



ANNUAL STATEMENT

For the Year Ended December 31, 2016
of the Condition and Affairs of the

United Benefit Life Insurance Company

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

Organized under the Laws of OH

Incorporated/Organized..... June 26, 1957

Statutory Home Office

Main Administrative Office

Mail Address

Primary Location of Books and Records

Internet Web Site Address

Statutory Statement Contact

NAIC Company Code..... 65269

State of Domicile or Port of Entry OH

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

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

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

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

www.CignaSupplementalBenefits.com

Renee Wilkins Feldman
(Name)

CSBFinRpt@cigna.com
(E-Mail Address)

Employer's ID Number..... 75-2305400

Country of Domicile US

Commenced Business..... August 13, 1957

512-451-2224
(Area Code) (Telephone Number)

512-451-2224
(Area Code) (Telephone Number)

(512) 531-1465
(Area Code) (Telephone Number) (Extension)

512-467-1399
(Fax Number)

OFFICERS

| Name | Title | Name | Title |
|----------------------|-----------|--------------------------|--|
| 1. Brian Case Evanko | President | 2. Byron Keith Buescher | Treasurer and Chief Accounting Officer |
| 3. Anna Krishtul # | Secretary | 4. Susan Eadaoine Buck # | Appointed Actuary |

OTHER

| | | | |
|--------------------------|--|-------------------------|--|
| Jessica Kierulf Tutwiler | Executive Vice President and Chief Financial Officer | David Lawrence Chambers | Vice President-Sales and Marketing |
| Mark Fleming | Vice President and Assistant Treasurer | Joanne Ruth Hart | Vice President and Assistant Treasurer |
| Stephen Burnett Jones # | Vice President | Scott Ronald Lambert | Vice President and Assistant Treasurer |
| Eric Paul Palmer | Vice President | Maureen Hardiman Ryan | Vice President and Assistant Treasurer |
| Man-Kit Simon Tang | Vice President and Chief Actuary | | |

DIRECTORS OR TRUSTEES

| | | | |
|---------------------|--------------------------|----------------|------------------|
| Brian Case Evanko | Jessica Kierulf Tutwiler | James Yablecki | Eric Paul Palmer |
| Frank Sataline, Jr. | | | |

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 and Chief Accounting Officer

(Title)

(Signature)

Anna Krishtul

3. (Printed Name)

Secretary

(Title)

Subscribed and sworn to before me

This _____ day of February 2017

a. Is this an original filing? Yes [X] No []

b. If no

1. State the amendment number _____

2. Date filed _____

3. Number of pages attached _____

ASSETS

| | Current Year | | | Prior Year |
|---|--------------|--------------------|--------------------------------------|---------------------|
| | 1 | 2 | 3 | 4 |
| | Assets | Nonadmitted Assets | Net Admitted Assets (Cols. 1 - 2) | Net Admitted Assets |
| 1. Bonds (Schedule D)..... | 2,535,780 | | 2,535,780 | 2,538,737 |
| 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 (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 (\$.....191,463, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$.....249,088, Schedule DA)..... | 440,550 | | 440,550 | 466,467 |
| 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)..... | 2,976,330 | 0 | 2,976,330 | 3,005,204 |
| 13. Title plants less \$.....0 charged off (for Title insurers only)..... | | | 0 | |
| 14. Investment income due and accrued..... | 16,093 | | 16,093 | 16,042 |
| 15. Premiums and considerations: | | | | |
| 15.1 Uncollected premiums and agents' balances in the course of collection..... | | | 0 | |
| 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..... | | | 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..... | | | 0 | |
| 19. Guaranty funds receivable or on deposit..... | 485 | | 485 | 306 |
| 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 | |
| 24. Health care (\$.....0) and other amounts receivable..... | | | 0 | |
| 25. Aggregate write-ins for other-than-invested assets..... | 0 | 0 | 0 | 0 |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25)..... | 2,992,908 | 0 | 2,992,908 | 3,021,552 |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | | 0 | |
| 28. TOTAL (Lines 26 and 27)..... | 2,992,908 | 0 | 2,992,908 | 3,021,552 |

| 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 through 1103 plus 1198) (Line 11 above)..... | 0 | 0 | 0 | 0 |
| 2501. | | | 0 | |
| 2502. | | | 0 | |
| 2503. | | | 0 | |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | 0 | 0 | 0 | 0 |

