



ANNUAL STATEMENT

For the Year Ended December 31, 2015
of the Condition and Affairs of the

Provident American Life and Health Insurance Company

NAIC Group Code.....0901, 0901
(Current Period) (Prior Period)

Organized under the Laws of Ohio

Incorporated/Organized..... April 6, 1949

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 67903

Employer's ID Number..... 23-1335885

State of Domicile or Port of Entry Ohio

Country of Domicile US

Commenced Business..... September 30, 1949

1300 East Ninth Street..... Cleveland OH US 44114
(Street and Number) (City or Town, State, County and Zip Code)

11200 Lakeline Blvd Ste 100..... Austin TX US.... 78717
(Street and Number) (City or Town, State, County and Zip Code)

11200 Lakeline Blvd Ste 100..... Austin TX US 78717
(Street and Number or P. O. Box) (City or Town, State, County and Zip Code)

11200 Lakeline Blvd Ste 100..... Austin TX US 78717
(Street and Number) (City or Town, State, County and Zip Code)

CignaSupplementalBenefits.com

Jesse Navarrete

(Name)

CSBFinRpt@cigna.com

(E-Mail Address)

512-451-2224

(Area Code) (Telephone Number)

512-451-2224

(Area Code) (Telephone Number)

512-807-4801

(Area Code) (Telephone Number) (Extension)

512-467-1399

(Fax Number)

OFFICERS

Name
1. Brian Case Evanko
3. Brenda Weigilia Hardison

Title
President
Secretary

Name
2. Byron Keith Buescher
4. James Monroe Garvin III

Title
Treasurer
Appointed Actuary

Jessica Kierulf Tutwiler
Mark Fleming
Scott Ronald Lambert
Maureen Hardiman Ryan

Chief Financial Officer
Assistant Treasurer & Vice President
Assistant Treasurer & Vice President
Assistant Treasurer & Vice President

David Lawrence Chambers
Joanne Ruth Hart
Eric Paul Palmer
Man-Kit Simon Tang

Vice President
Assistant Treasurer & Vice President
Vice President
Chief Actuary

OTHER

Brian Case Evanko
James Yablecki

Eric Paul Palmer

Frank Sataline Jr.

Jessica Kierulf Tutwiler

DIRECTORS OR TRUSTEES

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)
Brian Case Evanko
1. (Printed Name)
President
(Title)

(Signature)
Byron Keith Buescher
2. (Printed Name)
Treasurer
(Title)

(Signature)
Brenda Weigilia Hardison
3. (Printed Name)
Secretary
(Title)

Subscribed and sworn to before me
This _____ day of February 2016

a. Is this an original filing?
b. If no 1. State the amendment number
 2. Date filed
 3. Number of pages attached

Yes [X] No []

Provident American Life and Health Insurance Company
ASSETS

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	8,521,873		8,521,873	9,203,881
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....	2,971,114		2,971,114	2,996,327
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 (\$....243,074, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....4,840,532, Schedule DA).....	5,083,606		5,083,606	2,731,889
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).....	16,576,593	0	16,576,593	14,932,097
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	73,196		73,196	76,450
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....	(239,774)	866	(240,640)	(315,461)
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....	187,960		187,960	323,474
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....	45,932		45,932	47,236
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....			0	176,141
18.2 Net deferred tax asset.....	5,100,364	3,756,388	1,343,976	1,356,784
19. Guaranty funds receivable or on deposit.....	54,981		54,981	47,351
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.....			0	138
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other than invested assets.....	220,485	220,485	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	22,019,737	3,977,739	18,041,998	16,644,210
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTALS (Lines 26 and 27).....	22,019,737	3,977,739	18,041,998	16,644,210

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. Premium Tax Refund Due.....	38,182	38,182	0	
2502. Disallowed Interest Maintenance Reserves.....	182,303	182,303	0	
2503.....			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).....	220,485	220,485	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).....	.572,401	.683,121
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).....	.706,567	.980,605
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 \$....127,274 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....	.127,274	.142,634
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 \$....4,945 ceded.....	.4,945	
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.....	.6,931	.7,293
11. Commissions and expense allowances payable on reinsurance assumed.....		
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6).....	.40,706	.58,777
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).....	.45,172	.58,367
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....	.87,257	
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.....	.1,851	
19. Remittances and items not allocated.....	.12,321	.20,870
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).....	.19,320	.16,509
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.....	.8,205	.9,365
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.....	.56,467	.77,550
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	.1,689,417	.2,055,091
27. From Separate Accounts Statement.....		
28. Total liabilities (Line 26 and 27).....	.1,689,417	.2,055,091
29. Common capital stock.....	.2,500,000	.2,500,000
30. Preferred capital stock.....	.0	.0
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).....	(.3,493,731)	(.5,257,193)
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).....	.13,852,581	.12,089,119
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	.16,352,581	.14,589,119
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	.18,041,998	.16,644,210

DETAILS OF WRITE-INS

2501. Escheat Liability.....	.56,467	.77,550
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).....	.56,467	.77,550
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)	10,147,682	12,180,223
2. Considerations for supplementary contracts with life contingencies	248,517	251,032
3. Net investment income (Exhibit of Net Investment Income, Line 17)	(5,609)	(5,209)
4. Amortization of Interest Maintenance Reserve (IMR) (Line 5)	177,511	231,959
5. Separate Accounts net gain from operations excluding unrealized gains or losses	177,511	231,959
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1)	177,511	231,959
7. Reserve adjustments on reinsurance ceded	177,511	231,959
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts	5,379	5,140
8.2 Charges and fees for deposit-type contracts	5,379	5,140
8.3 Aggregate write-ins for miscellaneous income	5,379	5,140
9. Totals (Lines 1 to 8.3)	10,573,480	12,663,145
10. Death benefits	10,573,480	12,663,145
11. Matured endowments (excluding guaranteed annual pure endowments)	10,573,480	12,663,145
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8)	7,038,890	8,361,262
13. Disability benefits and benefits under accident and health contracts	7,038,890	8,361,262
14. Coupons, guaranteed annual pure endowments and similar benefits	7,038,890	8,361,262
15. Surrender benefits and withdrawals for life contracts	7,038,890	8,361,262
16. Group conversions	7,038,890	8,361,262
17. Interest and adjustments on contract or deposit-type contract funds	7,038,890	8,361,262
18. Payments on supplementary contracts with life contingencies	7,038,890	8,361,262
19. Increase in aggregate reserves for life and accident and health contracts	(110,720)	(115,200)
20. Totals (Lines 10 to 19)	6,928,170	8,246,062
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1)	401,779	957,434
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1)	857,462	975,521
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4)	302,700	334,295
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3)	243	(317)
25. Increase in loading on deferred and uncollected premiums	243	(317)
26. Net transfers to or (from) Separate Accounts net of reinsurance	656	29
27. Aggregate write-ins for deductions	656	29
28. Totals (Lines 20 to 27)	8,491,010	10,513,024
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)	2,082,470	2,150,121
30. Dividends to policyholders	2,082,470	2,150,121
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)	2,082,470	2,150,121
32. Federal and foreign income taxes incurred (excluding tax on capital gains)	287,258	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)	1,795,212	1,851,152
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)	1,795,212	1,851,152
35. Net income (Line 33 plus Line 34)	1,795,212	1,851,152
CAPITAL AND SURPLUS ACCOUNT		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2)	14,589,118	12,798,822
37. Net income (Line 35)	1,795,212	1,851,152
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0	(25,213)	(63,389)
39. Change in net unrealized foreign exchange capital gain (loss)	(25,213)	(63,389)
40. Change in net deferred income tax	(447,639)	(469,775)
41. Change in nonadmitted assets	450,151	477,921
42. Change in liability for reinsurance in unauthorized and certified companies	450,151	477,921
43. Change in reserve on account of change in valuation basis, (increase) or decrease	(2,811)	2,644
44. Change in asset valuation reserve	(2,811)	2,644
45. Change in treasury stock, (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1)	(2,811)	2,644
46. Surplus (contributed to) withdrawn from Separate Accounts during period	(2,811)	2,644
47. Other changes in surplus in Separate Accounts Statement	(2,811)	2,644
48. Change in surplus notes	(2,811)	2,644
49. Cumulative effect of changes in accounting principles	(2,811)	2,644
50. Capital changes:		
50.1 Paid in	(2,811)	2,644
50.2 Transferred from surplus (Stock Dividend)	(2,811)	2,644
50.3 Transferred to surplus	(2,811)	2,644
51. Surplus adjustment:		
51.1 Paid in	(2,811)	2,644
51.2 Transferred to capital (Stock Dividend)	(2,811)	2,644
51.3 Transferred from capital	(2,811)	2,644
51.4 Change in surplus as a result of reinsurance	(6,237)	(8,257)
52. Dividends to stockholders	(6,237)	(8,257)
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)	1,763,463	1,790,296
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38)	16,352,581	14,589,118

DETAILS OF WRITE-INS

08.301. Interest on Agent Balances	2,897	2,294
08.302. Other Income	2,482	2,846
08.303.	0	0
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)	5,379	5,140
2701. Penalties	656	29
2702.	0	0
2703.	0	0
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)	656	29
5301.	0	0
5302.	0	0
5303.	0	0
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

