



ANNUAL STATEMENT

For the Year Ended December 31, 2014

of the Condition and Affairs of the

Provident American Life and Health Insurance Company

NAIC Group Code.....0901, 0901	NAIC Company Code..... 67903	Employer's ID Number..... 23-1335885
(Current Period) (Prior Period)		
Organized under the Laws of Ohio	State of Domicile or Port of Entry Ohio	Country of Domicile US
Incorporated/Organized..... April 6, 1949	Commenced Business..... September 30, 1949	
Statutory Home Office	1300 East Ninth Street..... Cleveland OH US 44114	
	(Street and Number) (City or Town, State, Country and Zip Code)	
Main Administrative Office	11200 Lakeline Blvd Ste 100..... Austin TX US..... 78717	512-451-2224
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Mail Address	11200 Lakeline Blvd Ste 100..... Austin TX US 78717	
	(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	
Primary Location of Books and Records	11200 Lakeline Blvd Ste 100..... Austin TX US 78717	512-451-2224
	(Street and Number) (City or Town, State, Country and Zip Code)	(Area Code) (Telephone Number)
Internet Web Site Address	CignaSupplementalBenefits.com	
Statutory Statement Contact	Jesse Navarrete	512-807-4801
	(Name)	(Area Code) (Telephone Number) (Extension)
	CSBFinRpt@cigna.com	512-467-1399
	(E-Mail Address)	(Fax Number)

OFFICERS

Name	Title	Name	Title
1. Brian Case Evanko #	President	2. Byron Keith Buescher	Treasurer
3. Brenda Weigilia Hardison	Secretary	4. James Monroe Garvin III	Appointed Actuary
OTHER			
Jessica Kierulf Tutwiler #	Chief Financial Officer	David Lawrence Chambers	Vice President
Mark Fleming #	Assistant Treasurer	Joanne Ruth Hart #	Assistant Treasurer
Scott Ronald Lambert #	Assistant Treasurer	Eric Paul Palmer	Vice President
Maureen Hardiman Ryan	Assistant Treasurer	Man-Kit Simon Tang #	Chief Actuary
Patricia Julie Walsh #	Assistant Vice President		

DIRECTORS OR TRUSTEES

Brian Case Evanko #	Eric Paul Palmer	Frank Sataline Jr.	Jessica Kierulf Tutwiler #
James Yablecki #			

State of..... Texas
County of..... Williamson

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

(Signature)	(Signature)	(Signature)
Brian Case Evanko	Byron Keith Buescher	Brenda Weigilia Hardison
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
President	Treasurer	Secretary
(Title)	(Title)	(Title)
Subscribed and sworn to before me	a. Is this an original filing?	Yes [X] No []
This _____ day of February 2015	b. If no	
	1. State the amendment number	
	2. Date filed	
	3. Number of pages attached	

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 - 2)	Net Admitted Assets
1. Bonds (Schedule D).....	9,203,881		9,203,881	8,952,841
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			.0	
2.2 Common stocks.....	2,996,327		2,996,327	3,059,716
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			.0	
3.2 Other than first liens.....			.0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			.0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			.0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			.0	
5. Cash (\$....224,733, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....2,507,155, Schedule DA).....	2,731,889		2,731,889	1,781,618
6. Contract loans (including \$.....0 premium notes).....			.0	
7. Derivatives (Schedule DB).....			.0	
8. Other invested assets (Schedule BA).....			.0	
9. Receivables for securities.....			.0	
10. Securities lending reinvested collateral assets (Schedule DL).....			.0	
11. Aggregate write-ins for invested assets.....	.0	.0	.0	.0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	14,932,097	.0	14,932,097	13,794,175
13. Title plants less \$.....0 charged off (for Title insurers only).....			.0	
14. Investment income due and accrued.....	76,450		76,450	75,443
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	(312,596)	2,865	(315,461)	(382,343)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			.0	(1,284)
15.3 Accrued retrospective premiums.....			.0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	323,474		323,474	261,209
16.2 Funds held by or deposited with reinsured companies.....			.0	
16.3 Other amounts receivable under reinsurance contracts.....	47,236		47,236	60,649
17. Amounts receivable relating to uninsured plans.....			.0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	176,141		176,141	
18.2 Net deferred tax asset.....	5,548,003	4,191,219	1,356,784	1,360,492
19. Guaranty funds receivable or on deposit.....	47,351		47,351	45,232
20. Electronic data processing equipment and software.....			.0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			.0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.0	
23. Receivables from parent, subsidiaries and affiliates.....	138		138	759
24. Health care (\$.....0) and other amounts receivable.....	371	371	.0	
25. Aggregate write-ins for other than invested assets.....	233,433	233,433	.0	.0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	21,072,098	4,427,888	16,644,210	15,214,332
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.0	
28. TOTALS (Lines 26 and 27).....	21,072,098	4,427,888	16,644,210	15,214,332

DETAILS OF WRITE-INS

1101. ....			.0	
1102. ....			.0	
1103. ....			.0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	.0	.0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.0	.0	.0	.0
2501. Suspense.....	1,763	1,763	.0	
2502. Premium Tax Refund Due.....	43,758	43,758	.0	
2503. Disallowed Interest Maintenance Reserves.....	187,912	187,912	.0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	.0	.0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	233,433	233,433	.0	.0

Provident American Life and Health Insurance Company
LIABILITIES, SURPLUS AND OTHER FUNDS

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$.....0 (Exhibit 5, Line 9999999) less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....		
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....	683,121	798,321
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11).....		
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....	980,605	971,405
5. Policyholders' dividends \$.....0 and coupons \$.....0 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 \$.....0 Modco).....		
6.2 Dividends not yet apportioned (including \$.....0 Modco).....		
6.3 Coupons and similar benefits (including \$.....0 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 \$.....0 discount; including \$.....142,634 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	142,634	176,017
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....		
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded.....		
9.4 Interest Maintenance Reserve (IMR, Line 6).....		
10. Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....	7,293	3,671
11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6).....	58,777	34,374
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 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, Col. 5).....	58,367	65,934
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....		213,036
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
17. Amounts withheld or retained by company as agent or trustee.....		
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....		1,478
19. Remittances and items not allocated.....	20,870	32,991
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 \$.....0 and interest thereon \$.....0.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR Line 16, Col. 7).....	16,509	19,153
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....	9,365	35
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....		
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	77,550	99,095
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	2,055,091	2,415,510
27. From Separate Accounts Statement.....		
28. Total liabilities (Line 26 and 27).....	2,055,091	2,415,510
29. Common capital stock.....	2,500,000	2,500,000
30. Preferred capital stock.....		
31. Aggregate write-ins for other than special surplus funds.....	0	0
32. Surplus notes.....		
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1).....	17,346,312	17,346,312
34. Aggregate write-ins for special surplus funds.....	0	0
35. Unassigned funds (surplus).....	(5,257,193)	(7,047,490)
36. Less treasury stock, at cost:		
36.1 .....0.000 shares common (value included in Line 29 \$.....0).....		
36.2 .....0.000 shares preferred (value included in Line 30 \$.....0).....		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	12,089,119	10,298,822
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	14,589,119	12,798,822
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	16,644,210	15,214,332

DETAILS OF WRITE-INS

2501. Escheat Liability.....	77,550	99,095
2502.		
2503.		
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	77,550	99,095
3101.		
3102.		
3103.		
3198. Summary of remaining write-ins for Line 31 from overflow page.....	0	0
3199. Totals (Lines 3101 thru 3103 plus 3198) (Line 31 above).....	0	0
3401.		
3402.		
3403.		
3498. Summary of remaining write-ins for Line 34 from overflow page.....	0	0
3499. Totals (Lines 3401 thru 3403 plus 3498) (Line 34 above).....	0	0

Provident American Life and Health Insurance Company
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, Col. 1, less Col. 11)	12,180,223	14,982,811
2. Considerations for supplementary contracts with life contingencies		
3. Net investment income (Exhibit of Net Investment Income, Line 17)	251,032	289,511
4. Amortization of Interest Maintenance Reserve (IMR) (Line 5)	(5,209)	(4,808)
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, Col. 1)	231,959	296,328
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	5,140	6,925
9. Totals (Lines 1 to 8.3)	12,663,145	15,570,767
10. Death benefits		
11. Matured endowments (excluding guaranteed annual pure endowments)		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)		
13. Disability benefits and benefits under accident and health contracts	8,361,262	9,459,989
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	(115,200)	(183,561)
20. Totals (Lines 10 to 19)	8,246,062	9,276,428
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)	957,434	1,575,921
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)		
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4)	975,521	1,176,577
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3)	334,295	385,165
25. Increase in loading on deferred and uncollected premiums	(317)	(930)
26. Net transfers to or (from) Separate Accounts net of reinsurance		
27. Aggregate write-ins for deductions	29	58
28. Totals (Lines 20 to 27)	10,513,024	12,413,219
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	2,150,121	3,157,548
30. Dividends to policyholders		
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	2,150,121	3,157,548
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	298,969	620,840
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)	1,851,152	2,536,708
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR)		
35. Net income (Line 33 plus Line 34)	1,851,152	2,536,708
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	12,798,822	20,337,458
37. Net income (Line 35)	1,851,152	2,536,708
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(63,389)	(60,534)
39. Change in net unrealized foreign exchange capital gain (loss)		
40. Change in net deferred income tax	(469,775)	(456,060)
41. Change in nonadmitted assets	477,921	456,084
42. Change in liability for reinsurance in unauthorized and certified companies		
43. Change in reserve on account of change in valuation basis, (increase) or decrease		
44. Change in asset valuation reserve	2,644	(4,110)
45. Change in treasury stock, (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 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 effect 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		(10,000,000)
51.2 Transferred to capital (Stock Dividend)		
51.3 Transferred from capital		
51.4 Change in surplus as a result of reinsurance	(8,257)	(10,724)
52. Dividends to stockholders		
53. Aggregate write-ins for gains and losses in surplus	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53)	1,790,296	(7,538,636)
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	14,589,118	12,798,822
DETAILS OF WRITE-INS		
08.301. Interest on Agent Balances	2,294	3,022
08.302. Other Income-Express Script Rebate	2,846	3,903
08.303.		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page	0	0
08.399. Totals (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above)	5,140	6,925
2701. Penalties	29	58
2702.		
2703.		
2798. Summary of remaining write-ins for Line 27 from overflow page	0	0
2799. Totals (Lines 2701 thru 2703 plus 2798) (Line 27 above)	29	58
5301.		
5302.		
5303.		
5398. Summary of remaining write-ins for Line 53 from overflow page	0	0
5399. Totals (Lines 5301 thru 5303 plus 5398) (Line 53 above)	0	0

CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	12,077,669	14,573,695
2. Net investment income.....	250,943	286,180
3. Miscellaneous income.....	228,842	292,529
4. Total (Lines 1 through 3).....	12,557,454	15,152,404
5. Benefit and loss related payments.....	8,387,501	9,501,026
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	2,262,878	3,738,268
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	688,146	379,985
10. Total (Lines 5 through 9).....	11,338,525	13,619,279
11. Net cash from operations (Line 4 minus Line 10).....	1,218,929	1,533,125
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	2,537,268	534,667
12.2 Stocks.....		100,000
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.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	2,537,268	634,667
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....	2,789,225	648,963
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 (Lines 13.1 to 13.6).....	2,789,225	648,963
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	(251,957)	(14,296)
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.....		(10,000,000)
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(16,701)	777
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(16,701)	(9,999,223)
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).....	950,271	(8,480,394)
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	1,781,618	10,262,012
19.2 End of year (Line 18 plus Line 19.1).....	2,731,889	1,781,618

Note: Supplemental disclosures of cash flow information for non-cash transactions:

20.0001		
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ANALYSIS OF OPERATIONS BY LINES OF BUSINESS

	1	2	Ordinary			6	Group		Accident and Health			12
	Total	Industrial Life	3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts	Credit Life (Group and Individual)	7 Life Insurance(a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	Aggregate of All Other Lines of Business
1. Premiums and annuity considerations for life and accident and health contracts.....	12,180,223										12,180,223	
2. Considerations for supplementary contracts with life contingencies.....	0											
3. Net investment income.....	251,033										251,033	
4. Amortization of Interest Maintenance Reserve (IMR).....	(5,209)										(5,209)	
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0											
6. Commissions and expense allowances on reinsurance ceded.....	231,959		67,048				13,724				151,187	
7. Reserve adjustments on reinsurance ceded.....	0											
8. Miscellaneous Income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from S/A.....	0											
8.2 Charges and fees for deposit-type contracts.....	0											
8.3 Aggregate write-ins for miscellaneous income.....	5,140	0	0	0	0	0	0	0	0	0	5,140	0
9. Totals (Lines 1 to 8.3).....	12,663,146	0	67,048	0	0	0	13,724	0	0	0	12,582,374	0
10. Death benefits.....	0											
11. Matured endowments (excluding guaranteed annual pure endowments).....	0											
12. Annuity benefits.....	0											
13. Disability benefits and benefits under accident and health contracts.....	8,361,262										8,361,262	
14. Coupons, guaranteed annual pure endowments and similar benefits.....	0											
15. Surrender benefits and withdrawals for life contracts.....	0											
16. Group conversions.....	0											
17. Interest and adjustments on contract or deposit-type contract funds.....	0											
18. Payments on supplementary contracts with life contingencies.....	0											
19. Increase in aggregate reserves for life and accident and health contracts.....	(115,200)										(115,200)	
20. Totals (Lines 10 to 19).....	8,246,062	0	0	0	0	0	0	0	0	0	8,246,062	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	957,434		67,575				7,061				882,798	
22. Commissions and expense allowances on reinsurance assumed.....	0											
23. General insurance expenses.....	975,521										957,059	18,462
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	334,295		47								334,066	182
25. Increase in loading on deferred and uncollected premiums.....	(317)										(317)	
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	0											
27. Aggregate write-ins for deductions.....	29	0	0	0	0	0	0	0	0	0	29	0
28. Totals (Lines 20 to 27).....	10,513,024	0	67,622	0	0	0	7,061	0	0	0	10,419,697	18,644
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	2,150,122	0	(574)	0	0	0	6,663	0	0	0	2,162,677	(18,644)
30. Dividends to policyholders.....	0											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	2,150,122	0	(574)	0	0	0	6,663	0	0	0	2,162,677	(18,644)
32. Federal income taxes incurred (excluding tax on capital gains).....	298,969										298,969	
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).....	1,851,153	0	(574)	0	0	0	6,663	0	0	0	1,863,708	(18,644)

DETAILS OF WRITE-INS

08.301. Interest on Agent Balances.....	2,294										2,294	
08.302. Other Income - Express Script Rebates.....	2,846										2,846	
08.303.	0											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
08.399. Total (Lines 08.301 thru 08.303 plus 08.398) (Line 8.3 above).....	5,140	0	0	0	0	0	0	0	0	0	5,140	0
2701. Penalties.....	29										29	
2702.	0											
2703.	0											
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
2799. Total (Lines 2701 thru 2703 plus 2798) (Line 27 above).....	29	0	0	0	0	0	0	0	0	0	29	0

(a) Includes the following amounts for FEGLI/SGLI: Line 1.....0 Line 10.....0 Line 16.....0 Line 23.....0 Line 24.....0.