LIABILITIES, SURPLUS AND OTHER FUNDS

| | | 1 | 2 |
|-------|--|--------------|--------------|
| | | Current Year | 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)..... | | |
| 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)..... | | |
| 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 \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14)..... | | |
| 9. | Contract liabilities not included elsewhere: | | |
| 9.1 | Surrender values on canceled contracts..... | | |
| 9.2 | Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act..... | | |
| 9.3 | Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded..... | | |
| 9.4 | Interest Maintenance Reserve (IMR, Line 6)..... | 41,594 | 44,677 |
| 10. | Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0..... | | |
| 11. | Commissions and expense allowances payable on reinsurance assumed..... | | |
| 12. | General expenses due or accrued (Exhibit 2, Line 12, Col. 6)..... | 2,229 | 1,405 |
| 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)..... | 2,737 | 2,912 |
| 15.1 | Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses)..... | | |
| 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..... | | |
| 19. | Remittances and items not allocated..... | | |
| 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)..... | 351 | 195 |
| 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..... | 50 | 1,249 |
| 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..... | 0 | 0 |
| 26. | Total liabilities excluding Separate Accounts business (Lines 1 to 25)..... | 46,961 | 50,438 |
| 27. | From Separate Accounts Statement..... | | |
| 28. | Total liabilities (Line 26 and 27)..... | 46,961 | 50,438 |
| 29. | Common capital stock..... | 1,500,000 | 1,500,000 |
| 30. | Preferred capital stock..... | | |
| 31. | Aggregate write-ins for other-than-special surplus funds..... | 0 | 0 |
| 32. | Surplus notes..... | | |
| 33. | Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1)..... | 18,820,665 | 18,820,665 |
| 34. | Aggregate write-ins for special surplus funds..... | 0 | 0 |
| 35. | Unassigned funds (surplus)..... | (17,374,718) | (17,349,551) |
| 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)..... | 1,445,947 | 1,471,114 |
| 38. | Totals of Lines 29, 30 and 37 (Page 4, Line 55)..... | 2,945,947 | 2,971,114 |
| 39. | Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3)..... | 2,992,908 | 3,021,552 |

| DETAILS OF WRITE-INS | | |
|----------------------|--|---|
| 2501. | | |
| 2502. | | |
| 2503. | | |
| 2598. | Summary of remaining write-ins for Line 25 from overflow page..... | 0 |
| 2599. | Totals (Lines 2501 through 2503 plus 2598) (Line 25 above)..... | 0 |
| 3101. | | |
| 3102. | | |
| 3103. | | |
| 3198. | Summary of remaining write-ins for Line 31 from overflow page..... | 0 |
| 3199. | Totals (Lines 3101 through 3103 plus 3198) (Line 31 above)..... | 0 |
| 3401. | | |
| 3402. | | |
| 3403. | | |
| 3498. | Summary of remaining write-ins for Line 34 from overflow page..... | 0 |
| 3499. | Totals (Lines 3401 through 3403 plus 3498) (Line 34 above)..... | 0 |