Provident American Life and Health Insurance Company
CASH FLOW

	1 Current Year	2 Prior Year
CASH FROM OPERATIONS		
1. Premiums collected net of reinsurance.....	10,059,257	12,077,669
2. Net investment income.....	258,710	250,943
3. Miscellaneous income.....	176,653	228,842
4. Total (Lines 1 through 3).....	10,494,620	12,557,454
5. Benefit and loss related payments.....	7,171,165	8,387,501
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	1,637,123	2,262,878
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....	23,860	688,146
10. Total (Lines 5 through 9).....	8,832,148	11,338,525
11. Net cash from operations (Line 4 minus Line 10).....	1,662,472	1,218,929
CASH FROM INVESTMENTS		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....	675,068	2,537,268
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	675,068	2,537,268
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....		2,789,225
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).....	0	2,789,225
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).....	675,068	(251,957)
CASH FROM FINANCING AND MISCELLANEOUS SOURCES		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	14,177	(16,701)
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	14,177	(16,701)
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).....	2,351,717	950,271
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	2,731,889	1,781,618
19.2 End of year (Line 18 plus Line 19.1).....	5,083,606	2,731,889

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 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance(a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
1. Premiums and annuity considerations for life and accident and health contracts.....	10,147,682										10,147,682	
2. Considerations for supplementary contracts with life contingencies.....	0											
3. Net investment income.....	248,517										248,517	
4. Amortization of Interest Maintenance Reserve (IMR).....	(5,609)										(5,609)	
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0											
6. Commissions and expense allowances on reinsurance ceded.....	177,511		60,707				12,682				104,122	
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.....	5,378	0	0	0	0	0	0	0	0	0	5,378	0
9. Totals (Lines 1 to 8.3).....	10,573,479	0	60,707	0	0	0	12,682	0	0	0	10,500,090	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.....	7,038,890										7,038,890	
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.....	(110,720)										(110,720)	
20. Totals (Lines 10 to 19).....	6,928,170	0	0	0	0	0	0	0	0	0	6,928,170	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	401,779		60,707				6,746				334,326	
22. Commissions and expense allowances on reinsurance assumed.....	0											
23. General insurance expenses.....	857,462										857,462	
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	302,700		875								301,825	
25. Increase in loading on deferred and uncollected premiums.....	243										243	
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	0											
27. Aggregate write-ins for deductions.....	656	0	0	0	0	0	0	0	0	0	656	0
28. Totals (Lines 20 to 27).....	8,491,010	0	61,582	0	0	0	6,746	0	0	0	8,422,682	0
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	2,082,469	0	(875)	0	0	0	5,936	0	0	0	2,077,408	0
30. Dividends to policyholders.....	0											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	2,082,469	0	(875)	0	0	0	5,936	0	0	0	2,077,408	0
32. Federal income taxes incurred (excluding tax on capital gains).....	287,258		(121)				819				286,560	
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).....	1,795,211	0	(754)	0	0	0	5,117	0	0	0	1,790,848	0

DETAILS OF WRITE-INS

08.301. Interest on Agent Balances.....	2,896										2,896	
08.302. Other Income.....	2,482										2,482	
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).....	5,378	0	0	0	0	0	0	0	0	0	5,378	0
2701. Penalties.....	656										656	
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).....	656	0	0	0	0	0	0	0	0	0	656	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

Provident American Life and Health Insurance Company
EXHIBIT OF NET INVESTMENT INCOME

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....43,588	.40,947
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....216,168	.215,555
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	(b).....	.....
2.21 Common stocks of affiliates.....	(b).....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	(d).....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....7,377	.7,377
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	(f).....	.....
9. Aggregate write-ins for investment income.....	2.....	.2
10. Total gross investment income.....	.267,135	.263,881
11. Investment expenses.....	(g).....15,364	.....
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.....	(i).....0	.....
16. Total deductions (Lines 11 through 15).....	.....15,364	.....
17. Net investment income (Line 10 minus Line 16).....	.....248,517	.....

DETAILS OF WRITE-INS

0901. Miscellaneous Investment Income.....	2.....	.2
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).....	.2.....	.2
1501. ....	.....	.....
1502. ....	.....	.....
1503. ....	.....	.....
1598. Summary of remaining write-ins for Line 15 from overflow page.....	.0.....	.0
1599. Totals (Lines 1501 thru 1503 plus 1598) (Line 15 above).....	.0.....	.0

(a) Includes \$....1,223 accrual of discount less \$....8,162 amortization of premium and less \$.....0 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 Realized Gain (Loss) on Sales or Maturity	2 Other Realized Adjustments	3 Total Realized Capital Gain (Loss) (Columns 1 + 2)	4 Change in Unrealized Capital Gain (Loss)	5 Change in Unrealized Foreign Exchange Capital Gain (Loss)
1. U.S. government bonds.....	.....0	.....	.....0	.....	.....
1.1 Bonds exempt from U.S. tax.....	.....0	.....	.....0	.....	.....
1.2 Other bonds (unaffiliated).....	.....0	.....	.....0	.....	.....
1.3 Bonds of affiliates.....	.....0	.....	.....0	.....	.....
2.1 Preferred stocks (unaffiliated).....	.....0	.....	.....0	.....	.....
2.11 Preferred stocks of affiliates.....	.....0	.....	.....0	.....	.....
2.2 Common stocks (unaffiliated).....	.....0	.....	.....0	.....	.....
2.21 Common stocks of affiliates.....	.....0	.....	.....0	.....(25,213)	.....
3. Mortgage loans.....	.....0	.....	.....0	.....	.....
4. Real estate.....	.....0	.....	.....0	.....	.....
5. Contract loans.....	.....0	.....	.....0	.....	.....
6. Cash, cash equivalents and short-term investments.....	.....0	.....	.....0	.....	.....
7. Derivative instruments.....	.....0	.....	.....0	.....	.....
8. Other invested assets.....	.....0	.....	.....0	.....	.....
9. Aggregate write-ins for capital gains (losses).....	.0.....0	.0.....0	.0.....0	.0.....0	.0.....0
10. Total capital gains (losses).....	.0.....0	.0.....0	.0.....0	.....(25,213)	.....0

DETAILS OF WRITE-INS

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

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

	1 Total	2 Industrial Life	Ordinary			5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	6 Life Insurance		7 Annuities	8 Group	9 Credit (Group & Individual)	10 Other		
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.....	(237,833)						(18,592)				(219,241)	
12. Deferred and accrued.....	0											
13. Deferred, accrued and uncollected:												
13.1 Direct.....	272,414		230,408								42,006	
13.2 Reinsurance assumed.....	0											
13.3 Reinsurance ceded.....	510,247		230,408				18,592				261,247	
13.4 Net (Line 11 + Line 12).....	(237,833)	0	0	0	0		(18,592)	0	0		(219,241)	
14. Advance.....	127,274										127,274	
15. Line 13.4 - Line 14.....	(365,107)	0	0	0	0		(18,592)	0	0		(346,515)	
16. Collected during year:												
16.1 Direct.....	12,118,551		780,136				78,755				11,259,660	
16.2 Reinsurance assumed.....	0											
16.3 Reinsurance ceded.....	2,059,293		780,136				81,290				1,197,867	
16.4 Net.....	10,059,258	0	0	0	0		(2,535)	0	0		10,061,793	
17. Line 15 + Line 16.4.....	9,694,151	0	0	0	0		(21,127)	0	0		9,715,278	
18. Prior year (uncollected + deferred and accrued - advance).....	(453,532)						(21,127)	(21,127)			(432,405)	
19. Renewal premiums and considerations:												
19.1 Direct.....	12,132,330		765,240				78,755				11,288,335	
19.2 Reinsurance assumed.....	0											
19.3 Reinsurance ceded.....	1,984,647		765,240				78,755				1,140,652	
19.4 Net (Line 17 - Line 18).....	10,147,683	0	0	0	0		0	0	0		10,147,683	
TOTAL												
20. Total premiums and annuity considerations:												
20.1 Direct.....	12,132,330	0	765,240	0	0		78,755	0	0		11,288,335	
20.2 Reinsurance assumed.....	0	0	0	0	0		0	0	0		0	
20.3 Reinsurance ceded.....	1,984,647	0	765,240	0	0		78,755	0	0		1,140,652	
20.4 Net (Lines 9.4 + 10.4 + 19.4).....	10,147,683	0	0	0	0		0	0	0		10,147,683	

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

	1 Total	2 Industrial Life	Ordinary		5 Credit Life (Group and Individual)	Group		Accident and Health			11 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities		6 Life Insurance	7 Annuities	8 Group	9 Credit (Group & Individual)	10 Other	
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.....	177,511		60,707			12,682				104,122	
25.2 Reinsurance assumed.....	0										
25.3 Net ceded less assumed.....	177,511	0	60,707	0	0	12,682	0	0	0	104,122	0
26. Totals:											
26.1 Reinsurance ceded (Page 6, Line 6).....	177,511	0	60,707	0	0	12,682	0	0	0	104,122	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.....	177,511	0	60,707	0	0	12,682	0	0	0	104,122	0
COMMISSIONS INCURRED (direct business only)											
27. First year (other than single).....	0										
28. Single.....	0										
29. Renewal.....	401,778		60,707			6,745				334,326	
30. Deposit-type contract funds.....	0										
31. Totals (to agree with Page 6, Line 21).....	401,778	0	60,707	0	0	6,745	0	0	0	334,326	0