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group	
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities
Involving Life or Disability Contingencies (Reserves)								
(Net of Reinsurance Ceded)								
1. Reserve December 31, prior year.....	0							
2. Tabular net premiums or considerations.....	0							
3. Present value of disability claims incurred.....	0				XXX			
4. Tabular interest.....	0							
5. Tabular less actual reserve released.....	0							
6. Increase in reserve on account of change in valuation basis.....	0							
7. Other increases (net).....	0							
8. Totals (Lines 1 to 7).....	0	0	0	0	0	0	0	0
9. Tabular cost.....	0				XXX			
10. Reserves released by death.....	0			XXX	XXX			XXX
11. Reserves released by other terminations (net).....	0							
12. Annuity, supplementary contract, and disability payments involving life contingencies.....	0							
13. Net transfers to or (from) Separate Accounts.....	0							
14. Total deductions (Lines 9 to 13).....	0	0	0	0	0	0	0	0
15. Reserve December 31, current year.....	0	0	0	0	0	0	0	0

NONE

EXHIBIT OF NET INVESTMENT INCOME

		1	2
		Collected During Year	Earned During Year
1.	U.S. government bonds.....	(a).....4,510	.....14,074
1.1	Bonds exempt from U.S. tax.....	(a).....45,470	.....45,470
1.2	Other bonds (unaffiliated).....	(a).....209,433	.....200,877
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).....4,297	.....4,297
7.	Derivative instruments.....	(f).....	.....
8.	Other invested assets.....	.....	.....
9.	Aggregate write-ins for investment income.....	.....0	.....0
10.	Total gross investment income.....	.....263,710	.....264,718
11.	Investment expenses.....	.....	(g).....13,686
12.	Investment taxes, licenses and fees, excluding federal income taxes.....	.....	(g).....
13.	Interest expense.....	.....	(h).....
14.	Depreciation on real estate and other invested assets.....	.....	(i).....0
15.	Aggregate write-ins for deductions from investment income.....	.....	.....0
16.	Total deductions (Lines 11 through 15).....	.....	.....13,686
17.	Net investment income (Line 10 minus Line 16).....	.....	.....251,032

DETAILS OF WRITE-INS

0901.	.....	.....	.....
0902.	.....	.....	.....
0903.	.....	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page.....	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0
1501.	.....	.....	.....
1502.	.....	.....	.....
1503.	.....	.....	.....
1598.	Summary of remaining write-ins for Line 15 from overflow page.....	.....	.....0
1599.	Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.....	.....0
(a)	Includes \$.....7,025 accrual of discount less \$.....7,942 amortization of premium and less \$.....5,450 paid for accrued interest on purchases.		
(b)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.		
(c)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(d)	Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.		
(e)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.		
(f)	Includes \$.....0 accrual of discount less \$.....0 amortization of premium.		
(g)	Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to Segregated and Separate Accounts.		
(h)	Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.		
(i)	Includes \$.....0 depreciation on real estate and \$.....0 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) (Columns 1 + 2)	Change in Unrealized Capital Gain (Loss)	Change in Unrealized Foreign Exchange Capital Gain (Loss)
1.	U.S. government bonds.....	.....	.....0	.....	.....
1.1	Bonds exempt from U.S. tax.....	.....	.....0	.....	.....
1.2	Other bonds (unaffiliated).....	.....	.....0	.....	.....
1.3	Bonds of affiliates.....	.....	.....0	.....	.....
2.1	Preferred stocks (unaffiliated).....	.....	.....0	.....	.....
2.11	Preferred stocks of affiliates.....	.....	.....0	.....	.....
2.2	Common stocks (unaffiliated).....	.....	.....0	.....	.....
2.21	Common stocks of affiliates.....	.....	.....0	.....(63,389)	.....
3.	Mortgage loans.....	.....	.....0	.....	.....
4.	Real estate.....	.....	.....0	.....	.....
5.	Contract loans.....	.....	.....0	.....	.....
6.	Cash, cash equivalents and short-term investments.....	.....	.....0	.....	.....
7.	Derivative instruments.....	.....	.....0	.....	.....
8.	Other invested assets.....	.....	.....0	.....	.....
9.	Aggregate write-ins for capital gains (losses).....	.....0	.....0	.....0	.....0
10.	Total capital gains (losses).....	.....0	.....0	.....(63,389)	.....0

DETAILS OF WRITE-INS

0901.	.....	.....	.....0	.....	.....
0902.	.....	.....	.....0	.....	.....
0903.	.....	.....	.....0	.....	.....
0998.	Summary of remaining write-ins for Line 9 from overflow page....	.....0	.....0	.....0	.....0
0999.	Totals (Lines 0901 thru 0903 plus 0998) (Line 9 above).....	.....0	.....0	.....0	.....0

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

	1	2	Ordinary		5	Group		Accident and Health			11
	Total	Industrial Life	3 Life Insurance	4 Individual Annuities	Credit Life (Group and Individual)	6 Life Insurance	7 Annuities	8 Group	9 Credit (Group & Individual)	10 Other	Aggregate of All Other Lines of Business
FIRST YEAR (other than single)											
1. Uncollected.....	.0										
2. Deferred and accrued.....	.0										
3. Deferred, accrued and uncollected:											
3.1 Direct.....	.0										
3.2 Reinsurance assumed.....	.0										
3.3 Reinsurance ceded.....	.0										
3.4 Net (Line 1 + Line 2).....	.0	.0	0	0	.0	.0	0	.0	.0	.0	.0
4. Advance.....	.0										
5. Line 3.4 - Line 4.....	.0	.0	0	0	.0	.0	0	.0	.0	.0	.0
6. Collected during year:											
6.1 Direct.....	.0										
6.2 Reinsurance assumed.....	.0										
6.3 Reinsurance ceded.....	.0										
6.4 Net.....	.0	.0	0	0	.0	.0	0	.0	.0	.0	.0
7. Line 5 + Line 6.4.....	.0	.0	0	0	.0	.0	0	.0	.0	.0	.0
8. Prior year (uncollected + deferred and accrued - advance).....	.0										
9. First year premiums and considerations:											
9.1 Direct.....	.0										
9.2 Reinsurance assumed.....	.0										
9.3 Reinsurance ceded.....	.0										
9.4 Net (Line 7 - Line 8).....	.0	.0	0	0	.0	.0	0	.0	.0	.0	.0
SINGLE											
10. Single premiums and considerations:											
10.1 Direct.....	.0										
10.2 Reinsurance assumed.....	.0										
10.3 Reinsurance ceded.....	.0										
10.4 Net.....	.0	.0	0	0	.0	.0	0	.0	.0	.0	.0
RENEWAL											
11. Uncollected.....	(310,898)					(21,127)				(289,771)	
12. Deferred and accrued.....	.0										
13. Deferred, accrued and uncollected:											
13.1 Direct.....	289,833		251,365							38,468	
13.2 Reinsurance assumed.....	.0										
13.3 Reinsurance ceded.....	600,731		251,365			21,127				328,239	
13.4 Net (Line 11 + Line 12).....	(310,898)	.0	0	0	.0	(21,127)	0	.0	.0	(289,771)	.0
14. Advance.....	142,634									142,634	
15. Line 13.4 - Line 14.....	(453,532)	.0	0	0	.0	(21,127)	0	.0	.0	(432,405)	.0
16. Collected during year:											
16.1 Direct.....	14,505,375		853,557			81,878				13,569,940	
16.2 Reinsurance assumed.....	.0										
16.3 Reinsurance ceded.....	2,427,707		853,557			80,021				1,494,129	
16.4 Net.....	12,077,668	.0	0	0	.0	1,857	0	.0	.0	12,075,811	.0
Line 15 + Line 16.4.....	11,624,136	.0	0	0	.0	(19,270)	0	.0	.0	11,643,406	.0
17. Prior year (uncollected + deferred and accrued - advance).....	(556,086)					(19,270)				(536,816)	
19. Renewal premiums and considerations:											
19.1 Direct.....	14,503,186		824,568			81,878				13,596,740	
19.2 Reinsurance assumed.....	.0										
19.3 Reinsurance ceded.....	2,322,964		824,568			81,878				1,416,518	
19.4 Net (Line 17 - Line 18).....	12,180,222	.0	0	0	.0	.0	0	.0	.0	12,180,222	.0
TOTAL											
20. Total premiums and annuity considerations:											
20.1 Direct.....	14,503,186	.0	824,568	0	.0	81,878	0	.0	.0	13,596,740	.0
20.2 Reinsurance assumed.....	.0	.0	0	0	.0	.0	0	.0	.0	.0	.0
20.3 Reinsurance ceded.....	2,322,964	.0	824,568	0	.0	81,878	0	.0	.0	1,416,518	.0
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	12,180,222	.0	0	0	.0	.0	0	.0	.0	12,180,222	.0

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

	1	2	Ordinary		5	Group		Accident and Health			11
	Total	Industrial Life	3 Life Insurance	4 Individual Annuities	Credit Life (Group and Individual)	6 Life Insurance	7 Annuities	8 Group	9 Credit (Group & Individual)	10 Other	Aggregate of All Other Lines of Business
DIVIDENDS AND COUPONS APPLIED (included in Part 1)											
21. To pay renewal premiums.....	0										
22. All other.....	0										
REINSURANCE COMMISSIONS AND EXPENSE ALLOWANCES INCURRED											
23. First year (other than single):											
23.1 Reinsurance ceded.....	0										
23.2 Reinsurance assumed.....	0										
23.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
24. Single:											
24.1 Reinsurance ceded.....	0										
24.2 Reinsurance assumed.....	0										
24.3 Net ceded less assumed.....	0	0	0	0	0	0	0	0	0	0	0
25. Renewal:											
25.1 Reinsurance ceded.....	231,960		67,048			13,724				151,188	
25.2 Reinsurance assumed.....	0										
25.3 Net ceded less assumed.....	231,960	0	67,048	0	0	13,724	0	0	0	151,188	0
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6).....	231,960	0	67,048	0	0	13,724	0	0	0	151,188	0
26.2 Reinsurance assumed (Page 6, Line 22).....	0	0	0	0	0	0	0	0	0	0	0
26.3 Net ceded less assumed.....	231,960	0	67,048	0	0	13,724	0	0	0	151,188	0
COMMISSIONS INCURRED (direct business only)											
27. First year (other than single).....	0										
28. Single.....	0										
29. Renewal.....	957,434		67,575			7,061				882,798	
30. Deposit-type contract funds.....	0										
31. Totals (to agree with Page 6, Line 21).....	957,434	0	67,575	0	0	7,061	0	0	0	882,798	0

Provident American Life and Health Insurance Company
EXHIBIT 2 - GENERAL EXPENSES

		Insurance				5	6
		1	Accident and Health		4		
			2	3			
		Life	Cost Containment	All Other	All Other Lines of Business	Investment	Total
1.	Rent.....			31,521			31,521
2.	Salaries and wages.....			410,577	7,061		417,638
3.11	Contributions for benefit plans for employees.....			60,463			60,463
3.12	Contributions for benefit plans for agents.....						0
3.21	Payments to employees under non-funded benefit plans.....						0
3.22	Payments to agents under non-funded benefit plans.....						0
3.31	Other employee welfare.....			4,506	5		4,511
3.32	Other agent welfare.....						0
4.1	Legal fees and expenses.....						0
4.2	Medical examination fees.....						0
4.3	Inspection report fees.....						0
4.4	Fees of public accountants and consulting actuaries.....			9,120			9,120
4.5	Expense of investigation and settlement of policy claims.....			75,117			75,117
5.1	Traveling expenses.....			5,643	332		5,975
5.2	Advertising.....			9			9
5.3	Postage, express, telegraph and telephone.....			92,065			92,065
5.4	Printing and stationery.....			22,049			22,049
5.5	Cost or depreciation of furniture and equipment.....			530	29		559
5.6	Rental of equipment.....			29,018	367		29,385
5.7	Cost or depreciation of EDP equipment and software.....			36,854	515		37,369
6.1	Books and periodicals.....			1,930			1,930
6.2	Bureau and association fees.....			131			131
6.3	Insurance, except on real estate.....						0
6.4	Miscellaneous losses.....			2			2
6.5	Collection and bank service charges.....			60,983			60,983
6.6	Sundry general expenses.....			38,285	109		38,394
6.7	Group service and administration fees.....						0
6.8	Reimbursements by uninsured plans.....						0
7.1	Agency expense allowance.....						0
7.2	Agents' balances charged off (less \$.0 recovered).....			1,373			1,373
7.3	Agency conferences other than local meetings.....						0
9.1	Real estate expenses.....						0
9.2	Investment expenses not included elsewhere.....					13,686	13,686
9.3	Aggregate write-ins for expenses.....	0	0	76,883	10,044	0	86,927
10.	General expenses Incurred.....	0	0	957,059	18,462	13,686	(a).....989,207
11.	General expenses unpaid December 31, prior year.....			34,374			34,374
12.	General expenses unpaid December 31, current year.....			58,777			58,777
13.	Amounts receivable relating to uninsured plans, prior year.....						0
14.	Amounts receivable relating to uninsured plans, current year.....						0
15.	General expenses paid during year (Lines 10+11-12-13+14).....	0	0	932,656	18,462	13,686	964,804
DETAILS OF WRITE-INS							
09.301.	Consulting.....			76,883	10,044		86,927
09.302.	.....						0
09.303.	.....						0
09.398.	Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0
09.399.	Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	0	0	76,883	10,044	0	86,927

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

		Insurance			4	5
		1	2	3	Investment	Total
		Life	Accident and Health	All Other Lines of Business		
1.	Real estate taxes.....					0
2.	State insurance department licenses and fees.....	150	90,361			90,511
3.	State taxes on premiums.....	(103)	194,433			194,330
4.	Other state taxes, including \$.....0 for employee benefits.....		12,235			12,235
5.	U.S. Social Security taxes.....		26,182	182		26,364
6.	All other taxes.....		10,855			10,855
7.	Taxes, licenses and fees incurred.....	47	334,066	182	0	334,295
8.	Taxes, licenses and fees unpaid December 31, prior year.....		65,934			65,934
9.	Taxes, licenses and fees unpaid December 31, current year.....		58,367			58,367
10.	Taxes, licenses and fees paid during year (Lines 7 + 8 - 9).....	47	341,633	182	0	341,862