United Benefit Life 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) | | |
| 2. Considerations for supplementary contracts with life contingencies | | |
| 3. Net investment income (Exhibit of Net Investment Income, Line 17) | 48,211 | 36,852 |
| 4. Amortization of Interest Maintenance Reserve (IMR) (Line 5) | 3,083 | 2,941 |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses | | |
| 6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1) | | |
| 7. Reserve adjustments on reinsurance ceded | | |
| 8. Miscellaneous Income: | | |
| 8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts | | |
| 8.2 Charges and fees for deposit-type contracts | | |
| 8.3 Aggregate write-ins for miscellaneous income | 7,765 | 7,938 |
| 9. Totals (Lines 1 to 8.3) | 59,059 | 47,731 |
| 10. Death benefits | | |
| 11. Matured endowments (excluding guaranteed annual pure endowments) | | |
| 12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8) | | |
| 13. Disability benefits and benefits under accident and health contracts | | |
| 14. Coupons, guaranteed annual pure endowments and similar benefits | | |
| 15. Surrender benefits and withdrawals for life contracts | | |
| 16. Group conversions | | |
| 17. Interest and adjustments on contract or deposit-type contract funds | | |
| 18. Payments on supplementary contracts with life contingencies | | |
| 19. Increase in aggregate reserves for life and accident and health contracts | | |
| 20. Totals (Lines 10 to 19) | 0 | 0 |
| 21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1) | | |
| 22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1) | | |
| 23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4) | 39,124 | 27,904 |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3) | 44,446 | 44,820 |
| 25. Increase in loading on deferred and uncollected premiums | | |
| 26. Net transfers to or (from) Separate Accounts net of reinsurance | | |
| 27. Aggregate write-ins for deductions | 500 | 0 |
| 28. Totals (Lines 20 to 27) | 84,070 | 72,724 |
| 29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28) | (25,011) | (24,993) |
| 30. Dividends to policyholders | | |
| 31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30) | (25,011) | (24,993) |
| 32. Federal and foreign income taxes incurred (excluding tax on capital gains) | | |
| 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) | (25,011) | (24,993) |
| 34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR) | | |
| 35. Net income (Line 33 plus Line 34) | (25,011) | (24,993) |
| CAPITAL AND SURPLUS ACCOUNT | | |
| 36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2) | 2,971,114 | 2,996,299 |
| 37. Net income (Line 35) | (25,011) | (24,993) |
| 38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0 | | |
| 39. Change in net unrealized foreign exchange capital gain (loss) | | |
| 40. Change in net deferred income tax | | |
| 41. Change in nonadmitted assets | | |
| 42. Change in liability for reinsurance in unauthorized and certified companies | | |
| 43. Change in reserve on account of change in valuation basis, (increase) or decrease | | |
| 44. Change in asset valuation reserve | (156) | (192) |
| 45. Change in treasury stock, (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1) | | |
| 46. Surplus (contributed to) withdrawn from Separate Accounts during period | | |
| 47. Other changes in surplus in Separate Accounts Statement | | |
| 48. Change in surplus notes | | |
| 49. Cumulative effect of changes in accounting principles | | |
| 50. Capital changes: | | |
| 50.1 Paid in | | |
| 50.2 Transferred from surplus (Stock Dividend) | | |
| 50.3 Transferred to surplus | | |
| 51. Surplus adjustment: | | |
| 51.1 Paid in | | |
| 51.2 Transferred to capital (Stock Dividend) | | |
| 51.3 Transferred from capital | | |
| 51.4 Change in surplus as a result of reinsurance | | |
| 52. Dividends to stockholders | | |
| 53. Aggregate write-ins for gains and losses in surplus | 0 | 0 |
| 54. Net change in capital and surplus for the year (Lines 37 through 53) | (25,167) | (25,185) |
| 55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38) | 2,945,947 | 2,971,114 |
| DETAILS OF WRITE-INS | | |
| 08.301. Miscellaneous Income | 7,765 | 7,938 |
| 08.302. | | |
| 08.303. | | |
| 08.398. Summary of remaining write-ins for Line 8.3 from overflow page | 0 | 0 |
| 08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above) | 7,765 | 7,938 |
| 2701. Penalties | 500 | |
| 2702. | | |
| 2703. | | |
| 2798. Summary of remaining write-ins for Line 27 from overflow page | 0 | 0 |
| 2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above) | 500 | 0 |
| 5301. | | |
| 5302. | | |
| 5303. | | |
| 5398. Summary of remaining write-ins for Line 53 from overflow page | 0 | 0 |
| 5399. Totals (Lines 5301 through 5303 plus 5398) (Line 53 above) | 0 | 0 |