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

	Insurance			5	6		
	1 Life	Accident and Health					
		2 Cost Containment	3 All Other				
1. Rent.....			16,759		16,759		
2. Salaries and wages.....			364,914		364,914		
3.11 Contributions for benefit plans for employees.....			45,497		45,497		
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.....			3,272		3,272		
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.....					0		
4.5 Expense of investigation and settlement of policy claims.....		40,341	61,241		101,582		
5.1 Traveling expenses.....			4,604		4,604		
5.2 Advertising.....			5,797		5,797		
5.3 Postage, express, telegraph and telephone.....			61,315		61,315		
5.4 Printing and stationery.....			13,686		13,686		
5.5 Cost or depreciation of furniture and equipment.....			.51		.51		
5.6 Rental of equipment.....			18,995		18,995		
5.7 Cost or depreciation of EDP equipment and software.....			20,043		20,043		
6.1 Books and periodicals.....			1,331		1,331		
6.2 Bureau and association fees.....			17,685		17,685		
6.3 Insurance, except on real estate.....					0		
6.4 Miscellaneous losses.....			(54)		(54)		
6.5 Collection and bank service charges.....			64,092		64,092		
6.6 Sundry general expenses.....			12,774		12,774		
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).....					0		
7.3 Agency conferences other than local meetings.....					0		
9.1 Real estate expenses.....					0		
9.2 Investment expenses not included elsewhere.....				15,364	15,364		
9.3 Aggregate write-ins for expenses.....	0	0	105,119	0	105,119		
10. General expenses Incurred.....	0	40,341	817,121	0	15,364 (a).....872,826		
11. General expenses unpaid December 31, prior year.....			58,777		58,777		
12. General expenses unpaid December 31, current year.....		3,572	37,134		40,706		
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	36,769	838,764	0	15,364 .....890,897		

DETAILS OF WRITE-INS

09.301. Consulting.....			105,119		105,119
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
09.399. Totals (Lines 09.301 thru 09.303 plus 09.398)(Line 9.3 above).....	0	0	105,119	0	105,119

(a) Includes management fees of \$.....0 to affiliates and \$.....0 to non-affiliates.

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

	Insurance			4	5
	1 Life	2 Accident and Health	3 All Other Lines of Business		
1. Real estate taxes.....					0
2. State insurance department licenses and fees.....			105,224		105,224
3. State taxes on premiums.....		875	170,519		171,394
4. Other state taxes, including \$.....0 for employee benefits.....			6,489		6,489
5. U.S. Social Security taxes.....			18,954		18,954
6. All other taxes.....			639		639
7. Taxes, licenses and fees incurred.....	875	301,825	0	0	302,700
8. Taxes, licenses and fees unpaid December 31, prior year.....		58,367			58,367
9. Taxes, licenses and fees unpaid December 31, current year.....		45,172			45,172
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9).....	875	315,020	0	0	315,895

EXHIBIT 4 - DIVIDENDS OR REFUNDS

	1 Life	2 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
0899. Totals (Line 0801 thru 0803 plus 0898) (Line 8 above).....		0

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
Life Insurance:					
0100001. 2001 CSO 4.0% ANB CRVM CNF.....(06-10).....	2,413,286		2,413,286		
0100002. 2001 CSO 4.0% ALB CRVM CNF.....(06-10).....	8,072		8,072		
0100003. 2001 CSO 4.0% ANB NLP CRF.....(06-10).....	1,870		1,870		
0199997. Totals (Gross).....	2,423,228	0	2,423,228	0	0
0199998. Reinsurance ceded.....	2,423,228		2,423,228		
0199999. Totals (Net).....	0	0	0	0	0
Miscellaneous Reserves:					
0700001. Non-deduction of deferred fractional premiums.....	82,699		82,699		
0799997. Totals (Gross).....	82,699	0	82,699	0	0
0799998. Reinsurance ceded.....	82,699		82,699		
0799999. Totals (Net).....	0	0	0	0	0
9999999. Totals (Net) - Page 3, Line 1.....	0	0	0	0	0

Annual Statement for the year 2015 of the **Provident American Life and Health Insurance Company**
EXHIBIT 5 - INTERROGATORIES

1.1 Has the reporting entity ever issued both participating and non-participating contracts?

Yes [] No [X]

1.2 If not, state which kind is issued

Non-participating

2.1 Does the reporting entity at present issue both participating and non-participating contracts?

Yes [] No [X]

2.2 If not, state which kind is issued

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?

Yes [] No [X]

If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.



* 6 7 9 0 3 2 0 1 5 3 7 0 0 0 0 0 0 *

4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:

Yes [] No [X]

4.1 Amount of insurance:

\$.....

4.2 Amount of reserve:

\$.....

4.3 Basis of reserve:

4.4 Basis of regular assessments:

4.5 Basis of special assessments:

4.6 Assessments collected during year:

\$.....

5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts.

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?

Yes [] No [X]

6.1 If so, state the amount of reserve on such contracts on the basis actually held:

\$.....

6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits:

\$.....

Attach statement of methods employed in their valuation.

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?

Yes [] No [X]

7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:

\$.....

7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3 State the amount of reserves established for this business:

\$.....

7.4 Identify where the reserves are reported in the blank.

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year?

Yes [] No [X]

8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:

\$.....

8.2 State the amount of reserves established for this business:

\$.....

8.3 Identify where the reserves are reported in the blank.

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?

Yes [] No [X]

9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders.

\$.....

9.2 State the amount of reserves established for this business:

\$.....

9.3 Identify where the reserves are reported in the blank.

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

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

NONE

EXHIBIT 6 - AGGREGATE RESERVES FOR ACCIDENT AND HEALTH CONTRACTS

	1 Total	2 Group Accident and Health	3 Credit Accident and Health (Group and Individual)	4 Collectively Renewable	Other Individual Contracts				
					5 Non- Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other
ACTIVE LIFE RESERVE									
1. Unearned premium reserves.....	595,506		11			595,495			
2. Additional contract reserves (a).....	.56,996					.56,996			
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).....	652,502		11	.0	.0	652,491	0	0	0
8. Reinsurance ceded.....	.80,101		11			.80,090			
9. Totals (Net).....	572,401		.0	.0	.0	.572,401	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
15. Reinsurance ceded.....	0								
16. Totals (Net).....	0		.0	.0	.0	.0	0	0	0
17. TOTALS (Net).....	572,401		.0	.0	.0	.572,401	0	0	0
18. TABULAR FUND INTEREST.....	.25,230					.25,230			

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 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 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

NONE

EXHIBIT 8 - CLAIMS FOR LIFE AND ACCIDENT AND HEALTH CONTRACTS

PART 1 - Liability End of Current Year

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities	9 Group	10 Credit (Group and Individual)	11 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.....	81,484		44,039								37,445
2.22 Reinsurance assumed.....	0										
2.23 Reinsurance ceded.....	47,838		44,039								3,799
2.24 Net.....	33,646	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....33,646
3. Incurred but unreported:											
3.1 Direct.....	759,897		11,000								748,897
3.2 Reinsurance assumed.....	0										
3.3 Reinsurance ceded.....	86,976		11,000								75,976
3.4 Net.....	672,921	0	(b).....0	(b).....0	0	(b).....0	(b).....0	0	(b).....0	(b).....0	(b).....672,921
4. Totals:											
4.1 Direct.....	841,381	0	55,039	0	0	0	0	0	0	0	786,342
4.2 Reinsurance assumed.....	0	0	0	0	0	0	0	0	0	0	0
4.3 Reinsurance ceded.....	134,814	0	55,039	0	0	0	0	0	0	0	79,775
4.4 Net.....	706,567	(a).....0	(a).....0	0	0	0	(a).....0	0	0	0	706,567

(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 Total	2 Industrial Life (a)	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health		
			3 Life Insurance (b)	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance (c)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other
1. Settlements during the year:											
1.1 Direct.....	8,908,446			.677,816				10,000			.8,220,630
1.2 Reinsurance assumed.....	0										
1.3 Reinsurance ceded.....	1,731,032			.677,816				10,000			1,043,216
1.4 Net.....(d)	7,177,414	0		0	0	0	0	0	0	0	7,177,414
2. Liability December 31, current year from Part 1:											
2.1 Direct.....	841,381	0		.55,039	0	0	0	0	0	0	.786,342
2.2 Reinsurance assumed.....	0			0	0	0	0	0	0	0	0
2.3 Reinsurance ceded.....	134,814	0		.55,039	0	0	0	0	0	0	79,775
2.4 Net.....	706,567	0		0	0	0	0	0	0	0	706,567
3. Amounts recoverable from reinsurers Dec. 31, current year.....	187,960										187,960
4. Liability December 31, prior year:											
4.1 Direct.....	1,259,472			.155,000							1,104,472
4.2 Reinsurance assumed.....	0										
4.3 Reinsurance ceded.....	278,867			.155,000							123,867
4.4 Net.....	980,605	0		0	0	0	0	0	0	0	980,605
5. Amounts recoverable from reinsurers Dec. 31, prior year.....	323,474										323,474
6. Incurred benefits:											
6.1 Direct.....	8,490,355	0		.577,855	0	0	0	10,000	0	0	.7,902,500
6.2 Reinsurance assumed.....	0			0	0	0	0	0	0	0	0
6.3 Reinsurance ceded.....	1,451,465	0		.577,855	0	0	0	10,000	0	0	.863,610
6.4 Net.....	7,038,890	0		0	0	0	0	0	0	0	7,038,890

(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.