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 Lines 1 through 4.....	.0	.0
6.	Paid-in cash.....		
7.	Left on deposit.....		
8.	Aggregate write-ins for dividend or refund options.....	.0	.0
9.	Total Lines 5 through 8.....	.0	.0
10.	Amount due and unpaid.....		
11.	Provision for dividends or refunds payable in the following calendar year.....		
12.	Terminal dividends.....		
13.	Provision for deferred dividend contracts.....		
14.	Amount provisionally held for deferred dividend contracts not included in Line 13.....		
15.	Total Lines 10 through 14.....	.0	.0
16.	Total from prior year.....		
17.	Total dividends or refunds (Lines 9 + 15 - 16).....	.0	.0

DETAILS OF WRITE-INS

0801.	.....	
0802.	.....	
0803.	.....	
0898.	Summary of remaining write-ins for Line 8 from overflow page.....	.0	.0
0899.	Totals (Line 0801 thru 0803 plus 0898) (Line 8 above).....	.0	.0

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1	2	3	4	5	6
Valuation Standard	Total	Industrial	Ordinary	Credit (Group and Individual)	Group
Life Insurance:					
0100001. 2001 CSO 4.0% ANB CRVM CNF. . . . (06-10).....	.....2,308,684	.....	.....2,308,684	.....	.....
0100002. 2001 CSO 4.0% ALB CRVM CNF. . . . (06-10).....	.....6,944	.....	.....6,944	.....	.....
0100003. 2001 CSO 4.0% ANB NLP CRF. (06-10).....	.....1,450	.....	.....1,450	.....	.....
0199997. Totals (Gross).....	.....2,317,078	.....0	.....2,317,078	.....0	.....0
0199998. Reinsurance ceded.....	.....2,317,078	.....	.....2,317,078	.....	.....
0199999. Totals (Net).....	.....0	.....0	.....0	.....0	.....0
Miscellaneous Reserves:					
0700001. Non-deduction of deferred fractional premiums.....	.....79,618	.....	.....79,618	.....	.....
0799997. Totals (Gross).....	.....79,618	.....0	.....79,618	.....0	.....0
0799998. Reinsurance ceded.....	.....79,618	.....	.....79,618	.....	.....
0799999. Totals (Net).....	.....0	.....0	.....0	.....0	.....0
9999999. Totals (Net) - Page 3, Line 1.....	.....0	.....0	.....0	.....0	.....0

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1	2	3	4	Other Individual Contracts				
					5	6	7	8	9
	Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	Non- Cancelable	Guaranteed Renewable	Non-Renewable for Stated Reasons Only	Other Accident Only	All Other
ACTIVE LIFE RESERVE									
1. Unearned premium reserves.....	726,970	11				726,959			
2. Additional contract reserves (a).....	63,160					63,160			
3. Additional actuarial reserves - Asset/Liability analysis.....	0								
4. Reserve for future contingent benefits.....	0								
5. Reserve for rate credits.....	0								
6. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0	0	0
7. Totals (Gross).....	790,130	11	0	0	0	790,119	0	0	0
8. Reinsurance ceded.....	107,009	11				106,998			
9. Totals (Net).....	683,121	0	0	0	0	683,121	0	0	0
CLAIM RESERVE									
10. Present value of amounts not yet due on claims.....	0								
11. Additional actuarial reserves - Asset/Liability analysis.....	0								
12. Reserve for future contingent benefits.....	0								
13. Aggregate write-ins for reserves.....	0	0	0	0	0	0	0	0	0
14. Totals (Gross).....	0	0	0	0	0	0	0	0	0
15. Reinsurance ceded.....	0								
16. Totals (Net).....	0	0	0	0	0	0	0	0	0
17. TOTALS (Net).....	683,121	0	0	0	0	683,121	0	0	0
18. TABULAR FUND INTEREST.....	29,775					29,775			

DETAILS OF WRITE-INS

0601.									
0602.									
0603.									
0698. Summary of remaining write-ins for Line 6 from overflow page.....	0	0	0	0	0	0	0	0	0
0699. Totals (Lines 0601 thru 0603 plus 0698) (Line 6 above).....	0	0	0	0	0	0	0	0	0
1301.									
1302.									
1303.									
1398. Summary of remaining write-ins for Line 13 from overflow page.....	0	0	0	0	0	0	0	0	0
1399. Totals (Lines 1301 thru 1303 + 1398) (Line 13 above).....	0	0	0	0	0	0	0	0	0

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

EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1	2	3	4	5	6
	Total	Guaranteed Interest Contracts	Annuities Certain	Supplemental Contracts	Dividend Accumulations or Refunds	Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance.....	.....0					
2. Deposits received during the year.....	.....0					
3. Investment earnings credited to the account.....	.....0					
4. Other net change in reserves.....	.....0					
5. Fees and other charges assessed.....	.....0					
6. Surrender charges.....	.....0					
7. Net surrender or withdrawal payments.....	.....0					
8. Other net transfers to or (from) Separate Accounts.....	.....0					
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8).....	.....0	.....0	.....0	.....0	.....0	.....0
10. Reinsurance balance at the beginning of the year.....	.....0					
11. Net change in reinsurance assumed.....	.....0					
12. Net change in reinsurance ceded.....	.....0					
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12).....	.....0	.....0	.....0	.....0	.....0	.....0
14. Net balance at the end of the current year after reinsurance (Lines 9 + 13).....	.....0	.....0	.....0	.....0	.....0	.....0

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.....	0										
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	0										
1.4 Net.....	0	0	0	0	0	0	0	0	0	0	0
2. In course of settlement:											
2.1 Resisted:											
2.11 Direct.....	0										
2.12 Reinsurance assumed.....	0										
2.13 Reinsurance ceded.....	0										
2.14 Net.....	0	0	(b)0	(b)0	0	(b)0	(b)0	0	0	0	0
2.2 Other:											
2.21 Direct.....	199,224		144,000								55,224
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	150,193		144,000								6,193
2.24 Net.....	49,031	0	(b)0	(b)0	0	(b)0	(b)0	0	(b)0	(b)0	(b)49,031
3. Incurred but unreported:											
3.1 Direct.....	1,060,248		11,000								1,049,248
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	128,674		11,000								117,674
3.4 Net.....	931,574	0	(b)0	(b)0	0	(b)0	(b)0	0	(b)0	(b)0	(b)931,574
4. Totals:											
4.1 Direct.....	1,259,472	0	155,000	0	0	0	0	0	0	0	1,104,472
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	278,867	0	155,000	0	0	0	0	0	0	0	123,867
4.4 Net.....	980,605	(a)0	(a)0	0	0	0	(a)0	0	0	0	980,605

(a) Including matured endowments (but not guaranteed annual pure endowments) unpaid amounting to \$.....0 in Column 2, \$.....0 in Column 3 and \$.....0 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 \$.....0, Individual Annuities \$.....0, Credit Life (Group and Individual) \$.....0, and Group Life \$.....0, are included in Page 3, Line 1, (See Exhibit 5, Section on Disability Disabled Lives); and for Group Accident and Health \$.....0, Credit (Group and Individual) Accident and Health \$.....0 and Other Accident and Health \$.....0 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	2	Ordinary			6	Group		Accident and Health		
			3	4	5		7	8	9	10	11
	Total	Industrial Life (a)	Life Insurance (b)	Individual Annuities	Supplementary Contracts	Credit Life (Group and Individual)	Life Insurance (c)	Annuities	Group	Credit (Group and Individual)	Other
1. Settlements during the year:											
1.1 Direct.....	9,719,087		292,768				1,575				9,424,744
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	1,304,760		292,768				4,775				1,007,217
1.4 Net.....(d)	8,414,327	0	0	0	0	0	(3,200)	0	0	0	8,417,527
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	1,259,472	0	155,000	0	0	0	0	0	0	0	1,104,472
2.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	278,867	0	155,000	0	0	0	0	0	0	0	123,867
2.4 Net.....	980,605	0	0	0	0	0	0	0	0	0	980,605
3. Amounts recoverable from reinsurers Dec. 31, current year.....	323,474										323,474
4. Liability December 31, prior year:											
4.1 Direct.....	1,167,453		64,979								1,102,474
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	196,048		64,979								131,069
4.4 Net.....	971,405	0	0	0	0	0	0	0	0	0	971,405
5. Amounts recoverable from reinsurers Dec. 31, prior year.....	261,209						3,200				258,009
6. Incurred benefits:											
6.1 Direct.....	9,811,106	0	382,789	0	0	0	1,575	0	0	0	9,426,742
6.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	1,449,844	0	382,789	0	0	0	1,575	0	0	0	1,065,480
6.4 Net.....	8,361,262	0	0	0	0	0	0	0	0	0	8,361,262

(a) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(b) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(c) Including matured endowments (but not guaranteed annual pure endowments) amounting to \$.....0 in Line 1.1, \$.....0 in Line 1.4, \$.....0 in Line 6.1 and \$.....0 in line 6.4.

(d) Includes \$.....0 premiums waived under total and permanent disability benefits.

EXHIBIT OF NONADMITTED ASSETS

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 - Col. 1)
1. Bonds (Schedule D).....			.....0
2. Stocks (Schedule D):			
2.1 Preferred stocks.....			.....0
2.2 Common stocks.....			.....0
3. Mortgage loans on real estate (Schedule B):			
3.1 First liens.....			.....0
3.2 Other than first liens.....			.....0
4. Real estate (Schedule A):			
4.1 Properties occupied by the company.....			.....0
4.2 Properties held for the production of income.....			.....0
4.3 Properties held for sale.....			.....0
5. Cash (Schedule E-Part 1), cash equivalents (Schedule E-Part 2) and short-term investments (Schedule DA).....			.....0
6. Contract loans.....			.....0
7. Derivatives (Schedule DB).....			.....0
8. Other invested assets (Schedule BA).....			.....0
9. Receivables for securities.....			.....0
10. Securities lending reinvested collateral assets (Schedule DL).....			.....0
11. Aggregate write-ins for invested assets.....	.....0	.....0	.....0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	.....0	.....0	.....0
13. Title plants (for Title insurers only).....			.....0
14. Investment income due and accrued.....			.....0
15. Premiums and considerations:			
15.1 Uncollected premiums and agents' balances in the course of collection.....	.....2,865	.....259	.....(2,606)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			.....0
15.3 Accrued retrospective premiums.....			.....0
16. Reinsurance:			
16.1 Amounts recoverable from reinsurers.....			.....0
16.2 Funds held by or deposited with reinsured companies.....			.....0
16.3 Other amounts receivable under reinsurance contracts.....			.....0
17. Amounts receivable relating to uninsured plans.....			.....0
18.1 Current federal and foreign income tax recoverable and interest thereon.....			.....0
18.2 Net deferred tax asset.....	.....4,191,219	.....4,657,286	.....466,067
19. Guaranty funds receivable or on deposit.....			.....0
20. Electronic data processing equipment and software.....			.....0
21. Furniture and equipment, including health care delivery assets.....			.....0
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			.....0
23. Receivables from parent, subsidiaries and affiliates.....			.....0
24. Health care and other amounts receivable.....	.....371		.....(371)
25. Aggregate write-ins for other than invested assets.....	.....233,433	.....248,264	.....14,831
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	.....4,427,888	.....4,905,809	.....477,921
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			.....0
28. TOTALS (Lines 26 and 27).....	.....4,427,888	.....4,905,809	.....477,921

DETAILS OF WRITE-INS

1101. ....			.....0
1102. ....			.....0
1103. ....			.....0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.....0	.....0	.....0
1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....	.....0	.....0	.....0
2501. Premium Tax Refund Due.....	.....43,758	.....51,523	.....7,765
2502. Disallowed Interest Maintenance Reserves.....	.....187,912	.....193,121	.....5,209
2503. Suspense.....	.....1,763	.....3,620	.....1,857
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.....0	.....0	.....0
2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....	.....233,433	.....248,264	.....14,831

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

a. Accounting Practices and Procedures

The financial statements of Provident American Life and Health Insurance Company ("PALHIC" or "the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

The Ohio Department of Insurance recognizes only Statutory Accounting Principles prescribed or permitted by the State of Ohio for determining and reporting the financial condition and results of operations of an insurance company, for determining its solvency under the Ohio Insurance Law. The National Association of Insurance Commissioners ("NAIC") *Accounting Practices and Procedures Manual* ("NAIC SAP") has been adopted as a component of prescribed or permitted practices by the State of Ohio.

A reconciliation of the Company's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the State of Ohio are shown below:

	State of Domicile		2014		2013
Net Income					
1) Provident American Life and Health Insurance Company state basis (Page 4, Line 35, Columns 1 & 2)	OH	\$	1,851,152	\$	2,536,708
2) State Prescribed Practices that increase/decrease NAIC SAP			-		-
3) State Permitted Practices that increase/decrease NAIC SAP			-		-
4) NAIC SAP (1 – 2 – 3 = 4)	OH	\$	1,851,152	\$	2,536,708
Surplus					
5) Provident American Life and Health Insurance Company state basis (Page 3, line 37, Columns 1 & 2)	OH	\$	14,589,119	\$	12,798,822
6) State Prescribed Practices that increase/decrease NAIC SAP			-		-
7) State Permitted Practices that increase/decrease NAIC SAP			-		-
5) NAIC SAP (5 – 6 – 7 = 8)	OH	\$	14,589,119	\$	12,798,822

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

The preparation of 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 amounts of revenue and expenses during the period. Actual results could differ from those estimates.

c. Accounting Policy

Life premiums are recognized as income over the premium-paying period of the related policies. Annuity considerations are recognized as revenue when received. Health premiums are earned ratably over the terms of the related insurance. Expenses incurred in connection with acquiring new insurance business, including acquisition costs such as sales commissions, are charged to operations as incurred. The Company has no participating business in force.

