of Interest	Amount of Interest Received During Year	Amount of Interest Accrued December 31 of Current Year	Balance	*
Name	Location and Supplemental Information						
Open Depositories							
Dreyfus Cash Mgmt Plus Inc	Devon, Pennsylvania			4,699	186	145,531	
Wachovia Bank	Allentown, Pennsylvania			99,097	2,593	1,798,432	
0199999 - TOTAL - Open Depositories				103,796	2,779	1,943,963	
0399999 - TOTAL Cash on Deposit				103,796	2,779	1,943,963	
0599999 - TOTAL Cash				103,796	2,779	1,943,963	

TOTALS OF DEPOSITORY BALANCES ON THE LAST DAY OF EACH MONTH DURING THE CURRENT YEAR

1. January	1,128,517	4. April	1,167,070	7. July	958,140	10. October	1,308,224
2. February	1,135,950	5. May	598,575	8. August	1,596,159	11. November	1,880,662
3. March	586,459	6. June	745,102	9. September	841,872	12. December	1,943,963

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned December 31 of Current Year

1 Description	2 Code	3 Date Acquired	4 Rate of Interest	5 Maturity Date	6 Book/Adjusted Carrying Value	7 Amount of Interest Due and Accrued	8 Amount Received During Year
Industrial and Miscellaneous (Unaffiliated), Issuer Obligation							
Bank of New York Cash Reserve Fund		12/31/2008			10,876,685	461	2,304
3999999 - Industrial and Miscellaneous (Unaffiliated), Issuer Obligation					10,876,685	461	2,304
4599999 - Subtotals - All Other Government Bonds					10,876,685	461	2,304
5499999 - TOTAL Bonds, Subtotals - Issuer Obligations					10,876,685	461	2,304
6099999 - TOTAL Bonds, Subtotals - Bonds					10,876,685	461	2,304
8799999 - TOTAL Cash Equivalents					10,876,685	461	2,304

SCHEDULE E - PART 3 - SPECIAL DEPOSITS

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
1. Alabama	AL					
2. Alaska	AK					
3. Arizona	AZ					
4. Arkansas	AR	B Special Deposit			250,227	254,219
5. California	CA					
6. Colorado	CO					
7. Connecticut	CT					
8. Delaware	DE					
9. District of Columbia	DC					
10. Florida	FL	B Special Deposit			252,856	256,016
11. Georgia	GA	B Special Deposit			50,571	51,203
12. Hawaii	HI					
13. Idaho	ID					
14. Illinois	IL					
15. Indiana	IN					
16. Iowa	IA					
17. Kansas	KS					
18. Kentucky	KY					
19. Louisiana	LA					
20. Maine	ME					
21. Maryland	MD					
22. Massachusetts	MA					
23. Michigan	MI					
24. Minnesota	MN					
25. Mississippi	MS					
26. Missouri	MO					
27. Montana	MT					
28. Nebraska	NE					
29. Nevada	NV					
30. New Hampshire	NH					
31. New Jersey	NJ					
32. New Mexico	NM	B Special Deposit			125,113	127,109
33. New York	NY					
34. North Carolina	NC	B Special Deposit			425,386	432,172
35. North Dakota	ND					
36. Ohio	OH					
37. Oklahoma	OK					
38. Oregon	OR					
39. Pennsylvania	PA	B Special Deposit	1,615,708	1,736,250		
40. Rhode Island	RI					
41. South Carolina	SC	B Special Deposit			202,285	204,812
42. South Dakota	SD					
43. Tennessee	TN					
44. Texas	TX					
45. Utah	UT					
46. Vermont	VT	B Special Deposit			602,095	637,500
47. Virginia	VA	B Special Deposit			529,348	536,813
48. Washington	WA					
49. West Virginia	WV					
50. Wisconsin	WI					
51. Wyoming	WY					
52. American Samoa	AS					
53. Guam	GU					
54. Puerto Rico	PR					
55. U. S. Virgin Islands	VI					
56. Northern Mariana Islands	MP					
57. Canada	CN					
58. Aggregate Alien and Other	OT	XXX	XXX			
59. Total	XXX	XXX	1,615,708	1,736,250	2,437,881	2,499,844
DETAILS OF WRITE-INS						
5801.						
5802.						
5803.						
5898. Summary of remaining write-ins for Line 58 from overflow page	XXX	XXX				
5899. Total (Line 5801 through Line 5803 plus Line 5898) (Line 58 above)	XXX	XXX				

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