Annual Statement for the year 2015 of the **Provident American Life and Health Insurance Company**
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.....	866	2,865	1,999
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due.....			0
15.3 Accrued retrospective premiums and contracts subject to redetermination.....			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.....	3,756,388	4,191,219	434,831
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.....	220,485	233,433	12,948
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 through 25).....	3,977,739	4,427,888	450,149
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0
28. TOTALS (Lines 26 and 27).....	3,977,739	4,427,888	450,149

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.....	38,182	43,758	5,576
2502. Disallowed Interest Maintenance Reserves.....	182,303	187,912	5,609
2503. Suspense.....		1,763	1,763
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).....	220,485	233,433	12,948

NOTES TO FINANCIAL STATEMENTS**1. Summary of Significant Accounting Policies**

On July 23, 2015, the Company's ultimate parent entity, Cigna Corporation ("Cigna"), entered into a definitive agreement to merge with Anthem, Inc. ("Anthem"), subject to certain terms, conditions and customary operating covenants, with Anthem continuing as the surviving company. At special shareholders' meetings held in December 2015, Cigna shareholders approved the merger with Anthem and Anthem shareholders approved the issuance of shares of Anthem common stock according to the merger agreement. Consummation of the merger remains subject to certain customary conditions, including the receipt of certain necessary governmental and regulatory approvals and the absence of a legal restraint prohibiting the consummation of the merger. The merger is expected to close in the second half of 2016.

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	2015	2014
Net Income				
1) Provident American Life and Health Insurance Company state basis (Page 4, Line 35, Columns 1 & 2)	OH	\$ 1,795,212	\$ 1,851,152	
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	\$ 1,795,212	\$ 1,851,152	
Surplus				
5) Provident American Life and Health Insurance Company state basis (Page 3, line 38, Columns 1 + OH)		\$ 16,352,581	\$ 14,589,119	
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	\$ 16,352,581	\$ 14,589,119	

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

NOTES TO FINANCIAL STATEMENTS

3. Business Combinations and Goodwill -- Not applicable

4. Discontinued Operations --Not applicable

5. Investments

A. – G. – Not applicable

H. Restricted Assets:

Restricted Asset Category	Gross Restricted								Percentage	
	Current Year								Percentage Gross Restricted to Total Assets	Percentage Admitted Restricted to Total Admitted Assets
	1	2	3	4	5	6	7	8		
	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		
a. Subject to contractual obligation for which liability is not shown	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	0%	0%
b. Collateral held under security lending	-	-	-	-	-	-	-	-	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 excluding FLBY capital	-	-	-	-	-	-	-	-	0%	0%
i. FHLB Capital Stock	-	-	-	-	-	-	-	-	-	-
j. On deposit with states	3,446,971	-	-	-	3,446,971	3,429,676	17,295	3,446,971	23%	23%
k. On deposit with other regulatory bodies	-	-	-	-	-	-	-	-	0%	0%
l. Pledged as collateral to FHLB (including assets backing funding)	-	-	-	-	-	-	-	-	-	-
m. Pledged as collateral not captured in other categories	-	-	-	-	-	-	-	-	0%	0%
n. Other restricted assets	-	-	-	-	-	-	-	-	0%	0%
o. Total Restricted Assets	\$ 3,446,971	\$ -	\$ -	\$ -	\$ 3,446,971	\$ 3,429,676	\$ 17,295	\$ 3,446,971	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, 2015 and 2014.

8. Derivative Instruments – Not applicable

NOTES TO FINANCIAL STATEMENTS

9. Income Taxes

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

(1)

	December 31, 2015			December 31, 2014			Change		
	Ordinary	Capital	Total	Ordinary	Capital	Total	Ordinary	Capital	Total
(a) Gross DTA	5,110,332	2,945	5,113,277	5,559,292	-	5,559,292	(448,960)	2,945	(446,015)
(b) Valuation allowance									
(c) Adjusted gross DTA (1a - 1b)	5,110,332	2,945	5,113,277	5,559,292	-	5,559,292	(448,960)	2,945	(446,015)
(d) Nonadmitted DTA	(3,753,443)	(2,945)	(3,756,388)	(4,191,219)	-	(4,191,219)	437,776	(2,945)	434,831
(e) Subtotal Net Admitted DTA (1c - 1)	1,356,889	-	1,356,889	1,368,073	-	1,368,073	(11,184)	-	(11,184)
(f) DTL	(12,913)		(12,913)	(11,289)	-	(11,289)	(1,624)	-	(1,624)
(g) Net admitted DTA (1e - 1f)	1,343,976	-	1,343,976	1,356,784	-	1,356,784	(12,808)	-	(12,808)

(2)

	December 31, 2015			December 31, 2014			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)	1,053,529	-	1,053,529	1,158,598	-	1,158,598	(105,069)	-	(105,069)
(b) Admitted pursuant to ¶11.b. (realization)	290,447	-	290,447	198,186	-	198,186	92,261	-	92,261
1. Realization per ¶11.b.i.	290,447	-	290,447	198,186	-	198,186	92,261	-	92,261
2. Limitation per ¶11.b.ii.	-		2,250,899	-	-	1,715,749	-		535,150
(c) Admitted pursuant to ¶11.c.	12,913	-	12,913	11,289	-	11,289	1,624	-	1,624
(d) Total admitted adjusted gross deferred tax asset (2a+2b+2c)	1,356,889	-	1,356,889	1,368,073	-	1,368,073	(11,184)	-	(11,184)

(3)

	2015 Percentage	2014 Percentage
(a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount	4302.05%	3285.43%
(b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	15,027,925	13,248,844

(4)

	December 31, 2015			December 31, 2014			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

	2015	2014	Change
(a) Current federal income tax expense/(benefit)	285,298	288,859	(3,561)
(b) Foreign income tax expense/(benefit)	-	-	-
(c) Subtotal	285,298	288,859	(3,561)
(d) Tax expense/(benefit) on realized capital gains/(losses)	-	-	-
(e) Utilization of capital loss carry-forwards	-	-	-
(f) Other, including prior year underaccrual/(overaccrual)	1,960	10,110	(8,150)
Federal and foreign income taxes incurred	287,258	298,969	(11,711)

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

	December 31, 2015	December 31, 2014	Change
Other insurance & contract holder liability	14,028	12,898	1,130
Goodwill & Intangibles	4,857,480	5,273,834	(416,354)
Nondeductible Liabilities	12,619	12,506	113
Nonadmitted assets	77,474	83,290	(5,816)
Investment, net	151,676	176,764	(25,088)
Gross DTA	5,113,277	5,559,292	(446,015)
Adjusted gross DTA	5,113,277	5,559,292	(446,015)
Nonadmitted DTA	(3,756,388)	(4,191,219)	434,831
Admitted DTA	1,356,889	1,368,073	(11,184)

NOTES TO FINANCIAL STATEMENTS

(3) Deferred tax liabilities

	<u>December 31, 2015</u>	<u>December 31, 2014</u>	<u>Change</u>
Other	12,913	11,289	1,624
Gross DTL	12,913	11,289	1,624

(4) Net Deferred Tax Assets/Liabilities 1,343,976 1,356,784 (12,808)

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):

	<u>December 31, 2015</u>	<u>December 31, 2014</u>	<u>Change</u>
Total deferred tax assets	5,113,277	5,559,292	(446,015)
Total deferred tax liabilities	(12,913)	(11,289)	(1,624)
Net Deferred tax asset/liabilities	5,100,364	5,548,003	(447,639)
Statutory valuation allowance adjustment	-	-	-
Net deferred tax assets/liabilities after SVA	5,100,364	5,548,003	(447,639)

d. Reconciliation of federal income tax rate to actual effective 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/losses. The significant items causing this difference are as follows:

	<u>December 31, 2015</u>	<u>Effective Tax Rate</u>
Provision computed at statutory rate (BFIT@35%)	729,029	35.00%
Change in nonadmitted assets	5,816	0.28%
IMR	1,964	0.10%
M&E	43	0.00%
Other, net	(1,955)	-0.10%
Total	734,897	35.28%
 Federal and foreign income taxes incurred	287,258	13.79%
Change in deferred income taxes	447,639	21.49%
 Total statutory income taxes	734,897	35.28%

e. Operating loss and tax credit carryforwards

(1) At December 31, 2015, the Company has no net operating loss forward and \$8,414 capital loss carryforward.