The company uses the following accounting policies:

- (1) – (2) Bonds and Short-term Investments. Investments in bonds and short-term investments are carried at amortized cost, except those in or near default, which are carried at the lesser of cost or fair value. Amortization of bond premium or discount is calculated using the scientific (constant yield) interest method. Bonds containing call provisions are amortized to call date which produces the lowest asset value (yield to worst). Investments with original maturities of one year or less from the time of purchase are classified as short-term. Bonds are considered impaired and their cost basis is written down to fair value through an asset valuation reserve for credit-related losses or an interest maintenance reserve for interest-related losses, when management expects a decline in value to persist (i.e., the decline is other-than-temporary).
- (3) Common stocks are carried at fair value, except for common stock of affiliates, which are valued using methods described below.
- (4) – (6) -- Not applicable.
- (7) Investments in subsidiaries, controlled and affiliated entities are reported using the statutory equity method based on the entity's audited equity prepared using NAIC SAP in accordance with SSAP No. 97, *Investments in Subsidiary, Controlled, and Affiliated Entities*. These entities are presented on the balance sheet as common stock
- (8) – (10) -- Not applicable
- (11) Unpaid losses and loss adjustment expenses include an amount determined from individual case estimates and loss reports and an amount, based on past experience, for losses incurred but not reported. 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 liability is continually reviewed and any adjustments are reflected in the period determined.
- (12) – (13) -- Not applicable

2. Accounting Changes and Corrections of Errors – Not applicable

3. Business Combinations and Goodwill -- Not applicable

4. Discontinued Operations –Not applicable

NOTES TO FINANCIAL STATEMENTS

5. Investments

A. – G. – Not applicable

H. Restricted Assets:

Restricted Asset Category	Gross Restricted							8	Percentage	
	Current Year					6	7		9	10
	1	2	3	4	5					Percentage
	Total General Account (G/A)	G/A Supporting Protected Cell Account Activity	Total Protected Cell Account Restricted Assets	Protected Cell Account Assets Supporting G/A Activity	Total (1 plus 3)	Total Gross Restricted From Prior Year	Increase/ (Decrease) (5 minus 6)	Total Current Year Admitted Restricted	Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	0%
b. Collateral held under security lending agreements	-	-	-	-	-	-	-	-	0%	0%
c. Subject to repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
d. Subject to reverse repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
e. Subject to dollar repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
f. Subject to dollar reverse repurchase agreements	-	-	-	-	-	-	-	-	0%	0%
g. Placed under option contracts	-	-	-	-	-	-	-	-	0%	0%
h. Letter stock or securities restricted as to sale	-	-	-	-	-	-	-	-	0%	0%
i. On deposit with states	3,429,676	-	-		3,429,676	3,436,676	(7,000)	3,429,676	23%	23%
j. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	0%	0%
k. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-	-	0%	0%
l. Other restricted assets	-	-	-	-	-	-	-	-	0%	0%
m. Total Restricted Assets	\$ 3,429,676	\$ -	\$ -	\$ -	\$ 3,429,676	\$ 3,436,676	\$ (7,000)	\$ 3,429,676	23%	23%

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

7. Investment Income

a. Investment income due and accrued is excluded from investment income on the following basis:

1) Bonds – When investment income due and accrued exceeds 90 days past due.

b. No income was excluded for the years ended December 31, 2014 and 2013.

8. Derivative Instruments -- Not applicable

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

The Company's deferred tax assets (DTA) and liabilities (DTL) are determined by identifying its temporary differences. These temporary differences are measured using a balance sheet approach by comparing statutory and tax basis balance sheets for the Company.

A. The components of the net deferred tax asset/(liability) at December 31 are as follows:

1.

	December 31, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTA	5,559,292		5,559,292	6,031,177	-	6,031,177	(471,885)	-	(471,885)
(b) Valuation allowance		-	-	-	-	-	-	-	-
(c) Adjusted gross DTA (1a - 1b)	5,559,292	-	5,559,292	6,031,177	-	6,031,177	(471,885)	-	(471,885)
(d) Nonadmitted DTA	(4,191,219)	-	(4,191,219)	(4,657,286)	-	(4,657,286)	466,067	-	466,067
(e) Subtotal Net Admitted DTA (1c - 1d)	1,368,073	-	1,368,073	1,373,891	-	1,373,891	(5,818)	-	(5,818)
(f) DTL	11,289		11,289	13,399	-	13,399	(2,110)	-	(2,110)
(g) Net admitted DTA (1e - 1f)	1,356,784	-	1,356,784	1,360,492	-	1,360,492	(3,708)	-	(3,708)

2.

	December 31, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
SSAP 101, paragraphs 11a, 11b, and 11c									
(a) Admitted pursuant to ¶11.a. (loss carrybacks)	1,158,598	-	1,158,598	874,751	-	874,751	283,847	-	283,847
(b) Admitted pursuant to ¶11.b. (realization)	198,186	-	198,186	485,741	-	485,741	(287,555)	-	(287,555)
1. Realization per ¶11.b.i.	198,186	-	198,186	485,741	-	485,741	(287,555)	-	(287,555)
2. Limitation per ¶11.b.ii.		-	-		-	-	-	-	-
(c) Admitted pursuant to ¶11.c.	11,289	-	11,289	13,399	-	13,399	(2,110)	-	(2,110)
(d) Total admitted adjusted gross deferred tax asset (2a+2b+2c)	1,368,073	-	1,368,073	1,373,891	-	1,373,891	(5,818)	-	(5,818)

3.

	2014	2013
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	3285%	2548%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	13,248,844	11,457,483

4.

	December 31, 2014			December 31, 2013			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
Impact of Tax Planning Strategies									
(a) Adjusted Gross DTAs (% of Total Adjusted Gross DTAs)	0%	0%	0%	0%	0%	0%	0%	0%	0%
(b) Net admitted Adjusted Gross DTAs (% of Total Net Admitted Adjusted Gross DTAs)	0%	0%	0%	0%	0%	0%	0%	0%	0%
(c) Do TPS include a reinsurance strategy?			No			No			

B. Unrecognized DTLs

All deferred tax liabilities have been properly recognized.

C. Current Tax and Change in Deferred Tax

1. Current Income Tax:

	2014	2013	Change
(a) Current federal income tax expense/(benefit)	288,859	629,036	(340,177)
(b) Foreign income tax expense/(benefit)	-	-	-
(c) Subtotal	288,859	629,036	(340,177)
(d) Tax expense/(benefit) on realized capital gains/(losses)	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other, including prior year underaccrual/(overaccrual)	10,110	(8,196)	18,306
Federal and foreign income taxes incurred	298,969	620,840	(321,871)

The tax effects of temporary differences that give rise to significant portions of the deferred tax assets and liabilities are as follows:

2. Deferred Tax Assets: (in millions)

	2014	2013	Change
Other insurance & contract holder liability	12,898	15,137	(2,239)
Goodwill & Intangibles	5,273,834	5,690,189	(416,355)
Other	12,506	5,611	6,895
Nonadmitted assets	83,290	86,983	(3,693)
Investment, net	176,764	233,257	(56,493)
Gross DTA	5,559,292	6,031,177	(471,885)
Valuation allowance	-	-	-
Adjusted gross DTA	5,559,292	6,031,177	(471,885)
Nonadmitted DTA	(4,191,219)	(4,657,286)	466,067
Admitted DTA	1,368,073	1,373,891	(5,818)

3. Deferred tax liabilities: (in millions)

	2014	2013	Change
Other	11,289	13,399	(2,110)
Gross DTL	11,289	13,399	(2,110)

4. Net Deferred Tax Assets/Liabilities1,356,7841,360,492(3,708)

The change in net deferred income taxes is comprised of the following (this analysis is exclusive of nonadmitted assets as the change in nonadmitted assets is reported separately from the change in net deferred income taxes in the surplus section of the Annual Statement):

(in millions)	2014	2013	Change
Total deferred tax assets	5,559,292	6,031,177	(471,885)
Total deferred tax liabilities	(11,289)	(13,399)	2,110
Net Deferred tax asset/liabilities	5,548,003	6,017,778	(469,775)
Statutory valuation allowance adjustment	-	-	-
Net deferred tax assets/liabilities after SVA	5,548,003	6,017,778	(469,775)
Tax effect of unrealized gains (losses)			-
Statutory valuation allowance adjustment allocated to unrealized			-
Other intraperiod allocation of deferred tax movement			-
Change in net deferred income tax			(469,775)

NOTES TO FINANCIAL STATEMENTS

D. Reconciliation of Federal Income Tax Rate to Actual Effectice Rate

The provision for federal income taxes incurred is different from that which would be obtained by applying the statutory federal income tax rate to income before income taxes including realized capital gains and losses. The significant items causing this difference are as follow:

<i>(in millions)</i>	<u>2014</u>	<u>Effective Tax Rate</u>
Provision computed at statutory rate (BFIT@35%)	752,542	35.00%
Investment items	(9,028)	-0.42%
Change in nonadmitted assets	3,693	0.17%
IMR	1,823	0.09%
M&E	57	0.00%
Prior Period Adjustment	22,531	1.05%
Other, net	(2,874)	-0.13%
Total	<u>768,744</u>	<u>35.76%</u>
Federal and foreign income taxes incurred	298,969	13.91%
Change in deferred income taxes	469,775	21.85%
Total statutory income taxes	<u>768,744</u>	<u>35.76%</u>

E. Operating Loss and Tax Credit Carryforwards

(1) At December 31, 2014, the Company has no net operating loss forward and no capital loss carryforward.

(2) Income taxes, ordinary and capital, available for recoupment in the event of future losses include:

<u>Year</u>	<u>Amount</u>
2014	288,859
2013	639,146
2012	298,730

(3) Deposits under IRS Code Section 6603 - not applicable

F. Federal or foreign income tax loss contingences

(1) In the third quarter of 2014, the Internal Revenue Service began an examination of the 2011 and 2012 tax years, which is expected to continue through 2015. As of December 31, 2014, the examination has not resulted in any adjustments that would materially impact the Company's financial condition.

G. Consolidated Federal Income Tax Return

(1) The Company elects to file a consolidated federal income tax return with its parent Central Reserve Life Insurance Company.

10. Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

- a. – c. – Not applicable
- d. At December 31, 2014, the Company reported \$138 as amounts due from affiliated companies and \$9,365 due to affiliated companies. The terms of the agreements require that these amounts be settled within 90 days.
- e. Not applicable
- f. Management or service contracts and all cost sharing arrangements involving the Company:

(1) The Company’s investment portfolio is managed by Cigna Investments, Inc. (“CII”). The Company paid \$13,519 in 2014, related to those services

(2) The Company and certain related parties have entered into service contracts and cost-sharing arrangements, including an expense sharing agreement in which the parties share expenses for certain shared services. These arrangements include management services, computers, data processing and other services, as well as equipment, supplies and office space. Expenses incurred under these arrangements were \$901,882 in 2014.

(3) Central Reserve Life Insurance Company and its wholly owned domestic subsidiary Provident American Life and Health Insurance Company have entered into a Consolidated Federal Income Tax Agreement (the Agreement). The Agreement sets forth the method of allocation of federal income taxes for CRLIC and PALHIC. The Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are utilized to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provisions, are liable for payments determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss, or investment tax credit carryovers actually utilized in the current consolidated return.

(4) On February 19, 2013, the Company entered into a line of credit agreement with Cigna Holdings, Inc. (“CHI”) under which PALHIC can borrow up to \$10,000,000 from CHI. The agreement provides for two rate/maturity options; a) a variable rate payable on demand or b) a fixed rate with a stated maturity not to exceed 270 days. PALHIC did not borrow under this agreement in 2014 or 2013.

(5) On February 19, 2013, the Company also entered into a line of credit agreement with Cigna under which Cigna can borrow up to \$10,000,000 from PALHIC. Borrowing terms under this agreement are identical to the terms under the PALHIC/CHI agreement discussed above. Cigna did not borrow under this agreement in 2014 or 2013.
- g. All of the company’s outstanding shares are owned by Central Reserve Life Insurance Co., an Ohio domiciled insurance company, whose ultimate parent is Cigna Corporation, a Delaware domiciled insurance holding company.
- h. – l. – Not applicable

11. Debt – Not applicable

NOTES TO FINANCIAL STATEMENTS

12. Retirement Plans, Deferred Compensation, Post-employment Benefits and Compensated Absences and Other Post-retirement Benefit Plans.

a. – f. Not applicable.

g. Consolidated/Holding Company Plans:

(1) Employees' Retirement Plan:

- (a) Effective January 1, 2013, the Company participates in the Cigna 401(k) Plan (the Savings Plan) that is sponsored by Cigna. Employees are eligible to participate in the Savings Plan immediately upon hire; however, a one-year service requirement must be met to receive company contributions. Expense allocated to the Company was \$41,661 in 2014.
- (b) Salaried officers and other key employees of the Company are eligible to be awarded shares of Cigna Common Stock in the form of stock options, restricted stock grants, dividend equivalent rights and grants of Cigna Common Stock in lieu of cash payable under various plans.

The People Resources Committee of the Board of Directors of Cigna (the Committee) determines awards under these plans, including grants of restricted stock and stock options and strategic performance shares to certain employees of Cigna and its indirect subsidiaries.

In 2014, the Committee awarded restricted stock and strategic performance shares to eligible officers and employees under various plans for which an expense of \$4,114 was allocated to the Company.

(2) Deferred Compensation Plans:

- (a) The Company offers the Cigna Deferred Compensation Plan to officers and key employees pursuant to which they may defer receipt of all or part of their compensation. The amount of compensation deferred is not funded but represents a general liability of Cigna and participating affiliates including the Company. Currently, deferred cash compensation is credited with interest at the rate paid on contributions to the Fixed Income Fund of the Savings Plan. Certain officers and key employees also have the option of selecting to have deferred cash compensation credited with interest at the rate paid under the Savings Plan's other investment funds. Deferred compensation which would have otherwise been payable in Cigna Common Stock is hypothetically invested in the same number of Common Stock equivalent units as the number of shares which would have been paid if such compensation had not been deferred. An amount equal to cash dividends that would have been paid on such hypothetically invested Common Stock is deemed to have been paid and hypothetically invested in the same way as deferred cash compensation. At a future date or dates selected by each participant, the aggregate of amounts deferred and hypothetical investment results is distributed either in a lump sum or in installments, in which case unpaid installments continue to be credited with interest. Compensation deferred by officers and key employees that was otherwise payable in Common Stock is distributed in Common Stock.

Effective January 25, 1995, the Committee approved a special program to postpone payments to senior executive officers as needed to avoid payments to these officers which would not qualify for a tax deduction because of the provisions of Internal Revenue Code section 162(m), which limits the deductibility of compensation paid to each officer to \$1 million, unless certain exceptions apply.