CASH FLOW

| | 1 Current Year | 2 Prior Year |
|--|-------------------|-----------------|
| CASH FROM OPERATIONS | | |
| 1. Premiums collected net of reinsurance..... | | |
| 2. Net investment income..... | 51,117 | 41,394 |
| 3. Miscellaneous income..... | 7,765 | 7,938 |
| 4. Total (Lines 1 through 3)..... | 58,882 | 49,332 |
| 5. Benefit and loss related payments..... | | |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts..... | | |
| 7. Commissions, expenses paid and aggregate write-ins for deductions..... | 84,798 | 73,798 |
| 8. Dividends paid to policyholders..... | | |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses)..... | | |
| 10. Total (Lines 5 through 9)..... | 84,798 | 73,798 |
| 11. Net cash from operations (Line 4 minus Line 10)..... | (25,916) | (24,466) |
| CASH FROM INVESTMENTS | | |
| 12. Proceeds from investments sold, matured or repaid: | | |
| 12.1 Bonds..... | | 1,240,000 |
| 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)..... | 0 | 1,240,000 |
| 13. Cost of investments acquired (long-term only): | | |
| 13.1 Bonds..... | | 827,610 |
| 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 | 827,610 |
| 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)..... | 0 | 412,390 |
| 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..... | | (35) |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities..... | | |
| 16.5 Dividends to stockholders..... | | |
| 16.6 Other cash provided (applied)..... | | |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6)..... | 0 | (35) |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS | | |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17)..... | (25,916) | 387,889 |
| 19. Cash, cash equivalents and short-term investments: | | |
| 19.1 Beginning of year..... | 466,467 | 78,578 |
| 19.2 End of year (Line 18 plus Line 19.1)..... | 440,551 | 466,467 |
| Note: Supplemental disclosures of cash flow information for non-cash transactions: | | |
| 20.0001 ..... | ..... | ..... |

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..... | 0 | | | | | | | | | | | |
| 2. Considerations for supplementary contracts with life contingencies..... | 0 | | | | | | | | | | | |
| 3. Net investment income..... | 48,211 | | | | | | | | | | | 48,211 |
| 4. Amortization of Interest Maintenance Reserve (IMR)..... | 3,083 | | | | | | | | | | | 3,083 |
| 5. Separate Accounts net gain from operations excluding unrealized gains or losses..... | 0 | | | | | | | | | | | |
| 6. Commissions and expense allowances on reinsurance ceded..... | 0 | | | | | | | | | | | |
| 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..... | 7,765 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,765 |
| 9. Totals (Lines 1 to 8.3)..... | 59,059 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 59,059 |
| 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..... | 0 | | | | | | | | | | | |
| 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..... | 0 | | | | | | | | | | | |
| 20. Totals (Lines 10 to 19)..... | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only)..... | 0 | | | | | | | | | | | |
| 22. Commissions and expense allowances on reinsurance assumed..... | 0 | | | | | | | | | | | |
| 23. General insurance expenses..... | 39,124 | | | | | | | | | | | 39,124 |
| 24. Insurance taxes, licenses and fees, excluding federal income taxes..... | 44,446 | | | | | | | | | | | 44,446 |
| 25. Increase in loading on deferred and uncollected premiums..... | 0 | | | | | | | | | | | |
| 26. Net transfers to or (from) Separate Accounts net of reinsurance..... | 0 | | | | | | | | | | | |
| 27. Aggregate write-ins for deductions..... | 500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 500 |
| 28. Totals (Lines 20 to 27)..... | 84,070 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 84,070 |
| 29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28)..... | (25,011) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (25,011) |
| 30. Dividends to policyholders..... | 0 | | | | | | | | | | | |
| 31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30)..... | (25,011) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (25,011) |
| 32. Federal income taxes incurred (excluding tax on capital gains)..... | 0 | | | | | | | | | | | |
| 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)..... | (25,011) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (25,011) |