<u>Year</u>	<u>Net Operating Loss</u>	<u>Capital Loss</u>
2015	-	2,808
2014	-	5,606
Total	-	8,414

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

<u>Year</u>	<u>Amount</u>
2015	285,298
2014	290,824
2013	639,146

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

f. Operating loss and tax credit carryforwards

The IRS began its examination of the 2011 and 2012 tax years in 2014 and is expected to continue through 2016. The company does not expect a significant increase in federal or foreign contingent tax liability within the next twelve months.

g. Consolidated Federal Income Tax Return

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, 2015, the Company reported no amounts due from affiliated companies and \$8,205 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 \$15,364 in 2015, 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

NOTES TO FINANCIAL STATEMENTS

management services, computers, data processing and other services, as well as equipment, supplies and office space. Expenses incurred under these arrangements were \$745,406 in 2015.

- (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 2015 or 2014.
- (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 2015 or 2014.

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. – I. – Not applicable

11. Debt – Not applicable

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 \$31,625 in 2015.
- (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 2015, the Committee awarded restricted stock and strategic performance shares to eligible officers and employees under various plans for which an expense of \$3,215 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, 2015.

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.

NOTES TO FINANCIAL STATEMENTS

(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 2015.
- 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 2016, 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 \$154,392 at December 31, 2015.
- l. – n – Not applicable

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, 2015, the Company held a liability for future assessments of \$18,417. 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, 2015, are as follows:

Balance, beginning of year	\$47,351
Premium tax offsets accrued	24,582
Premium tax offsets applied	(13,514)
Allowance for unrealizability	(3,437)
	<u>\$54,982</u>

c. – e. – Not applicable

f. Other Legal Matters. Following announcement of Cigna's merger agreement with Anthem as discussed in Note 1, six putative class action complaints (collectively "complaints") were filed by purported Cigna shareholders on behalf of a purported class of Cigna shareholders. Five of the complaints were filed in the Court of Chancery of the State of Delaware. The sixth complaint was filed in the Connecticut Superior Court, Judicial District of Hartford. Additional lawsuits arising out of or relating to the merger agreement or the merger may be filed in the future.

Cigna, members of the Cigna board of directors, Anthem and Anthem Merger Sub Corp ("Merger Sub") have been named as defendants. The plaintiffs generally assert that the members of the Cigna board of directors breached their fiduciary duties to the Cigna shareholders during merger negotiations and by entering into the merger agreement and approving the merger, and that Cigna, Anthem and Merger Sub aided and abetted such breaches of fiduciary duties. The allegations include, among other things that, (1) the merger consideration undervalues Cigna, (2) the sales process leading up to the merger was flawed due to purported conflicts of interest of members of the Cigna board of directors and (3) certain provisions of the merger agreement inappropriately favor Anthem and inhibit competing bids. Plaintiffs seek, among other things, injunctive relief enjoining the merger, rescission of the merger agreement to the extent already implemented, and costs and damages.

Effective November 24, 2015, solely to avoid the costs, risks and uncertainties inherent in litigation, and without admitting any liability or wrongdoing, Cigna, Cigna's directors, Anthem and Merger Sub entered into a Memorandum of Understanding ("MOU") to settle the Cigna Merger Litigation. Subject to court approval and further definitive documentation in a settlement agreement that will be subject to customary conditions, the MOU resolved the Cigna Merger Litigation and provided that Cigna would make certain additional disclosures related to the merger. If the Court approves the settlement, the Cigna Merger Litigation will be dismissed with prejudice and all claims that were or could have been brought in any actions challenging any aspect of the merger, the merger agreement and any related disclosures will be released. In connection with the settlement, subject to the ultimate determination of the Court, plaintiffs' counsel may receive an award of reasonable fees. There can be no assurance that the parties will ultimately enter into a settlement agreement, or that the Court will approve the settlement even if the parties were to enter into such agreement. The MOU may terminate, if, among other reasons, the Court does not approve the settlement or the merger is not consummated for any reason. Following entry into the MOU, the five complaints filed in Delaware were voluntarily dismissed with prejudice.

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

NOTES TO FINANCIAL STATEMENTS

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

20. Fair Value Measurements

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.

Fair value is defined as the price at which an asset could be exchanged in an orderly transaction between market participants at the balance sheet date. 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 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 or 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.

Fair Value Measurements at Reporting Date

As of December 31, 2015 and December 31, 2014, the Company had no bonds reported at fair value in the financial statements.

Disclosures about Fair Values of Financial Instruments Not Carried at Fair Value

The following tables provide 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, 2015 and December 31, 2014.

December 31, 2015

	Aggregate Fair Value	Admitted Assets	Quoted Prices in Active Markets for Identical Assets		Significant Other Observable Inputs (Level 2)		Significant Unobservable Inputs (Level 3)	Not Practicable (Carrying Value)
Bonds	\$ 8,141,784	\$ 8,521,873	\$ 2,787,612	\$ 6,054,172				\$ -

December 31, 2014

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

Disclosures about Financial Instruments Not Practicable to Estimate Fair Value – None.

21. Other Items

a. - b. Not applicable

c. Other Disclosures

Assets in the amount of \$3,446,971 and \$3,429,676 at December 31, 2015 and 2014, 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, 2016, 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

(1) Section 1 – General Interrogatories

(a) 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.

(b) Have any policies issued by the company been reinsured with a company chartered in a country other than the United States (excluding U.S. Branches of such companies) that is owned in excess of 10% or controlled directly or indirectly by an insured, a beneficiary, a creditor or an insured or any other person not primarily engaged in the insurance business?
Yes () No (X)

If yes, give full details.

NOTES TO FINANCIAL STATEMENTS

(2) Section 2 – Ceded Reinsurance Report - Part A

a. Does the company have any reinsurance agreements in effect under which the reinsurer may unilaterally cancel any reinsurance for reasons other than for nonpayment of 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? \$ _____

b. Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate 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.

(3) Section 3 – Ceded Reinsurance Report - Part B

(a) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under 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. \$ 0

(b) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as 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

25. Change in Incurred Losses and Loss Adjustment Expenses:

Reserves as of December 31, 2014 were \$980,604. As of December 31, 2015, \$764,821 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$6,218 as a result of re-estimation of unpaid claims principally on Medicare Supplement insurance. Therefore, there has been a \$209,565 favorable prior year development since December 31, 2014 to December 31, 2015. 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 2015, the Company had no policies in force valued on a substandard basis.
- c. As of December 31, 2015, 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. Methods used to determine tabular interest, reserves released in tabular cost is not applicable.
- e. Methods used to determine tabular interest on funds not involving life contingencies is not applicable.
- f. Nature of other reserve changes is not applicable.

NOTES TO FINANCIAL STATEMENTS

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
a. 1.	Industrial		
2.	Ordinary new business		
3.	Ordinary renewal		
4.	Credit Life		
5.	Group Life	\$ (18,592)	\$ (18,592)
6.	Group Annuity		
7.	Totals	\$ (18,592)	\$ (18,592)

34. Separate Accounts -- Not applicable

35. Loss/Claim Adjustment Expenses

At December 31, 2015 and 2014, provision for LAE included in General Expense Due and Accrued totaled \$ 21,344 and \$29,979, respectively.

The Company incurred \$234,893 and paid \$242,893 of loss adjustment expenses in the current year of which \$23,104 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. _____ 12/31/2013

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). _____ 04/20/2015

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 name of 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 NAIC Company Code	3 State of Domicile
Name of Entity		

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 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated with 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 the response to 8.3 is yes, please provide below 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 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 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 other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A 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:

10.5 Has the reporting entity established an Audit Committee in compliance with the domiciliary state insurance laws? Yes [] No [X] N/A []

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

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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 [X]

12.11 Name of real estate holding company _____
 12.12 Number of parcels involved _____
 12.13 Total book/adjusted carrying value _____ \$ _____ 0 _____

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 [X] No []

(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;
 (b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;
 (c) Compliance with applicable governmental laws, rules and regulations;
 (d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and
 (e) Accountability for adherence to the code.

14.11 If the response to 14.1 is no, please explain: _____ Yes [] No [X]

14.2 Has the code of ethics for senior managers been amended? Yes [] No [X]
 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 [X]
 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 [X]

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

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 subordinator committee thereof? Yes [X] No []

17. Does the reporting entity keep a complete permanent record of the proceedings of its Board of Directors and all subordinator committees thereof? Yes [X] 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 [X] No []

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 [X]

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 [X]

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

21.21 Rented from others _____ \$ _____ 0 _____
 21.22 Borrowed from others _____ \$ _____ 0 _____
 21.23 Leased from others _____ \$ _____ 0 _____
 21.24 Other _____ \$ _____ 0 _____

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 _____ \$ _____ 1,293 _____
 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 [] No [X]

23.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: _____ \$ _____ 0 _____

INVESTMENT

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

24.01 Were all of 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. \$ _____ 0

24.06 If answer to 24.04 is no, report amount of collateral for other programs \$ _____ 0

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: \$ _____ 0

24.102 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ _____ 0

24.103 Total payable for securities lending reported on the liability page: \$ _____ 0

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 current 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 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 sale – excluding FHLB Capital Stock \$ _____ 0

25.27 FHLB Capital Stock \$ _____ 0

25.28 On deposit with states \$ _____ 3,446,971

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? Yes [] No [] N/A [X]
If no, attach a description with this statement.