The Company has not incurred any obligation under the plan as of December 31, 2014.

h. Post-Employment Benefits and Compensated Absences – Not applicable

I. The Medicare Modernization Act

- (1) In December 2003, the Medicare Prescription Drug, Improvement and Modernization Act of 2003 ("the Act") became law. Under the Act, starting in 2006, retirees will have the ability to obtain prescription drug benefits through a new Medicare Part D program and companies that continue to provide postretirement prescription drug benefits to their retirees may be eligible to receive a new federal subsidy.
- (2) The Medicare Modernization Act had no impact on the Company's postretirement benefits.

13. Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations.

- a. The Company has 1,000 shares authorized and 1,000 shares issued and outstanding. All shares are class A shares.
- b. – c. – Not applicable
- d. No dividends were paid in 2014.

e. The maximum amount of dividends that can be paid to stockholders by life insurance companies domiciled in the State of Ohio without prior approval of the Insurance Commissioner is the greater of 10% of surplus as regards to policyholders or net income as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31. The Company cannot pay a dividend in 2015, without prior approval of the State of Ohio as the Company has no earned surplus.

f. – j – Not applicable

k. The portion of unassigned funds (surplus) reduced by cumulative unrealized losses was \$129,179 at December 31, 2014.

l. – n – Not applicable

NOTES TO FINANCIAL STATEMENTS

14. Contingencies

- a. Contingent Commitments – Not applicable
- b. Assessments

(2) From time to time, insurance companies may be assessed by various state insurance guaranty funds to help pay for the cost of other insurance companies insolvencies. These assessments are generally recoverable in most states over a 3 to 10 year period through reduction in future premium tax liabilities. The Company periodically adjusts its accrual for future assessments utilizing information provided by the National Organization of Life and Health Insurance Guaranty Associations. At December 31, 2014, the Company held a liability for future assessments of \$23,663. The Company also holds an asset for premium tax offsets related to guaranty fund assessments paid or accrued.

Assets recognized from paid and accrued tax offsets for the year ended December 31, 2014, are as follows:

Balance, beginning of year	\$45,232
Premium tax offsets accrued	11,377
Premium tax offsets applied	(5,108)
Valuation allowance	(4,151)
	<u>\$47,350</u>

- c. – d. – Not applicable

15. Leases -- Not applicable

16. Information About Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations 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 Plans and the Uninsured Portion of Partially Insured Plans -- Not applicable

19. Direct Premium Written/Produced by Managing General Agents/Third Party Administrators -- Not applicable

20. Fair Value Measurements

- a. The Company does not have any assets or liabilities carried at fair value.
- b. Not applicable.
- c. The Company’s financial assets measured at fair value include bonds valued at the lower of cost or fair value when reported at fair value at the balance sheet date. As of December 31, 2014 and December 31, 2013, the Company had no bonds carried at fair value in the financial statements.

Financial instruments (bonds) that are subject to fair value disclosure requirements are carried in the financial statements at amortized cost. The fair values used for financial instruments are estimates, which in many cases may differ significantly from the amounts, which could be realized upon immediate liquidation.

The Company’s financial assets have been classified based upon a hierarchy defined by SAP. The hierarchy gives the highest ranking to fair values determined using unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest ranking to fair values determined using methodologies and models with unobservable inputs (Level 3). An asset’s or a liability’s classification is based on the lowest level input that is significant to its measurement. For example, a financial asset or liability carried at fair value would be classified in Level 3 if unobservable inputs were significant to the instrument’s fair value, even though the measurement may be derived using inputs that are both observable (Levels 1 and 2) and unobservable (Level 3).

The Company estimates fair values of bonds using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available and other market information that a market participant may use to estimate fair value. The internal pricing methods are performed by the Company’s investment professionals, and generally involve using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little to no market activity for the same or similar instruments, the fair value is estimated using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment that becomes significant with increasingly complex instruments or pricing models.

The following table provides the fair value, carrying value and classification in the fair value hierarchy of the Company’s bonds not recorded at fair value as of December 31, 2014:

	Aggregate Fair Value	Admitted Assets	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Not Practicable (Carrying Value)
Financial assets:						
Bonds	\$ 9,597,981	\$ 9,203,881	\$ 3,432,454	\$ 6,165,527	\$ -	\$ -

NOTES TO FINANCIAL STATEMENTS

21. Other Items

a. - b. Not applicable

c. Other Disclosures

Assets in the amount of \$3,429,676 and \$3,436,676 at December 31, 2014 and 2013, respectively, were on deposit with various state departments of insurance as required by law.

d . – h. Not applicable

22. Events Subsequent -- Management has evaluated the financial statements for subsequent events through February 23, 2015, the date financial statements were available to be issued.

The Company does not write health insurance subject to Section 9010 of the Federal Affordable Care Act (“ACA”) and thus is not subject to the annual fee under ACA.

23. Reinsurance

A. Ceded Reinsurance Report

Section 1 - General Interrogatories

- (1) Are any of the reinsurers, listed in Schedule S as non-affiliated, 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)

If yes, give full details.

- (2) 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)

If yes, give full details.

Section 2 - Ceded Reinsurance Report - Part A

- (1) 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 premium or other similar credits?
Yes () No (X)
- (a) If yes, what is the estimated amount of the aggregate reduction in surplus of a unilateral cancellation by the reinsurer as of the date of this statement, for those agreements in which cancellation results in a net obligation of the reporting entity to the reinsurer, and for which such obligation is not presently accrued? Where necessary, the reporting entity may consider the current or anticipated experience of the business reinsured in making this estimate. \$ _____
- (b) What is the total amount of reinsurance credits taken, whether as an asset or as a reduction of liability, for these agreements in this statement? \$ _____
- (2) 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 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)

If yes, give full details.

Section 3 - Ceded Reinsurance Report - Part B

- (1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are 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
- (2) 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 of the effective date of the agreement?
Yes () No (X)

If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments?

B. – D. – Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination -- Not applicable

NOTES TO FINANCIAL STATEMENTS

25. Change in Incurred Losses and Loss Adjustment Expenses:

Reserves as of December 31, 2013 were \$971,405. As of December 31, 2014, \$965,390 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$2,435 as a result of re-estimation of unpaid claims principally on Medicare Supplement insurance. Therefore, there has been a \$3,580 favorable prior year development since December 31, 2013 to December 31, 2014. The change is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims.

See Note 35 below for analysis of loss adjustment expenses.

26. Intercompany Pooling Arrangements -- Not applicable

27. Structured Settlements -- Not applicable

28. Health Care Receivables -- Not applicable

29. Participating Policies -- Not applicable

30. Premium Deficiency Reserves -- Not applicable

31. Reserves for Life Contracts and Annuity Contracts

- a. The Company waives deduction of deferred fractional premiums upon death of insured and returns any portion of the final premium beyond the date of death. Surrender values are not promised in excess of the legally computed reserves.
- b. During the calendar year 2014, the Company had no policies in force valued on a substandard basis.
- c. As of December 31, 2014, there was no insurance in force for which the gross premiums are less than the net premiums according to the standard valuation set by the State of Ohio.
- d. The Tabular less Actual reserve released has been determined by formula as described by instruction. The total of all such products in determining Tabular Interest of funds is entered under Page 7, Part A, Line 9.
- e. As of December 31, 2014, the Company had no policies in force falling under the category of not involving life contingencies.
- f. Not applicable.

32. Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities – Not applicable.

33. Premium and Annuity Considerations Deferred and Uncollected

Type	Gross		Net of Loading	
(1) Industrial	\$	-	\$	-
(2) Ordinary new business				
(3) Ordinary renewal		-		-
(4) Credit Life		-		-
(5) Group Life		(21,127)		(21,127)
(6) Group Annuity		-		-
(7) Total	\$	(21,127)	\$	(21,127)

34. Separate Accounts -- Not applicable

35. Loss/Claim Adjustment Expenses

At December 31, 2014 and 2013, provision for LAE included in General Expense Due and Accrued totaled \$ 29,979 and \$28,874.

The Company incurred \$261,173 and paid \$260,068 of loss adjustment expenses in the current year of which \$29,514 of the paid amount was attributable to insured events of prior years.

The Company did not materially increase or decrease the provision for LAE related to insured events of the prior year.

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?
If yes, complete Schedule Y, Parts 1, 1A and 2.

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? Ohio

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.

12/31/2013

3.2

State the as of date that 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.

12/31/2011

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).

12/21/2012

3.4

By what department or departments?
Ohio Department of Insurance

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 [] No [] N/A [X]

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 [] No [X]

4.12

renewals?

Yes [] No [X]

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 the 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	2	3
Name of Entity	NAIC Co. Code	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(ies) of the foreign person(s) or entity(ies); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(ies) (e.g., individual, corporation, government, manager or attorney-in-fact)

1	2
Nationality	Type of Entity

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 locations (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 Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

9.

What is the name and address of the independent certified public accountant or accounting firm retained to conduct the annual audit?
PriveWaterhouseCooper LLP, Two Commerce Square, 2001 Market Square, Philadelphia, PA 19103-7041

10.1

Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation?

Yes [] No [X]

10.2

If the response to 10.1 is yes, provide information related to this exemption:

10.3

Has the insurer been granted any exemptions related to the other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 17A of the Model Regulation, or substantially similar state law or regulation?

Yes [] No [X]

10.4

If the response to 10.3 is yes, provide information related to this exemption:

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES - GENERAL

10.5

Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws?

Yes [☐]

No [☒]

N/A [☐]

10.6

If the answer to 10.5 is no or n/a, please explain.
The Audit Committee of Connecticut General Corporation serves as the Copmpany's Audit Committee for purposes of compliance with Ohio insurance law.

11.

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?
James Monroe Garvin, III, FSA, MAAA, Vice President, 11200 Lakeline Blvd, Suite 100, Austin, TX 78717

12.1

Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly?

Yes [☐]

No [☒]

12.11

Name of real estate holding company

12.12

Number of parcels involved

12.13

Total book/adjusted carrying value

12.2

If yes, provide explanation.

13.

FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:

13.1

What changes have been made during the year in the United States manager or the United States trustees of the reporting entity?

13.2

Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located?

Yes [☐]

No [☐]

13.3

Have there been any changes made to any of the trust indentures during the year?

Yes [☐]

No [☐]

13.4

If answer to (13.3) is yes, has the domiciliary or entry state approved the changes?

Yes [☐]

No [☐]

N/A [☐]

14.1

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 [☒]

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.

14.11

If the response to 14.1 is no, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes [☐]

No [☒]

14.21

If the response to 14.2 is yes, provide information related to amendment(s).

14.3

Have any provisions of the code of ethics been waived for any of the specified officers?

Yes [☐]

No [☒]

14.31

If the response to 14.3 is yes, provide the nature of any waiver(s).

15.1

Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List?

Yes [☐]

No [☒]

15.2

If the response to 15.1 is yes, indicate the American Bankers Association (ABA) Routing Number and the name of the issuing or confirming bank of the Letter of Credit and describe the circumstances in which the Letter of Credit is triggered.

1	2	3	4
American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Circumstances That Can Trigger the Letter of Credit	Amount

PART 1 - COMMON INTERROGATORIES - BOARD OF DIRECTORS

16.

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 [☒]

No [☐]

17.

Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinate committees thereof?

Yes [☒]

No [☐]

18.

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 [☒]

No [☐]

PART 1 - COMMON INTERROGATORIES - FINANCIAL

19.

Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)?

Yes [☐]

No [☒]

20.1

Total amount loaned during the year (inclusive of Separate Accounts, exclusive of policy loans):

20.11

To directors or other officers

\$.....0

20.12

To stockholders not officers

\$.....0

20.13

Trustees, supreme or grand (Fraternal only)

\$.....0

20.2

Total amount of loans outstanding at the end of year (inclusive of Separate Accounts, exclusive of policy loans):

20.21

To directors or other officers

\$.....0

20.22

To stockholders not officers

\$.....0

20.23

Trustees, supreme or grand (Fraternal only)

\$.....0

21.1

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 [☒]

21.2

If yes, state the amount thereof at December 31 of the current year:

21.21

Rented from others

.....

21.22

Borrowed from others

.....

21.23

Leased from others

.....

21.24

Other

.....

Provident American Life and Health Insurance Company

PART 1 - COMMON INTERROGATORIES - FINANCIAL

22.1

Does this statement include payments for assessments as described in the Annual Statement Instructions other than guaranty fund or guaranty association assessments?

Yes [X] No []

22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

\$.....0

22.22

Amount paid as expenses

\$.....1,248

22.23

Other amounts paid

\$.....0

23.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement?

Yes [X] No []

23.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount.

\$.....0

PART 1 - COMMON INTERROGATORIES - INVESTMENT

24.01

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 24.03)?

Yes [X] No []

24.02

If no, give full and complete information relating thereto.

24.03

For 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 17 where this information is also provided).

24.04

Does the company's security lending program meet the requirements for a conforming program as outlined in the Risk-Based Capital Instructions?

Yes [] No [] N/A [X]

24.05

If answer to 24.04 is yes, report amount of collateral for conforming programs.

.....

24.06

If answer to 24.04 is no, report amount of collateral for other programs.

.....

24.07

Does your securities lending program require 102% (domestic securities) and 105% (foreign securities) from the counterparty at the outset of the contract?

Yes [] No [] N/A [X]

24.08

Does the reporting entity non-admit when the collateral received from the counterparty falls below 100%?

Yes [] No [] N/A [X]

24.09

Does the reporting entity or the reporting entity's securities lending agent utilize the Master Securities Lending Agreement (MSLA) to conduct securities lending?

Yes [] No [] N/A [X]

24.10

For the reporting entity's security lending program, state the amount of the following as of December 31 of the current year:

24.101

Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

.....

24.102

Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2.

.....

24.103

Total payable for securities lending reported on the liability page.

.....

25.1

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 21.1 and 24.03)

Yes [X] No []

25.2

If yes, state the amount thereof at December 31 of the current year:

25.21

Subject to repurchase agreements

\$.....0

25.22

Subject to reverse repurchase agreements

\$.....0

25.23

Subject to dollar repurchase agreements

\$.....0

25.24

Subject to reverse dollar repurchase agreements

\$.....0

25.25

Placed under option agreements

\$.....0

25.26

Letter stock or securities restricted as to sale - excluding FHLB Capital Stock

\$.....0

25.27

FHLB Capital Stock

\$.....0

25.28

On deposit with states

\$.....3,429,676

25.29

On deposit with other regulatory bodies

\$.....0

25.30

Pledged as collateral - excluding collateral pledged to an FHLB

\$.....0

25.31

Pledged as collateral to FHLB - including assets backing funding agreements

\$.....0

25.32

Other

\$.....0

25.3

For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount

26.1

Does the reporting entity have any hedging transactions reported on Schedule DB?