DETAILS OF WRITE-INS

| | | | | | | | | | | | | |
|---|-------|---|---|---|---|---|---|---|---|---|---|-------|
| 08.301. Miscellaneous Income..... | 7,765 | | | | | | | | | | | 7,765 |
| 08.302. | 0 | | | | | | | | | | | |
| 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 through 08.303 plus 08.398) (Line 8.3 above)..... | 7,765 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7,765 |
| 2701. Penalties..... | 500 | | | | | | | | | | | 500 |
| 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 through 2703 plus 2798) (Line 27 above)..... | 500 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 500 |

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

ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR

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

NONE

EXHIBIT OF NET INVESTMENT INCOME

| | 1 Collected During Year | 2 Earned During Year |
|--|-------------------------------|----------------------------|
| 1. U.S. government bonds..... | (a).....49,568 |49,619 |
| 1.1 Bonds exempt from U.S. tax..... | (a)..... | ..... |
| 1.2 Other bonds (unaffiliated)..... | (a)..... | ..... |
| 1.3 Bonds of affiliates..... | (a)..... | ..... |
| 2.1 Preferred stocks (unaffiliated)..... | (b)..... | ..... |
| 2.11 Preferred stocks of affiliates..... | (b)..... | ..... |
| 2.2 Common stocks (unaffiliated)..... | ..... | ..... |
| 2.21 Common stocks of affiliates..... | ..... | ..... |
| 3. Mortgage loans..... | (c)..... | ..... |
| 4. Real estate..... | (d)..... | ..... |
| 5. Contract loans..... | ..... | ..... |
| 6. Cash, cash equivalents and short-term investments..... | (e).....1,498 |1,498 |
| 7. Derivative instruments..... | (f)..... | ..... |
| 8. Other invested assets..... | ..... | ..... |
| 9. Aggregate write-ins for investment income..... |0 |0 |
| 10. Total gross investment income..... |51,066 |51,117 |
| 11. Investment expenses..... | ..... | (g).....2,906 |
| 12. Investment taxes, licenses and fees, excluding federal income taxes..... | ..... | (g)..... |
| 13. Interest expense..... | ..... | (h)..... |
| 14. Depreciation on real estate and other invested assets..... | ..... | (i).....0 |
| 15. Aggregate write-ins for deductions from investment income..... | ..... | .....0 |
| 16. Total deductions (Lines 11 through 15)..... | ..... | .....2,906 |
| 17. Net investment income (Line 10 minus Line 16)..... | ..... | .....48,211 |

DETAILS OF WRITE-INS

| | | |
|--|--------|--------|
| 0901. .... | ..... | ..... |
| 0902. .... | ..... | ..... |
| 0903. .... | ..... | ..... |
| 0998. Summary of remaining write-ins for Line 9 from overflow page..... |0 |0 |
| 0999. Totals (Lines 0901 through 0903 plus 0998) (Line 9 above)..... |0 |0 |
| 1501. .... | ..... | ..... |
| 1502. .... | ..... | ..... |
| 1503. .... | ..... | ..... |
| 1598. Summary of remaining write-ins for Line 15 from overflow page..... | ..... | .....0 |
| 1599. Totals (Lines 1501 through 1503 plus 1598) (Line 15 above)..... | ..... | .....0 |

- (a) Includes \$.....0 accrual of discount less \$.....2,957 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 | ..... | ..... |
| 1.1 Bonds exempt from U.S. tax..... | | |0 | ..... | ..... |
| 1.2 Other bonds (unaffiliated)..... | | |0 | ..... | ..... |
| 1.3 Bonds of affiliates..... | | |0 | ..... | ..... |
| 2.1 Preferred stocks (unaffiliated)..... | | |0 | ..... | ..... |
| 2.11 Preferred stocks of affiliates..... | | |0 | ..... | ..... |
| 2.2 Common stocks (unaffiliated)..... | | |0 | ..... | ..... |
| 2.21 Common stocks of affiliates..... | | |0 | ..... | ..... |
| 3. Mortgage loans..... | | |0 | ..... | ..... |
| 4. Real estate..... | | |0 | ..... | ..... |
| 5. Contract loans..... | | |0 | ..... | ..... |
| 6. Cash, cash equivalents and short-term investments..... | | |0 | ..... | ..... |
| 7. Derivative instruments..... | | |0 | ..... | ..... |
| 8. Other invested assets..... | | |0 | ..... | ..... |
| 9. Aggregate write-ins for capital gains (losses)..... |0 |0 |0 |0 |0 |
| 10. Total capital gains (losses)..... |0 |0 |0 |0 |0 |