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 of the current year: \$ _____ 0

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

1 Name of Custodian(s)	2 Custodian Address
JPMorgan 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 [] No [X]

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

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

28.05 Identify all investment advisors, broker/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	2 Name(s)	3 Address
105811	Cigna Investments, 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]

29.2 If yes, complete the following schedule:

GENERAL INTERROGATORIES**PART 1 - COMMON INTERROGATORIES**

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

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

1 Name of Mutual Fund (from above table)	2 Name of Significant Holding of the Mutual Fund	3 Amount of Mutual Fund's Book/Adjusted Carrying Value Attributable to the Holdings	4 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 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	13,362,405	13,682,317	319,912
30.2	Preferred Stocks	0	0	0
30.3	Totals	13,362,405	13,682,317	319,912

30.4 Describe the sources or methods utilized in determining 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 reliance 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 Investment Analysis Office* been followed? Yes [X] No []

32.2 If no, list exceptions:

OTHER

33.1 Amount of payments to trade associations, service organizations and statistical or rating bureaus, if any? \$ 17,600

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 Name	2 Amount Paid
A.M. Best	\$ 17,600

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 Name	2 Amount Paid
	\$

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 Name	2 Amount Paid
	\$

GENERAL INTERROGATORIES**PART 2 – LIFE INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [X] No []	
1.2	If yes, indicate premium earned on U.S. business only.	\$ 11,415,600	
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$ 0	
1.3	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.	\$ 7,876,495	
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	\$ 11,415,600	
1.65	Total incurred claims	\$ 7,876,495	
1.66	Number of covered lives	\$ 2,858	
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 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 10,255,766	\$ 12,296,285
2.2	Premium Denominator	\$ 10,147,682	\$ 12,180,223
2.3	Premium Ratio (2.1/2.2)	\$ 101.065	\$ 100.953
2.4	Reserve Numerator	\$ 1,302,073	\$ 1,707,575
2.5	Reserve Denominator	\$ 1,278,968	\$ 1,663,726
2.6	Reserve Ratio (2.4/2.5)	\$ 101.807	\$ 102.636
3.1	Does the reporting entity have Separate Accounts?	Yes [X] No []	
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?	\$ 0	
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)"?	\$ 0	
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	\$ 745,406	
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	\$ 0	
5.22	Page 4, Line 1	\$ 0	
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:		

GENERAL INTERROGATORIES**PART 2 – LIFE INTERROGATORIES**

7.11	Cash	\$	1,000,000
7.12	Stock	\$	0

8.1 Does the company reinsure any Workers' Compensation Carve-Out business defined as:

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 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained
8.31	Earned premium	\$ 0	\$ 0
8.32	Paid claims	\$ 0	\$ 0
8.33	Claim liability and reserve (beginning of year)	\$ 0	\$ 0
8.34	Claim liability and reserve (end of year)	\$ 0	\$ 0
8.35	Incurred claims	\$ 0	\$ 0

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 Column (1) are:

Attachment Point	1 Earned Premium	2 Claim Liability and Reserve
8.41 <\$25,000	\$ 0	\$ 0
8.42 \$25,000 — 99,999	\$ 0	\$ 0
8.43 \$100,000 — 249,999	\$ 0	\$ 0
8.44 \$250,000 — 999,999	\$ 0	\$ 0
8.45 \$1,000,000 or more	\$ 0	\$ 0

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

\$ 0

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 Guaranteed Death Benefit	2 Guaranteed Living Benefit	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

10. For reporting entities having sold annuities to another insurer where 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 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value)
	\$

11.1 Do you act as a custodian for health savings accounts?

Yes [] No [X]

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

\$ 0

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.

\$ 0

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 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other
	0					

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 Premiums Written	\$	765,240
13.2	Total Incurred Claims	\$	577,855
13.3	Number of Covered Lives		1,362

*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)						

Provident American Life and Health Insurance Company
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 2015	2 2014	3 2013	4 2012	5 2011
Life Insurance in Force (Exhibit of Life Insurance)					
1. Ordinary - whole life and endowment (Line 34, Col. 4).....	9,124	10,421	10,806	12,250	13,567
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....	388	470			
3. Credit life (Line 21, Col. 6).....					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4).....	2,286	2,433	2,616	2,585	2,790
5. Industrial (Line 21, Col. 2).....					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4).....					
7. Total (Line 21, Col. 10).....	11,798	12,854	13,892	14,835	16,357
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).....	181	37			223
12. Industrial (Line 2, Col. 2).....					
13. Total (Line 2, Col. 10).....	181	0	37	0	223
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
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
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).....	10,147,683	12,180,222	14,982,811	18,512,956	22,773,568
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total.....	10,147,683	12,180,222	14,982,811	16,783,350	23,930,095
Balance Sheet (Pages 2 and 3)					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3)....	18,041,998	16,644,210	15,214,332	23,621,177	21,141,002
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	1,689,417	2,055,091	2,415,510	3,283,719	5,503,496
23. Aggregate life reserves (Page 3, Line 1).....					1,825,307
24. Aggregate A&H reserves (Page 3, Line 2).....	572,401	683,121	798,321	981,882	1,175,750
25. Deposit-type contract funds (Page 3, Line 3).....					
26. Asset valuation reserve (Page 3, Line 24.01).....	19,320	16,509	19,153	15,043	45,139
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).....	13,852,581	12,089,119	10,298,822	17,837,458	13,137,506
Cash Flow (Page 5)					
29. Net Cash from operations (Line 11).....	1,662,472	1,218,929	1,533,125	3,021,746	2,630,979
Risk-Based Capital Analysis					
30. Total adjusted capital.....	16,371,901	14,605,628	12,817,975	20,352,501	15,682,645
31. Authorized control level risk-based capital.....	349,320	403,260	449,686	515,875	690,734
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).....	51.4	61.6	64.9	39.6	58.7
33. Stocks (Lines 2.1 and 2.2).....	17.9	20.1	22.2	14.4	16.6
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).....	30.7	18.3	12.9	46.0	24.7
37. Contract loans (Line 6).....					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 2015	2 2014	3 2013	4 2012	5 2011
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).....	2,971,114	2,996,327	3,059,716	3,120,250	3,135,253
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.....	2,971,114	2,996,327	3,059,716	3,120,250	3,135,253
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).....	3,977,739	4,427,888	4,905,809	5,361,894	2,285,467
53. Total admitted assets (Page 2, Line 28, Col. 3).....	18,041,998	16,644,210	15,214,332	23,621,177	21,141,002
Investment Data					
54. Net investment income (Exhibit of Net Investment Income).....	248,517	251,032	289,511	339,795	294,337
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....				(273,221)	
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....	(25,213)	(63,389)	(60,534)	(15,003)	9,881
57. Total of above Lines 54, 55 and 56.....	223,304	187,643	228,977	51,571	304,218
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
59. Total contract benefits - A&H (Lines 13 & 14, Cols. 9, 10 & 11).....	7,038,890	8,361,262	9,459,989	11,468,497	14,720,262
60. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3).....				(1,825,307)	317,966
61. Increase in A&H reserves (Line 19, Cols. 9, 10 & 11).....	(110,720)	(115,200)	(183,561)	(193,868)	(213,888)
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.....	10.7	14.0	16.4	18.9	16.2
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.....	2.0	3.2	3.6		5.0
65. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....	.69.0	.68.0	.62.4	.61.3	.64.0
66. A&H cost containment percent (Schedule H, Part 1, Line 4, Col. 2).....	.4				
67. A&H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2).....	.13.2	.16.5	.18.2	.18.7	.18.1
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).....	771,039	967,825	1,072,930	1,158,847	1,618,947
71. Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2).....	980,604	971,405	1,194,079	1,328,849	1,797,011
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).....	(754)	(574)	8,088	211,501	26,377
74. Ordinary - individual annuities (Col. 4).....					
75. Ordinary - supplementary contracts (Col. 5).....					
76. Credit life (Col. 6).....					
77. Group life (Col. 7).....	.5,117	.6,663	.123	.31,071	.42,524
78. Group annuities (Col. 8).....					
79. A&H - group (Col. 9).....					
80. A&H - credit (Col. 10).....					
81. A&H - other (Col. 11).....	1,790,848	1,863,708	2,607,108	5,159,255	2,627,319
82. Aggregate of all other lines of business (Col. 12).....		(18,644)	(78,611)	(27,579)	
83. Total (Col. 1).....	1,795,211	1,851,153	2,536,708	5,374,248	2,696,220

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)	7 Number of Policies	8 Certificates		
1. In force end of prior year.....			1,493	10,421			59	122	2,433	12,854
2. Issued during year.....								7	181	181
3. Reinsurance assumed.....									0	0
4. Revived during year.....									0	0
5. Increased during year (net).....									0	0
6. Subtotals, Lines 2 to 5.....	0	0	0	0	0	0	0	7	181	181
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	1,493	10,421	0	0	59	129	2,614	13,035
Deductions during year:										
10. Death.....			.80	561			XXX			561
11. Maturity.....							XXX			0
12. Disability.....							XXX			0
13. Expiry.....			.17	139				12	.18	.328
14. Surrender.....			.34	204						204
15. Lapse.....										0
16. Conversion.....							XXX	XXX	XXX	0
17. Decreased (net).....				.5						.5
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	131	909	0	0	12	.18	.328	1,237
21. In force end of year (Line 9 minus Line 20).....	0	0	1,362	9,512	0	0	.47	.111	.2,286	11,798
22. Reinsurance ceded end of year.....	XXX		XXX	9,512	XXX		XXX	XXX	.2,286	11,798
23. Line 21 minus Line 22.....	XXX	0	XXX	0	XXX	(b)	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.