Yes [] No [X]

26.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? If no, attach a description with this statement.

Yes [] No [] N/A [X]

27.1

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]

27.2

If yes, state the amount thereof at December 31 of the current year:

.....

28.

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 1, III - General Examination Considerations, F. Outsourcing of Critical Functions Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook?

Yes [X] No []

28.01

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
JP Morgan Chase Bank, N.A.	4 Chase MetroTech Center, Brooklyn, New York 11245

28.02

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)

28.03

Have there been any changes, including name changes, in the custodian(s) identified in 28.01 during the current year?

Yes [X] No []

28.04

If yes, give full and complete information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason
JP Morgan Chase Bank, N.A.	JP Morgan Chase Bank, N.A.	12/31/213	Address change

28.05

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
105811	Cigna Investment, Inc.	900 Cottage Grove Road, Hartford, CT

29.1

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]

PART 1 - COMMON INTERROGATORIES - INVESTMENT

29.2 If yes, complete the following schedule:

1	2	3
CUSIP #	Name of Mutual Fund	Book/Adjusted Carrying Value
29.2999. TOTAL		0

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

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

30. 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	2	3
	Statement (Admitted) Value	Fair Value	Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1 Bonds.....	.....11,711,036	.....12,105,136	.....394,100
30.2 Preferred stocks.....	.....	.....	.....0
30.3 Totals.....	.....11,711,036	.....12,105,136	.....394,100

30.4 Describe the sources or methods utilized in determining the fair values:

Fair values are based on quoted market prices when available. When market prices are not available, fair value is generally estimated using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality. In instances where there is little or no market activity for the same or similar instruments, the Company estimates fair value using methods, models and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price. These valuation techniques involve some level of estimation and judgment by the Company which become significant with increasingly complex instrument or pricing models. Where appropriate, adjustments are included to reflect the risk inherent in a particular methodology, model or input used.

- 31.1 Was the rate used to calculate fair value determined by a broker or custodian for any of the securities in Schedule D?

Yes [☐] No [☒]
- 31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes [☐] No [☐]
- 31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D.

- 32.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed?

Yes [☒] No [☐]
- 32.2 If no, list exceptions:

PART 1 - COMMON INTERROGATORIES - OTHER

- 33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any?

\$.....16,900
- 33.2 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	2
Name	Amount Paid
A.M. Best	16,900

- 34.1 Amount of payments for legal expenses, if any?

\$.....0

- 34.2 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	2
Name	Amount Paid
	0

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

\$.....0

- 35.2 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	2
Name	Amount Paid
	0

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

\$.....13,726,644

1.3

What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?

\$.....0

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.

\$.....0

1.5

Indicate total incurred claims on all Medicare Supplement insurance.

\$.....9,400,071

1.6

Individual policies:

Most current three years:

1.61

Total premium earned

\$.....0

1.62

Total incurred claims

\$.....0

1.63

Number of covered lives

.....0

All years prior to most current three years:

1.64

Total premium earned

\$.....13,726,644

1.65

Total incurred claims

\$.....9,400,071

1.66

Number of covered lives

.....3,545

1.7

Group policies:

Most current three years:

1.71

Total premium earned

\$.....0

1.72

Total incurred claims

\$.....0

1.73

Number of covered lives

.....0

All years prior to most current three years:

1.74

Total premium earned

\$.....0

1.75

Total incurred claims

\$.....0

1.76

Number of covered lives

.....0

2.

Health test:

	1	2
	Current Year	Prior Year
2.1	Premium Numerator.....	.....12,296,285
2.2	Premium Denominator.....	.....12,180,223
2.3	Premium Ratio (2.1/2.2).....	.....101.0
2.4	Reserve Numerator.....	.....1,707,575
2.5	Reserve Denominator.....	.....1,663,726
2.6	Reserve Ratio (2.4/2.5).....	.....102.6

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

\$.....891,967

4.22

Received

\$.....0

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:

\$.....17,346,312

7.

Total dividends paid stockholders since organization of the reporting entity:

7.11

Cash

\$.....1,000,000

7.12

Stock

\$.....0

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

1	2	3
Reinsurance Assumed	Reinsurance Ceded	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 Lines 8.31 and 8.34 for Col. (1) are:

Attachment Point	1	2
	Earned Premium	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 8.31, Col. 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 following table for each type of guaranteed benefit.

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

10. For reporting entities having sold annuities to another insurer when the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:

10.1 Amount of loss reserves established by these annuities during the current year? \$.....0

10.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.

1	2
P&C Insurance Company and Location	Statement Value on Purchase Date of Annuities (i.e., Present Value)
	\$

11.1 Do you act as a custodian for health savings account? Yes [] No [X]

11.2 If yes, please provide the amount of custodial funds held as of the reporting date.

11.3 Do you act as an administrator for health savings accounts? Yes [] No [X]

11.4 If yes, please provide the balance of the funds administered as of the reporting date.

12.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers? Yes [] No [] N/A [X]

12.2 If the answer to 12.1 is yes, please provide the following:

1	2	3	4	Assets Supporting Reserve Credit		
				5	6	7
Company Name	NAIC Company Code	Domiciliary Jurisdiction	Reserve Credit	Letters of Credit	Trust Agreements	Other

13. Provide the following for Individual Ordinary Life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded):

13.1 Direct Premium Written..... \$.....824,568

13.2 Total incurred claims \$.....382,789

13.3 Number of covered lives1,493

*Ordinary Life Insurance Includes:
Term (whether full underwriting, limited underwriting, jet issue, "short form app")
Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")
Variable Life (with or without secondary guarantee)
Universal Life (with or without secondary guarantee)
Variable Universal Life (with or without secondary guarantee)

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 2014	2 2013	3 2012	4 2011	5 2010
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4).....	10,421	10,806	12,250	13,567	15,030
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....		470			
3. Credit life (Line 21, Col. 6).....					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4).....	2,433	2,616	2,585	2,790	2,744
5. Industrial (Line 21, Col. 2).....					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4).....					
7. Total (Line 21, Col. 10).....	12,854	13,892	14,835	16,357	17,774
New Business Issued (Exhibit of Life Insurance)					
8. Ordinary - whole life and endowment (Line 34, Col. 2).....					
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2).....					
10. Credit life (Line 2, Col. 6).....					
11. Group (Line 2, Col. 9).....		37		223	
12. Industrial (Line 2, Col. 2).....					
13. Total (Line 2, Col. 10).....	0	37	0	223	0
Premium Income - Lines of Business (Exhibit 1-Part 1)					
14. Industrial life (Line 20.4, Col. 2).....					
15.1 Ordinary life insurance (Line 20.4, Col. 3).....			(1,791,222)	1,079,474	1,209,328
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....					
16. Credit life (group and individual) (Line 20.4, Col. 5).....					
17.1 Group life insurance (Line 20.4, Col. 6).....			61,616	77,053	78,509
17.2 Group annuities (Line 20.4, Col. 7).....					
18.1 A&H - group (Line 20.4, Col. 8).....					
18.2 A&H - credit (group and individual) (Line 20.4, Col. 9).....					
18.3 A&H - other (Line 20.4, Col. 10).....	12,180,222	14,982,811	18,512,956	22,773,568	29,362,041
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total.....	12,180,222	14,982,811	16,783,350	23,930,095	30,649,878
Balance Sheet (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)....	16,644,210	15,214,332	23,621,177	21,141,002	18,315,655
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	2,055,091	2,415,510	3,283,719	5,503,496	5,564,604
23. Aggregate life reserves (Page 3, Line 1).....				1,825,307	1,507,341
24. Aggregate A&H reserves (Page 3, Line 2).....	683,121	798,321	981,882	1,175,750	1,389,638
25. Deposit-type contract funds (Page 3, Line 3).....					
26. Asset valuation reserve (Page 3, Line 24.01).....	16,509	19,153	15,043	45,139	15,791
27. Capital (Page 3, Lines 29 & 30).....	2,500,000	2,500,000	2,500,000	2,500,000	2,500,000
28. Surplus (Page 3, Line 37).....	12,089,119	10,298,822	17,837,458	13,137,506	10,251,051
Cash Flow (Page 5)					
29. Net Cash from operations (Line 11).....	1,218,929	1,533,125	3,021,746	2,630,979	117,892
Risk-Based Capital Analysis					
30. Total adjusted capital.....	14,605,628	12,817,975	20,352,501	15,682,645	12,766,842
31. Authorized control level risk-based capital.....	403,260	449,686	515,875	690,734	877,158
Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0					
32. Bonds (Line 1).....	61.6	64.9	39.6	58.7	45.9
33. Stocks (Lines 2.1 and 2.2).....	20.1	22.2	14.4	16.6	19.2
34. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
35. Real estate (Line 4.1, 4.2 and 4.3).....					
36. Cash, cash equivalents and short-term investments (Line 5).....	18.3	12.9	46.0	24.7	34.9
37. Contract loans (Line 6).....				0.0	0.0
38. Derivatives (Line 7).....					
39. Other invested assets (Line 8).....					
40. Receivables for securities (Line 9).....					
41. Securities lending reinvested collateral assets (Line 10).....					
42. Aggregate write-ins for invested assets (Line 11).....					
43. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0

Provident American Life and Health Insurance Company
FIVE-YEAR HISTORICAL DATA

(continued)

	1 2014	2 2013	3 2012	4 2011	5 2010
Investments in Parent, Subsidiaries and Affiliates					
44. Affiliated bonds (Sch. D Summary, Line 12 Col. 1).....					
45. Affiliated preferred stocks (Sch. D Summary, Line 18 Col. 1).....					
46. Affiliated common stocks (Sch. D Summary, Line 24 Col. 1).....	2,996,327	3,059,716	3,120,250	3,135,253	3,125,372
47. Affiliated short-term investments (subtotal included in Sch. DA, Verif. Col. 5, Line 10).....					
48. Affiliated mortgage loans on real estate					
49. All other affiliated.....					
50. Total of above Lines 44 to 49.....	2,996,327	3,059,716	3,120,250	3,135,253	3,125,372
51. Total investment in parent included in Lines 44 to 49 above.....					
Total Nonadmitted and Admitted Assets					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....	4,427,888	4,905,809	5,361,894	2,285,467	2,309,618
53. Total admitted assets (Page 2, Line 28, Col. 3).....	16,644,210	15,214,332	23,621,177	21,141,002	18,315,655
Investment Data					
54. Net investment income (Exhibit of Net Investment Income).....	251,032	289,511	339,795	294,337	315,502
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....			(273,221)		(152)
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....	(63,389)	(60,534)	(15,003)	9,881	(6,409)
57. Total of above Lines 54, 55 and 56.....	187,643	228,977	51,571	304,218	308,941
Benefits and Reserve Increase (Page 6)					
58. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15 Col. 1 less Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 & 11).....			290,812	487,770	449,375
59. Total contract benefits - A&H (Lines 13 & 14, Cols. 9, 10 & 11).....	8,361,262	9,459,989	11,468,497	14,720,262	20,266,430
60. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3).....			(1,825,307)	317,966	417,396
61. Increase in A&H reserves (Line 19, Cols. 9, 10 & 11).....	(115,200)	(183,561)	(193,868)	(213,888)	(294,499)
62. Dividends to policyholders (Line 30, Col 1).....					
Operating Percentages					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22, & 23 less Line 6)/(Page 6 Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00.....	14.0	16.4	18.9	16.2	20.6
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.00.....	3.2	3.6		5.0	6.3
65. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....	68.0	62.4	61.3	64.0	68.4
66. A&H cost containment percent (Schedule H, Part 1, Line 4, Col. 2).....					
67. A&H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2).....	16.4	18.2	18.7	18.1	22.7
A&H Claim Reserve Adequacy					
68. Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2).....					
69. Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2, Col. 2).....					
70. Incurred losses on prior years' claims - health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2).....	967,825	1,072,930	1,158,847	1,618,947	2,294,159
71. Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2).....	971,405	1,194,079	1,328,849	1,797,011	3,499,200
Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)					
72. Industrial life (Col. 2).....					
73. Ordinary - life (Col. 3).....	(574)	8,088	211,501	26,377	32,478
74. Ordinary - individual annuities (Col. 4).....					
75. Ordinary - supplementary contracts (Col. 5).....					
76. Credit life (Col. 6).....					
77. Group life (Col. 7).....	6,663	123	31,071	42,524	25,577
78. Group annuities (Col. 8).....					
79. A&H - group (Col. 9).....					
80. A&H - credit (Col. 10).....					
81. A&H - other (Col. 11).....	1,863,708	2,607,108	5,159,255	2,627,319	1,488,045
82. Aggregate of all other lines of business (Col. 12).....	(18,644)	(78,611)	(27,579)		
83. Total (Col. 1).....	1,851,153	2,536,708	5,374,248	2,696,220	1,546,100

NOTE: If a party to a merger, have the two most recent years of this exhibit been restated due to a merger in compliance with the disclosure requirements of SSAP No. 3, Accounting Changes and Correction of Errors?

Yes [] No []

If no, please explain:

EXHIBIT OF LIFE INSURANCE

	Industrial		Ordinary		Credit Life (Group and Individual)		Group			10 Total Amount of Insurance (a)
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Individual Policies and Group Certificates	6 Amount of Insurance (a)	Number of		9 Amount of Insurance (a)	
							7 Policies	8 Certificates		
1. In force end of prior year.....			1,610	11,276			62	139	2,616	13,892
2. Issued during year.....										0
3. Reinsurance assumed.....										0
4. Revived during year.....			1	3						3
5. Increased during year (net).....										0
6. Subtotals, Lines 2 to 5.....	0	0	1	3	0	0	0	0	0	3
7. Additions by dividends during year.....	XXX		XXX		XXX		XXX	XXX		0
8. Aggregate write-ins for increases.....	0	0	0	0	0	0	0	0	0	0
9. Totals (Lines 1 and 6 to 8).....	0	0	1,611	11,279	0	0	62	139	2,616	13,895
Deductions during year:										
10. Death.....			60	367			XXX			367
11. Maturity.....							XXX			0
12. Disability.....							XXX			0
13. Expiry.....			19	131			3	17	183	314
14. Surrender.....			39	344						344
15. Lapse.....										0
16. Conversion.....							XXX	XXX	XXX	0
17. Decreased (net).....				16						16
18. Reinsurance.....										0
19. Aggregate write-ins for decreases.....	0	0	0	0	0	0	0	0	0	0
20. Totals (Lines 10 to 19).....	0	0	118	858	0	0	3	17	183	1,041
21. In force end of year (Line 9 minus Line 20).....	0	0	1,493	10,421	0	0	59	122	2,433	12,854
22. Reinsurance ceded end of year.....	XXX		XXX	10,421	XXX		XXX	XXX	2,433	12,854
23. Line 21 minus Line 22.....	XXX	0	XXX	0	XXX	(b) 0	XXX	XXX	0	0

DETAILS OF WRITE-INS

0801.										0
0802.										0
0803.										0
0898. Summary of remaining write-ins for Line 8 from overflow page.....	0	0	0	0	0	0	0	0	0	0
0899. Totals (Lines 0801 thru 0803 plus 0898) (Line 8 above).....	0	0	0	0	0	0	0	0	0	0
1901.										0
1902.										0
1903.										0
1998. Summary of remaining write-ins for Line 19 from overflow page.....	0	0	0	0	0	0	0	0	0	0
1999. Totals (Lines 1901 thru 1903 plus 1998) (Line 19 above).....	0	0	0	0	0	0	0	0	0	0

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).