Provident American Life and Health Insurance Company**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.....			17	20
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.....	....66.....	....388.....
34. Totals, whole life and endowment.....			....1,296.....	....9,124.....
35. Totals (Lines 31 to 34).....	....0.....	....0.....	....1,362.....	....9,512.....

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.....				....9,511.....
38. Credit Life (Group and Individual).....				
39. Group.....	....181.....		....2,286.....	
40. Totals (Lines 36 to 39).....	....181.....	....0.....	....11,797.....	....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.....							....46.....	....789.....
50. Extended Benefits.....			....XXX.....	....XXX.....				
51. Other.....								
52. Total.....	....0.....	(b)....0.....	....0.....	(b)....0.....	....0.....	(b)....0.....	....46.....	(b)....789.....

(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.....		(a).....		(a).....
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.....					3,545	12,842,526
2. Issued during year.....						
3. Reinsurance assumed.....						
4. Increased during year (net).....		XXX.....		XXX.....		XXX.....
5. Total (Lines 1 to 4).....	0	XXX.....	0	XXX.....	3,545	XXX.....
Deductions during year:						
6. Conversions.....		XXX.....	XXX.....	XXX.....	XXX.....	XXX.....
7. Decreased (net).....		XXX.....		XXX.....	687	XXX.....
8. Reinsurance ceded.....		XXX.....		XXX.....		XXX.....
9. Totals (Lines 6 to 8).....	0	XXX.....	0	XXX.....	687	XXX.....
10. In force end of year.....	0	(a).....	0	(a).....	2,858	(a).....10,853,938

DEPOSIT FUNDS AND DIVIDEND ACCUMULATIONS

	1 Deposit Funds		2 Dividend Accumulations	
	Contracts	Contracts	Contracts	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

States, Etc.	Active Status	Direct Business Only					
		Life Contracts		4 Accident and Health Insurance Premiums, Including Policy, Mem- bership and Other Fees	5 Other Considerations	6 Total Columns 2 through 5	7 Deposit-Type Contracts
		2	3 Annuity Considerations				
1. Alabama.....	.AL	N	15,350	4,711		20,061	
2. Alaska.....	.AK	L	-	11,016		11,016	
3. Arizona.....	.AZ	L	1,621	54,878		56,499	
4. Arkansas.....	.AR	L	-	14,631		14,631	
5. California.....	.CA	L	475	8,911		9,386	
6. Colorado.....	.CO	L	719	83,438		84,157	
7. Connecticut.....	.CT	N	-	-		0	
8. Delaware.....	.DE	L	-	-		0	
9. District of Columbia.....	.DC	L	-	-		0	
10. Florida.....	.FL	L	428	41,728		42,156	
11. Georgia.....	.GA	L	2,332	56,397		58,729	
12. Hawaii.....	.HI	L	-	-		0	
13. Idaho.....	.ID	L	795	32,531		33,326	
14. Illinois.....	.IL	L	18,634	305,278		323,912	
15. Indiana.....	.IN	L	2,247	167,510		169,757	
16. Iowa.....	.IA	L	10,541	485,735		496,276	
17. Kansas.....	.KS	L	-	12,397		12,397	
18. Kentucky.....	.KY	L	16,041	79,381		95,422	
19. Louisiana.....	.LA	L	3,609	142,707		146,316	
20. Maine.....	.ME	N	-	1,444		1,444	
21. Maryland.....	.MD	L	-	7,819		7,819	
22. Massachusetts.....	.MA	L	-	4,000		4,000	
23. Michigan.....	.MI	N	-	14,617		14,617	
24. Minnesota.....	.MN	N	-	9,414		9,414	
25. Mississippi.....	.MS	L	16,970	281,657		298,627	
26. Missouri.....	.MO	L	9,963	64,773		74,736	
27. Montana.....	.MT	L	2,396	202,131		204,527	
28. Nebraska.....	.NE	L	4,437	205,496		209,933	
29. Nevada.....	.NV	L	-	23,025		23,025	
30. New Hampshire.....	.NH	N	-	-		0	
31. New Jersey.....	.NJ	N	-	1,505		1,505	
32. New Mexico.....	.NM	N	1,156	4,960		6,116	
33. New York.....	.NY	N	(106)	3,974		3,868	
34. North Carolina.....	.NC	L	3,676	23,101		26,777	
35. North Dakota.....	.ND	L	751	11,524		12,275	
36. Ohio.....	.OH	L	16,983	285,398		302,381	
37. Oklahoma.....	.OK	L	45,419	521,703		567,122	
38. Oregon.....	.OR	L	28,774	473,435		502,209	
39. Pennsylvania.....	.PA	L	66,634	38,617		105,251	
40. Rhode Island.....	.RI	N	-	-		0	
41. South Carolina.....	.SC	L	99,420	932,659		1,032,079	
42. South Dakota.....	.SD	L	-	4,273		4,273	
43. Tennessee.....	.TN	N	824	5,877		6,701	
44. Texas.....	.TX	L	446,456	6,428,717		6,875,173	
45. Utah.....	.UT	L	19,567	62,959		82,526	
46. Vermont.....	.VT	L	-	-		0	
47. Virginia.....	.VA	N	2,780	12,418		15,198	
48. Washington.....	.WA	N	312	28,181		28,493	
49. West Virginia.....	.WV	L	9,370	80,088		89,458	
50. Wisconsin.....	.WI	L	4,095	6,553		10,648	
51. Wyoming.....	.WY	L	-	18,085		18,085	
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
59. Subtotal.....		(a) 38	852,669	0	11,259,652	0	12,112,321
90. Reporting entity contributions for employee benefit plans.....		XXX	-	-	-	0	0
91. Dividends or refunds applied to purchase paid-up additions and annuities.....		XXX	-	-	-	0	0
92. Dividends or refunds applied to shorten endowment or premium paying period.....		XXX	-	-	-	0	0
93. Premium or annuity considerations waived under disability or other contract provisions.....		XXX	-	-	-	0	0
94. Aggregate other amounts not allocable by State.....		XXX	0	0	0	0	0
95. Totals (Direct Business).....		XXX	852,669	0	11,259,652	0	12,112,321
96. Plus reinsurance assumed.....		XXX	-	-	-	0	0
97. Totals (All Business).....		XXX	852,669	0	11,259,652	0	12,112,321
98. Less reinsurance ceded.....		XXX	855,204	-	1,197,867	-	2,053,071
99. Totals (All Business) less reinsurance ceded.....		XXX	(2,535)	0	(b) 10,061,785	0	10,059,250

DETAILS OF WRITE-INS

58001.....	XXX	-	-	-	-	0	0
58002.....	XXX	-	-	-	-	0	0
58003.....	XXX	-	-	-	-	0	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	0
9402.....	XXX	-	-	-	-	0	0
9403.....	XXX	-	-	-	-	0	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.