(b) Group \$.....0; Individual \$.....0.

EXHIBIT OF LIFE INSURANCE (continued)

ADDITIONAL INFORMATION ON INSURANCE IN FORCE END OF YEAR

	Industrial		Ordinary	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
24. Additions by dividends.....	.XXX.....		.XXX.....	
25. Other paid-up insurance.....			18.....	22.....
26. Debit ordinary insurance.....	.XXX.....	.XXX.....		

ADDITIONAL INFORMATION ON ORDINARY INSURANCE

Term Insurance Excluding Extended Term Insurance	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)
27. Term policies-decreasing.....				
28. Term policies-other.....				
29. Other term insurance-decreasing.....	.XXX.....		.XXX.....	
30. Other term insurance.....	.XXX.....		.XXX.....	
31. Totals (Lines 27 to 30).....	0.....	0.....	0.....	0.....
Reconciliation to Lines 2 and 21:				
32. Term additions.....	.XXX.....		.XXX.....	
33. Totals, extended term insurance.....	.XXX.....	.XXX.....		
34. Totals, whole life and endowment.....			1,493.....	10,421.....
35. Totals (Lines 31 to 34).....	0.....	0.....	1,493.....	10,421.....

CLASSIFICATION OF AMOUNT OF INSURANCE (a) BY PARTICIPATING STATUS

	Issued During Year (Included in Line 2)		In Force End of Year (Included in Line 21)	
	1 Non-Participating	2 Participating	3 Non-Participating	4 Participating
36. Industrial.....				
37. Ordinary.....			10,421.....	
38. Credit Life (Group and Individual).....				
39. Group.....			2,433.....	
40. Totals (Lines 36 to 39).....	0.....	0.....	12,854.....	0.....

ADDITIONAL INFORMATION ON CREDIT LIFE AND GROUP INSURANCE

	Credit Life		Group	
	1 Number of Individual Policies and Group Certificates	2 Amount of Insurance (a)	3 Number of Certificates	4 Amount of Insurance (a)
41. Amount of insurance included in Line 2 ceded to other companies.....	.XXX.....		.XXX.....	
42. Number in force end of year if the number under shared groups is counted on a pro-rata basis.....		.XXX.....		.XXX.....
43. Federal Employees' Group Life Insurance included in Line 21.....				
44. Servicemen's Group Life Insurance included in Line 21.....				
45. Group Permanent Insurance included in Line 21.....				

ADDITIONAL ACCIDENTAL DEATH BENEFITS

46. Amount of additional accidental death benefits in force end of year under ordinary policies (a).....	
--	--

BASIS OF CALCULATION OF ORDINARY TERM INSURANCE

47. State basis of calculation of (47.1) decreasing term insurance contained in Family Income, Mortgage Protection, etc., policies and riders and of (47.2) term insurance on wife and children under Family, Parent and Children, etc., policies and riders included above.
47.1 _____
47.2 _____

POLICIES WITH DISABILITY PROVISIONS

Disability Provision	Industrial		Ordinary		Credit		Group	
	1 Number of Policies	2 Amount of Insurance (a)	3 Number of Policies	4 Amount of Insurance (a)	5 Number of Policies	6 Amount of Insurance (a)	7 Number of Certificates	8 Amount of Insurance (a)
48. Waiver of Premium.....								
49. Disability Income.....							49.....	939.....
50. Extended Benefits.....			.XXX.....	.XXX.....				
51. Other.....								
52. Total.....	0.....	(b).....0.....	0.....	(b).....0.....	0.....	(b).....0.....	49.....	(b).....939.....

(a) Amounts of life insurance in this exhibit shall be shown in thousands (omit 000).
(b) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the Annual Statement Instructions.

**EXHIBIT OF NUMBER OF POLICIES, CONTRACTS, CERTIFICATES, INCOME PAYABLE
AND ACCOUNT VALUES IN FORCE FOR SUPPLEMENTARY CONTRACTS,
ANNUITIES, ACCIDENT & 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 (Lines 1 to 4).....	.....0	.....0	.....0	.....0
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	.....0	.....0	.....0	.....0
9. In force end of year.....	.....0	.....0	.....0	.....0
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. Total (Lines 1 to 4).....	.....0	.....0	.....0	.....0
Deductions during year:				
6. Decreased (net).....				
7. Reinsurance ceded.....				
8. Totals (Lines 6 and 7).....	.....0	.....0	.....0	.....0
9. In force end of year.....	.....0	.....0	.....0	.....0
Income now payable:				
10. Amount of income payable.....	(a).....	.....XXX	.....XXX	(a).....
Deferred fully paid:				
11. Account balance.....	.....XXX	(a).....	.....XXX	(a).....
Deferred not fully paid:				
12. Account balance.....	.....XXX	(a).....	.....XXX	(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.....					4,340	15,212,374
2. Issued during year.....						
3. Reinsurance assumed.....						
4. Increased during year (net).....	.....1	.....XXX		.....XXX		.....XXX
5. Total (Lines 1 to 4).....	.....1	.....XXX	.....0	.....XXX	4,340	.....XXX
Deductions during year:						
6. Conversions.....		.....XXX	.....XXX	.....XXX	.....XXX	.....XXX
7. Decreased (net).....		.....XXX		.....XXX	.....795	.....XXX
8. Reinsurance ceded.....	.....1	.....XXX		.....XXX		.....XXX
9. Totals (Lines 6 to 8).....	.....1	.....XXX	.....0	.....XXX	.....795	.....XXX
10. In force end of year.....	.....0	(a).....	.....0	(a).....	3,545	(a).....12,842,526

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

	1	2
	Deposit Funds Contracts	Dividend Accumulations Contracts
1. In force end of prior year.....		
2. Issued during year.....		
3. Reinsurance assumed.....		
4. Increased during year (net).....		
5. Total (Lines 1 to 4).....	.....0	.....0
Deductions during year:		
6. Decreased (net).....		
7. Reinsurance ceded.....		
8. Totals (Lines 6 and 7).....	.....0	.....0
9. In force end of year.....	.....0	.....0
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.

Provident American Life and Health Insurance Company
SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

			1	Direct Business Only					
				Life Contracts		4	5	6	7
				2	3				
States, Etc.			Active Status	Life Insurance Premiums	Annuity Considerations	Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees	Other Considerations	Total Columns 2 through 5	Deposit-Type Contracts
1.	Alabama.....	AL	N	16,234		4,511		20,745	
2.	Alaska.....	AK	L	-		10,533		10,533	
3.	Arizona.....	AZ	L	2,490		44,833		47,323	
4.	Arkansas.....	AR	L	-		14,636		14,636	
5.	California.....	CA	L	475		25,482		25,957	
6.	Colorado.....	CO	L	719		90,124		90,843	
7.	Connecticut.....	CT	N	-		-		0	
8.	Delaware.....	DE	L	-		-		0	
9.	District of Columbia.....	DC	L	-		-		0	
10.	Florida.....	FL	L	1,880		39,892		41,772	
11.	Georgia.....	GA	L	1,719		62,937		64,656	
12.	Hawaii.....	HI	L	-		-		0	
13.	Idaho.....	ID	L	795		40,389		41,184	
14.	Illinois.....	IL	L	20,691		357,368		378,059	
15.	Indiana.....	IN	L	1,733		202,411		204,144	
16.	Iowa.....	IA	L	15,949		604,031		619,980	
17.	Kansas.....	KS	L	-		26,420		26,420	
18.	Kentucky.....	KY	L	18,912		115,586		134,498	
19.	Louisiana.....	LA	L	3,758		161,937		165,695	
20.	Maine.....	ME	N	-		-		0	
21.	Maryland.....	MD	L	1,348		4,513		5,861	
22.	Massachusetts.....	MA	L	-		4,000		4,000	
23.	Michigan.....	MI	N	-		9,636		9,636	
24.	Minnesota.....	MN	N	-		10,133		10,133	
25.	Mississippi.....	MS	L	17,367		343,680		361,047	
26.	Missouri.....	MO	L	11,528		77,699		89,227	
27.	Montana.....	MT	L	2,396		257,710		260,106	
28.	Nebraska.....	NE	L	4,120		270,732		274,852	
29.	Nevada.....	NV	L	-		26,655		26,655	
30.	New Hampshire.....	NH	N	-		-		0	
31.	New Jersey.....	NJ	N	-		680		680	
32.	New Mexico.....	NM	N	1,156		13,519		14,675	
33.	New York.....	NY	N	580		8,177		8,757	
34.	North Carolina.....	NC	L	2,628		26,463		29,091	
35.	North Dakota.....	ND	L	751		11,213		11,964	
36.	Ohio.....	OH	L	20,379		357,959		378,338	
37.	Oklahoma.....	OK	L	48,544		588,595		637,139	
38.	Oregon.....	OR	L	28,919		631,467		660,386	
39.	Pennsylvania.....	PA	L	63,633		45,937		109,570	
40.	Rhode Island.....	RI	N	-		-		0	
41.	South Carolina.....	SC	L	108,763		1,126,903		1,235,666	
42.	South Dakota.....	SD	L	-		7,256		7,256	
43.	Tennessee.....	TN	N	1,369		6,341		7,710	
44.	Texas.....	TX	L	515,492		7,676,368		8,191,860	
45.	Utah.....	UT	L	17,750		66,097		83,847	
46.	Vermont.....	VT	L	-		-		0	
47.	Virginia.....	VA	N	5,588		16,905		22,493	
48.	Washington.....	WA	N	312		41,950		42,262	
49.	West Virginia.....	WV	L	10,453		118,708		129,161	
50.	Wisconsin.....	WI	L	4,516		3,005		7,521	
51.	Wyoming.....	WY	L	-		17,549		17,549	
52.	American Samoa.....	AS	N	-		-		0	
53.	Guam.....	GU	N	-		-		0	
54.	Puerto Rico.....	PR	N	-		-		0	
55.	US Virgin Islands.....	VI	N	-		-		0	
56.	Northern Mariana Islands.....	MP	N	-		-		0	
57.	Canada.....	CAN	N	-		-		0	
58.	Aggregate Other Alien.....	OT	XXX	0	0	0	0	0	0
59.	Subtotal.....	(a)	38	952,947	0	13,570,940	0	14,523,887	0
90.	Reporting entity contributions for employee benefit plans.....	XXX						0	
91.	Dividends or refunds applied to purchase paid-up additions and annuities.....	XXX						0	
92.	Dividends or refunds applied to shorten endowment or premium paying period.....	XXX						0	
93.	Premium or annuity considerations waived under disability or other contract provisions.....	XXX						0	
94.	Aggregate other amounts not allocable by State.....	XXX		0	0	0	0	0	0
95.	Totals (Direct Business).....	XXX		952,947	0	13,570,940	0	14,523,887	0
96.	Plus reinsurance assumed.....	XXX						0	
97.	Totals (All Business).....	XXX		952,947	0	13,570,940	0	14,523,887	0
98.	Less reinsurance ceded.....	XXX		951,090		1,495,129		2,446,219	
99.	Totals (All Business) less reinsurance ceded.....	XXX		1,857	0	(b) 12,075,811	0	12,077,668	0

DETAILS OF WRITE-INS								
58001.	.....	XXX					0	
58002.	.....	XXX					0	
58003.	.....	XXX					0	
58998.	Summ. of remaining write-ins for line 58 from overflow page.....	XXX	0	0	0	0	0	0
58999.	Total (Lines 58001 thru 58003 plus 58998) (Line 58 above).....	XXX	0	0	0	0	0	0
9401.	.....	XXX					0	
9402.	.....	XXX					0	
9403.	.....	XXX					0	
9498.	Summ. of remaining write-ins for line 94 from overflow page.....	XXX	0	0	0	0	0	0
9499.	Total (Lines 9401 thru 9403 plus 9498) (Line 94 above).....	XXX	0	0	0	0	0	0

(L) - Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) - Registered - Non-domiciled RRGs; (Q) - Qualified - Qualified or Accredited Reinsurer;
(E) - Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) - None of the above - Not allowed to write business in the state.

Explanation of basis of allocation by states, etc., of premiums and annuity considerations.
Premium and annuity considerations are allocated to the policyowners state of residence when collected.

(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 and 16.4, Cols. 8, 9 and 10

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, as of December 31, 2014:

Cigna CORPORATION			
(A Delaware corporation and ultimate parent company)			
Cigna Holdings, Inc.			
	Cigna Intellectual Property, Inc.		
	Cigna Investment Group, Inc.		
		Cigna International Finance Inc.	
		Former Cigna Investments, Inc.	
		Cigna Investments, Inc.	
			Cigna Mezzanine Partners III, Inc.
			Cigna Mezzanine Partners III, LP
			Cigna Benefits Financing, Inc. (EI # 010947889, DE)
	Connecticut General Corporation		
		Benefit Management Corp. (EI # 81-0585518)	
			*Allegiance Life & Health Insurance Company (EI # 20-4433475, NAIC # 12814, MT)
			*Allegiance Re, Inc. (EI # 20-3851464, MT)
			Allegiance Benefit Plan Management, Inc.
			Allegiance COBRA Services, Inc.
			Allegiance Provider Direct, LLC
			Community Health Network, LLC
			Intermountain Underwriters, Inc.
			Star Point, LLC
	HealthSpring, Inc.		
		NewQuest, LLC	
			Bravo Health, LLC
			*Bravo Health Mid-Atlantic, Inc. (EI # 52-2259087, NAIC # 10095, MD)
			*Bravo Health Pennsylvania, Inc. (EI # 52-2363406, NAIC # 11254, PA)
			*HealthSpring Life & Health Insurance Company (EI # 20-8534298, NAIC # 12902, TX)
			*HealthSpring of Alabama, Inc. (EI # 63-0925225, NAIC # 95781, AL)
			*HealthSpring of Florida, Inc. (EI # 65-1129599, NAIC #11532, FL)
			NewQuest Management of Illinois, LLC
			NewQuest Management of Florida, LLC
			HealthSpring Management of America, LLC
			NewQuest Management of West Virginia, LLC
			TexQuest, LLC
			HouQuest, LLC
			GulfQuest, LP
			NewQuest Management of Alabama, LLC
			HealthSpring USA, LLC
			HealthSpring Management, Inc.
			HealthSpring of Tennessee, Inc. (EI # 62-1593150, NAIC # 11522, MD)
			Tennessee Quest, LLC

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

		<u>HealthSpring Pharmacy Services, LLC</u>
		<u>HealthSpring Pharmacy of Tennessee, LLC</u>
		<u>Home Physicians Management, LLC</u>
		<u>*Cigna Arbor Life Insurance Company</u> (EI # 03-0452349, NAIC # 13733, CT)
		<u>Cigna Behavioral Health, Inc.</u>
		<u>Cigna Behavioral Health of California, Inc.</u> (EI# 94-3107309)
		<u>Cigna Behavioral Health of Texas, Inc.</u> (EI# 75-2751090)
		<u>MCC Independent Practice Association of New York, Inc.</u>
		<u>Cigna Dental Health, Inc.</u>
		<u>Cigna Dental Health of California, Inc.</u> (EI# 59-2600475, CA)
		<u>Cigna Dental Health of Colorado, Inc.</u> (EI# 59-2675861, NAIC # 11175, CO)
		<u>Cigna Dental Health of Delaware, Inc.</u> (EI# 59-2676987, NAIC # 95380, DE)
		<u>Cigna Dental Health of Florida, Inc.</u> (EI# 59-1611217, NAIC # 52021, FL)
		<u>Cigna Dental Health of Illinois, Inc.</u> (EI# 06-1351097, IL)
		<u>Cigna Dental Health of Kansas, Inc.</u> (EI# 59-2625350, NAIC # 52024, KS)
		<u>Cigna Dental Health of Kentucky, Inc.</u> (EI# 59-2619589, NAIC # 52108, KY)
		<u>Cigna Dental Health of Missouri, Inc.</u> (EI#06-1582068, NAIC # 11160, MO)
		<u>Cigna Dental Health of New Jersey, Inc.</u> (EI# 59-2308062, NAIC # 11167, NJ)
		<u>Cigna Dental Health of North Carolina, Inc.</u> (EI# 56-1803464 , NAIC # 95179, NC)
		<u>Cigna Dental Health of Ohio, Inc.</u> (EI# 59-2579774, NAIC # 47805, OH)
		<u>Cigna Dental Health of Pennsylvania, Inc.</u> (EI# 52-1220578, NAIC # 47041, PA)
		<u>Cigna Dental Health of Texas, Inc.</u> (EI# 59-2676977, NAIC # 95037, TX)
		<u>Cigna Dental Health of Virginia, Inc.</u> (EI# 52-2188914, NAIC # 52617, VA)
		<u>Cigna Dental Health Plan of Arizona, Inc.</u> (EI# 86-0807222, NAIC # 47013, AZ)
		<u>Cigna Dental Health of Maryland, Inc.</u> (EI#20-2844020, NAIC #48119, MD)
		<u>Cigna Health Corporation</u>
		<u>Healthsource, Inc.</u>
		<u>Cigna HealthCare of Arizona, Inc.</u> (EI# 86-0334392, NAIC#95125, AZ)
		<u>Cigna HealthCare of California, Inc.</u> (EI# 95-3310115, CA)
		<u>Cigna HealthCare of Colorado, Inc.</u> (EI# 84-1004500, NAIC # 95604, CO)
		<u>Cigna HealthCare of Connecticut, Inc.</u> (EI# 06-1141174, NAIC # 95660, CT)
		<u>Cigna HealthCare of Florida, Inc.</u> (EI# 59-2089259, NAIC # 95136, FL)
		<u>Cigna HealthCare of Illinois, Inc.</u> (EI# 36-3385638, NAIC # 95602, IL)
		<u>Cigna HealthCare of Maine, Inc.</u> (EI# 01-0418220, NAIC # 95447, ME)
		<u>Cigna HealthCare of Massachusetts, Inc.</u> (EI# 02-0402111, NAIC # 95220, MA)
		<u>Cigna HealthCare Mid-Atlantic, Inc.</u> (EI# 52-1404350, NAIC # 95599, MD)
		<u>Cigna HealthCare of New Hampshire, Inc.</u> (EI# 02-0387749, NAIC # 95493, NH)

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

		<div>Cigna HealthCare of New Jersey, Inc. (EI# 22-2720890, NAIC # 95500, NJ)</div>
		<div>Cigna HealthCare of Pennsylvania, Inc. (EI# 23-2301807, NAIC # 95121, PA)</div>
		<div>Cigna HealthCare of St. Louis, Inc. (EI# 36-3359925, NAIC # 95635, MO)</div>
		<div>Cigna HealthCare of Utah, Inc. (EI# 62-1230908, NAIC # 95518, UT)</div>
		<div>Cigna HealthCare of Georgia, Inc. (EI# 58-1641057, NAIC # 96229, GA)</div>
		<div>Cigna HealthCare of Texas, Inc. (EI# 74-2767437, NAIC # 95383, TX)</div>
		<div>Cigna HealthCare of Indiana, Inc. (EI# 35-1679172, NAIC # 95525, IN)</div>
		<div>Cigna HealthCare of New York, Inc. (EI# 11-2758941, NAIC # 95488, NY)</div>
		<div>Cigna HealthCare of Tennessee, Inc. (EI# 62-1218053, NAIC # 95606, TN)</div>
		<div>Cigna HealthCare of North Carolina, Inc. (EI# 56-1479515, NAIC# 95132, NC)</div>
		<div>Cigna HealthCare of South Carolina, Inc. (EI# 06-1185590, NAIC # 95708, SC)</div>
		<div>*Temple Insurance Company Limited</div>
		<div>Arizona Health Plan, Inc.</div>
		<div>Healthsource Properties, Inc.</div>
		<div>Managed Care Consultants, Inc.</div>
		<div>Choicelinx Corporation</div>
		<div>Sagamore Health Network, Inc.</div>
		<div>Cigna Healthcare Holdings, Inc. (EI# 84-0985843)</div>
		<div>Great-West Healthcare of Illinois, Inc. (EI# 93-1174749, NAIC 95388, IL)</div>
		<div>Cigna Healthcare, Inc.</div>
		<div>*Cigna Life Insurance Company of New York (EI# 13-2556568, NAIC # 64548, NY)</div>
		<div>*Connecticut General Life Insurance Company (EI# 06-0303370, NAIC # 62308, CT)</div>
		<div>CG Gillette Ridge, LLC</div>
		<div>Gillette Ridge Apartments LLC</div>
		<div>CG Merrick, LLC</div>
		<div>Merrick Park LLC</div>
		<div>Merrick Park Parking LLC</div>
		<div>CG Mystic Center LLC</div>
		<div>Station Landing Holding LLC</div>
		<div>CG Mystic Land LLC</div>
		<div>ND/CG Holding LLC</div>
		<div>CG Skyline, LLC</div>
		<div>Skyline ND/CG LLC</div>
		<div>ND Mystic Center Note LLC</div>
		<div>Skyline Mezzanine Borrower, LLC</div>
		<div>Skyline at Station Landing, LLC</div>
		<div>Careallies, LLC</div>
		<div>Carson Bayport 1 LP</div>
		<div>CG Bayport LLC</div>
		<div>Bayport Colony Apartments LLC</div>
		<div>CG-LINA Bayport I LLC</div>
		<div>Cigna Onsite Health, LLC</div>
		<div>CR Longwood Investors, LP</div>

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

		<u>ND/CR Longwood LLC</u>
		<u>ARE/ND/CR Longwood LLC</u>
		<u>Gillette Ridge Community Council, Inc.</u>
		<u>Gillette Ridge Golf LLC</u>
		<u>Hazard Center Investment Company LLC</u>
		<u>Secon Properties, LP.</u>
		<u>Teal Rock 501 Grant Street GP, LLC</u>
		<u>Teal Rock 501 Grant Street, LP</u>
		<u>Tel-Drug of Pennsylvania, LLC</u>
		<u>CG-LINA Realty Investors LLC</u>
		<u>115 Sansome Street Associates, LLC</u>
		<u>121 Tasman Apartments LLC</u>
		<u>Alto Apartments LLC</u>
		<u>CG-LINA Paper Box LLC</u>
		<u>GRG Acquisitions LLC</u>
		<u>Cigna Affiliates Realty Investment Group, LLC</u> <u>(EI# 27-5402196, DE)</u>
		<u>Market Street Residential Holdings LLC</u>
		<u>Arborpoint at Market Street LLC</u>
		<u>Market Street Retail Holdings LLC</u>
		<u>Market Street South LLC</u>
		<u>Diamondview Tower CM-CG LLC</u>
		<u>CR Washington Street Investors LP</u>
		<u>Civic Holding LLC</u>
		<u>Dulles Town Center Mall, LLC</u>
		<u>AEW/FDG, LP</u>
		<u>ND/CR Unicorn LLC</u>
		<u>Union Wharf Apartments LLC</u>
		<u>AMD Apartments Limited Partnership</u>
		<u>SP Newport Crossing LLC</u>
		<u>PUR Arbors Apartments Venture LLC</u>
		<u>CG Seventh Street, LLC</u>
		<u>Ideal Properties II LLC</u>
		<u>Allesandro Partners, LLC</u>
		<u>Mallory Square Partners I, LLC</u>
		<u>Houston Briar Forest Apartments Limited Partnership</u>
		<u>Newtown Partners II, LP</u>
		<u>Newtown Square GP LLC</u>
		<u>AFA Apartments Limited Partnership</u>
		<u>SB-SNH LLC</u>
		<u>680 Investors LLC</u>
		<u>685 New Hampshire LLC</u>
		<u>CGGL 18301 LLC</u>
		<u>Unico/CG Commonwealth LLC</u>
		<u>Commonwealth Acquisition LLC</u>
		<u>Unico-CG Lovejoy LLC</u>
		<u>222 Main Street Caring GP LLC</u>
		<u>222 Main Street Investors LP</u>
		<u>Notch 8 Residential, L.L.C.</u>
		<u>UVL, LLC</u>
		<u>Agua Mansa Partners LLC</u>
		<u>3601 North Fairfax Drive Associates, LLC</u>

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP
PART 1 – ORGANIZATIONAL CHART

			<u>CORAC LLC</u>
			<u>Bridgepoint Office Park Associates, LLC</u> (EI# 27-3923999, DE)
			<u>Fairway Center Associates, LLC</u> (EI# 27-3126102, DE)
			<u>Henry on the Park Associates, LLC</u> (EI 27-3582688, DE)
			<u>*Cigna Health and Life Insurance Company</u> (EI # 59-1031071, NAIC # 67369, CT)
			<u>CarePlexus, LLC</u> (EI# 45-2681649; DE)
			<u>Cigna Corporate Services, LLC</u> (EI 27-3396038, DE)
			<u>Cigna Insurance Agency, LLC</u> (EI # 27-1903785, CT)
			<u>Ceres Sales of Ohio, LLC</u> (EI # 34-1970892, OH)
			<u>Central Reserve Life Insurance Company</u> (EI # 34-0970995, NAIC # 61727, OH)
			<u>Provident American Life & Health Insurance Company</u> (EI # 23-1335885, NAIC # 67903, OH)
			<u>United Benefit Life Insurance Company</u> (EI # 75-2305400, NAIC # 65269, OH)
			<u>Loyal American Life Insurance Company</u> (EI # 63-0343428, NAIC # 65722, OH)
			<u>American Retirement Life Insurance Company</u> (EI # 59-2760189, NAIC # 88366, OH)
			<u>Cigna Health Management, Inc.</u> (EI# 23-1728483, DE)
			<u>Kronos Optimal Health Company</u> (20-8064696, AZ)
			<u>*Life Insurance Company of North America</u> (EI# 23-1503749, NAIC # 65498, PA)
			<u>*Cigna & CMC Life Insurance Company Limited</u> (remaining interest owned by an unaffiliated party)
			<u>Cigna Direct Marketing Company, Inc.</u>
			<u>Tel-Drug, Inc.</u>
			<u>Vielife Holdings Limited</u>
			<u>Vielife Limited</u> <u>Vielife Services, Inc.</u> <u>Businesshealth UK Limited</u>
			<u>CG Individual Tax Benefit Payments, Inc.</u>
			<u>CG Life Pension Benefits Payments, Inc.</u>
			<u>CG LINA Pension Benefits Payments, Inc.</u>
			<u>Cigna Federal Benefits, Inc.</u>
			<u>Cigna Healthcare Benefits, Inc.</u>
			<u>Cigna Integratedcare, Inc.</u>
			<u>Cigna Managed Care Benefits Company</u>
			<u>Cigna Re Corporation</u>
			<u>Blodget & Hazard Limited</u>
			<u>Cigna Resource Manager, Inc.</u>
			<u>Connecticut General Benefit Payments, Inc.</u>
			<u>Healthsource Benefits, Inc.</u>
			<u>IHN, Inc.</u>
			<u>LINA Benefit Payments, Inc.</u>
			<u>Mediversal, Inc.</u>
			<u>Universal Claims Administration</u>
			<u>Cigna Global Holdings, Inc.</u>
			<u>Cigna International Corporation, Inc.</u>
			<u>Cigna International Services, Inc.</u>
			<u>Cigna International Marketing (Thailand) Limited</u>

**SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER
MEMBERS OF A HOLDING COMPANY GROUP**

PART 1 – ORGANIZATIONAL CHART

[illegible]

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER

MEMBERS OF A HOLDING COMPANY GROUP

PART 1 – ORGANIZATIONAL CHART

			<u>PT GAR Indonesia</u>
			<u>PT PGU Indonesia</u>
			<u>*Cigna Global Insurance Company Limited</u>
			<u>Cigna TTK Health Insurance Company Limited</u>
			<u>Cigna Saico Benefits Services W.L.L.</u>
			<u>*Cigna Worldwide Insurance Company</u> <u>(EI# 23-2088429, NAIC # 90859, DE)</u>
			<u>*PT. Asuransi Cigna</u>
	Cigna	Teak Holdings, LLC	

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LIFE ANNUAL STATEMENT BLANK

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