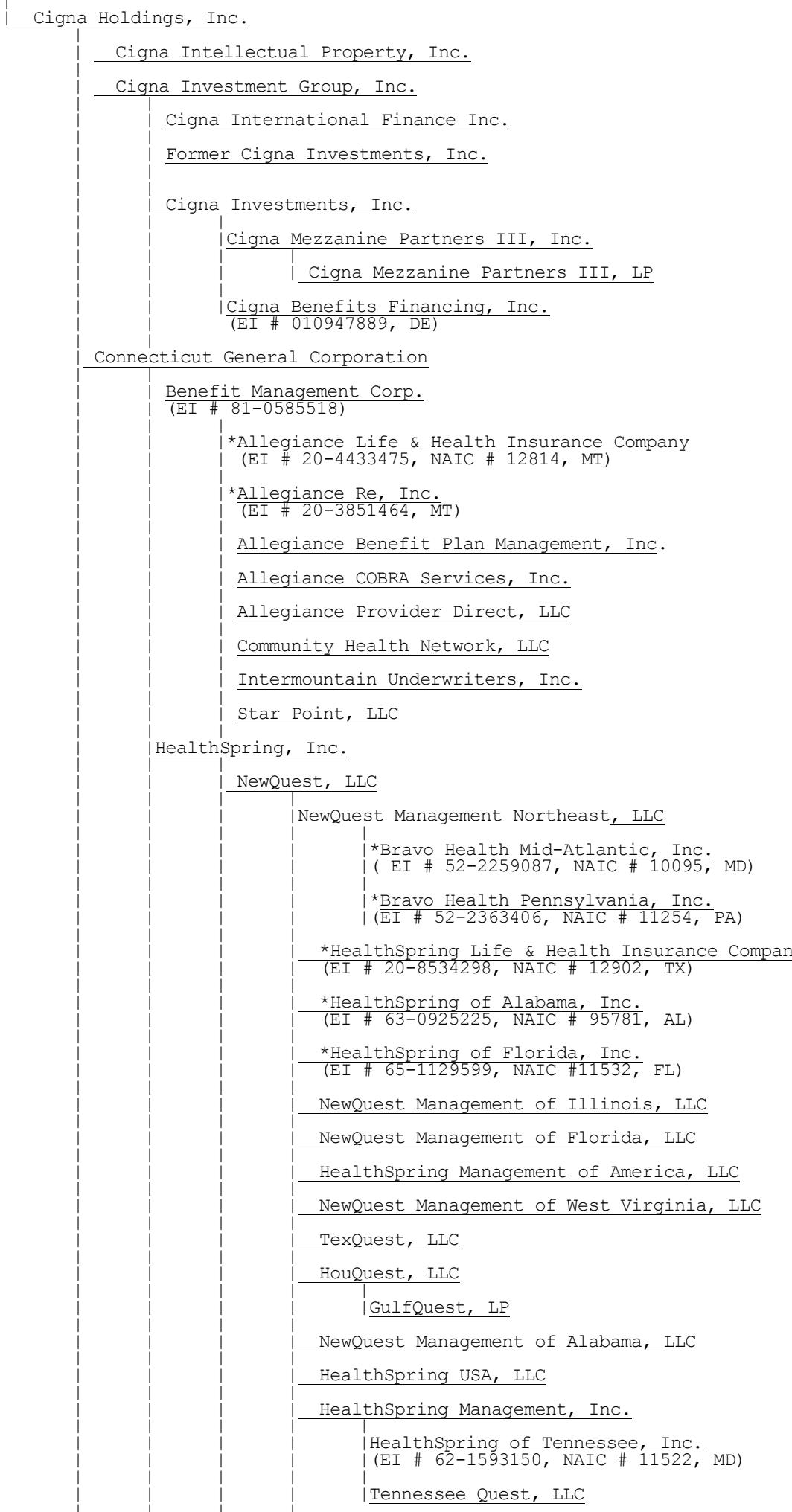
Premium and annuity considerations are allocated to the policyowners state of residence when collected.

(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

PART 1 -- ORGANIZATION 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, 2015:

Cigna CORPORATION
(A Delaware corporation and ultimate parent company)



	<u>HealthSpring Pharmacy Services, LLC</u> <u>HealthSpring Pharmacy of Tennessee, LLC</u> <u>Home Physicians Management, LLC</u>
	*Cigna Arbor Life Insurance Company (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)

Cigna HealthCare of New Jersey, Inc.
(EI# 22-2720890, NAIC # 95500, NJ)

Cigna HealthCare of Pennsylvania, Inc.
(EI# 23-2301807, NAIC # 95121, PA)

Cigna HealthCare of St. Louis, Inc.
(EI# 36-3359925, NAIC # 95635, MO)

Cigna HealthCare of Utah, Inc.
(EI# 62-1230908, NAIC # 95518, UT)

Cigna HealthCare of Georgia, Inc.
(EI# 58-1641057, NAIC # 96229, GA)

Cigna HealthCare of Texas, Inc.
(EI# 74-2767437, NAIC # 95383, TX)

Cigna HealthCare of Indiana, Inc.
(EI# 35-1679172, NAIC # 95525, IN)

Cigna HealthCare of Tennessee, Inc.
(EI# 62-1218053, NAIC # 95606, TN)

Cigna HealthCare of North Carolina, Inc.
(EI# 56-1479515, NAIC# 95132, NC)

Cigna HealthCare of South Carolina, Inc.
(EI# 06-1185590, NAIC # 95708, SC)

*Temple Insurance Company Limited

Arizona Health Plan, Inc.

Healthsource Properties, Inc.

Managed Care Consultants, Inc.

Choicelinx Corporation

Sagamore Health Network, Inc.

Cigna Healthcare Holdings, Inc.
(EI# 84-0985843)

Great-West Healthcare of Illinois, Inc.
(EI# 93-1174749, NAIC 95388, IL)

Cigna Healthcare, Inc.

*Cigna Life Insurance Company of New York
(EI# 13-2556568, NAIC # 64548, NY)

*Connecticut General Life Insurance Company
(EI# 06-0303370, NAIC # 62308, CT)

CG Mystic Center LLC

Station Landing LLC

CG Mystic Land LLC

ND/CG Holding LLC

CG Skyline, LLC

Skyline ND/CG LLC

ND Mystic Center Note LLC

Skyline Mezzanine Borrower, LLC

Skyline at Station Landing, LLC

Careallies, LLC

CG Bayport LLC

Bayport Colony Apartments LLC

Cigna Onsite Health, LLC

Gillette Ridge Community Council, Inc.

Gillette Ridge Golf LLC

Hazard Center Investment Company LLC

Tel-Drug of Pennsylvania, LLC

GRG Acquisitions LLC

Cigna Affiliates Realty Investment Group, LLC
(EI# 27-5402196, DE)

CR Longwood Investors, LP

ND/CR Longwood LLC

ARE/ND/CR Longwood LLC

121 Tasman Apartments LLC

Secon Properties, LP

Transwestern Federal Holdings, L.L.C.
 | Transwestern Federal, L.L.C.
 Market Street Residential Holdings LLC
 | Arborpoint at Market Street LLC
Diamondview Tower CM-CG LLC
CR Washington Street Investors LP
Civic Holding LLC
Dulles Town Center Mall, LLC
AEW/FDG, LP
ND/CR Unicorn LLC
Union Wharf Apartments LLC
AMD Apartments Limited Partnership
SP Newport Crossing LLC
PUR Arbors Apartments Venture LLC
CG Seventh Street, LLC
Ideal Properties II LLC
Alessandro Partners, LLC
Mallory Square Partners I, LLC
Houston Briar Forest Apartments Limited Partnership
Newtown Partners II, LP
Newtown Square GP LLC
AFA Apartments Limited Partnership
SB-SNH LLC
 | 680 Investors LLC
 | 685 New Hampshire LLC
CGGL 18301 LLC
Unico/CG Commonwealth LLC
 | Commonwealth Acquisition LLC
222 Main Street Caring GP LLC
222 Main Street Investors LP
Notch 8 Residential, L.L.C.
UVL, LLC
3601 North Fairfax Drive Associates, LLC
CI Perris 151, LLC
Lakehills CM - CG LLC
CORAC LLC
 | Bridgepoint Office Park Associates, LLC
 | (EI# 27-3923999, DE)
Fairway Center Associates, LLC
 | (EI# 27-3126102, DE)
Henry on the Park Associates, LLC
 | (EI# 27-3582688, DE)
*Cigna Health and Life Insurance Company
 | (EI# 59-1031071, NAIC # 67369, CT)
CarePlexus, LLC
 | (EI# 45-2681649; DE)
Cigna Corporate Services, LLC
 | (EI# 27-3396038, DE)
Cigna Insurance Agency, LLC
 | (EI# 27-1903785, CT)
Ceres Sales of Ohio, LLC
 | (EI# 34-1970892, OH)
Central Reserve Life Insurance Company
 | (EI# 34-0970995, NAIC # 61727, OH)
 | Provident American Life & Health Insurance Company
 | (EI# 23-1335885, NAIC # 67903, OH)
 | United Benefit Life Insurance Company
 | (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>QualCare Alliance Networks, Inc.</u>
		| <u>QualCare, Inc.</u>
		| <u>Scibal Associates, Inc.</u>
		| <u>QualCare Captive Insurance Company Inc., PCC</u>
		| <u>QualCare Management Resources Limited Liability Company</u>
		| <u>Health-Lynx, LLC</u>
		| <u>Sterling Life Insurance Company</u>
		| <u>Olympic Health Management Systems, Inc.</u>
		| <u>Olympic Health Management Services, Inc.</u>
		| <u>WorldDoc, Inc.</u>
		| <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 & CMB 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>
		| <u>CGO Participatos LTDA</u>
		| <u>YCFM Servicos LTDA</u>
		| <u>*Cigna Global Reinsurance Company, Ltd.</u>
		| <u>Cigna Holdings Overseas, Inc.</u>
		| <u>Cigna Bellevue Alpha LLC</u>
		| <u>Cigna Linden Holdings, Inc.</u>
		| <u>Cigna Laurel Holdings, Ltd.</u>
		| <u>Cigna Palmetto Holdings, Ltd.</u>
		| <u>Cigna Apac Holdings Limited</u>
		| <u>Cigna Alder Holdings, LLC</u>
		| <u>Cigna Walnut Holdings, Ltd.</u>
		<u>Cigna Chestnut Holdings, Ltd.</u>

2015 ALPHABETICAL INDEX
LIFE ANNUAL STATEMENT BLANK

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