DETAILS OF WRITE-INS

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

Ex. 1 - Pt. 1 - Premiums and Annuity Considerations
NONE

Ex. 1 - Pt. 2 - Dividends and Coupons Applied
NONE

EXHIBIT 2 - GENERAL EXPENSES

| | | Insurance | | | 5 | 6 | |
|----------------------|---|-----------|-----------------------|----------------|-------------------------------------|------------|----------------|
| | | 1 | Accident and Health | | 4 All Other Lines of Business | Investment | Total |
| | | Life | 2 Cost Containment | 3 All Other | | | |
| 1. | Rent..... | | | | 817 | | 817 |
| 2. | Salaries and wages..... | | | | 14,429 | | 14,429 |
| 3.11 | Contributions for benefit plans for employees..... | | | | 2,558 | | 2,558 |
| 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..... | | | | 195 | | 195 |
| 3.32 | Other agent welfare..... | | | | | | 0 |
| 4.1 | Legal fees and expenses..... | | | | | | 0 |
| 4.2 | Medical examination fees..... | | | | | | 0 |
| 4.3 | Inspection report fees..... | | | | | | 0 |
| 4.4 | Fees of public accountants and consulting actuaries..... | | | | 9,996 | | 9,996 |
| 4.5 | Expense of investigation and settlement of policy claims..... | | | | | | 0 |
| 5.1 | Traveling expenses..... | | | | 25 | | 25 |
| 5.2 | Advertising..... | | | | | | 0 |
| 5.3 | Postage, express, telegraph and telephone..... | | | | 105 | | 105 |
| 5.4 | Printing and stationery..... | | | | 1,224 | | 1,224 |
| 5.5 | Cost or depreciation of furniture and equipment..... | | | | 22 | | 22 |
| 5.6 | Rental of equipment..... | | | | | | 0 |
| 5.7 | Cost or depreciation of EDP equipment and software..... | | | | 3,935 | | 3,935 |
| 6.1 | Books and periodicals..... | | | | 31 | | 31 |
| 6.2 | Bureau and association fees..... | | | | | | 0 |
| 6.3 | Insurance, except on real estate..... | | | | | | 0 |
| 6.4 | Miscellaneous losses..... | | | | 1,070 | | 1,070 |
| 6.5 | Collection and bank service charges..... | | | | 4,711 | | 4,711 |
| 6.6 | Sundry general expenses..... | | | | 5 | | 5 |
| 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..... | | | | | 2,906 | 2,906 |
| 9.3 | Aggregate write-ins for expenses..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 10. | General expenses Incurred..... | 0 | 0 | 0 | 39,124 | 2,906 | (a).....42,030 |
| 11. | General expenses unpaid December 31, prior year..... | | | | 1,405 | | 1,405 |
| 12. | General expenses unpaid December 31, current year..... | | | | 2,228 | | 2,228 |
| 13. | Amounts receivable relating to uninsured plans, prior year..... | | | | | | 0 |
| 14. | Amounts receivable relating to uninsured plans, current year..... | | | | | | 0 |
| 15. | General expenses paid during year (Lines 10+11-12-13+14)..... | 0 | 0 | 0 | 38,301 | 2,906 | 41,207 |
| DETAILS OF WRITE-INS | | | | | | | |
| 09.301. | ..... |  |  |  |  |  | 0 |
| 09.302. | ..... |  |  |  |  |  | 0 |
| 09.303. | ..... |  |  |  |  |  | 0 |
| 09.398. | Summary of remaining write-ins for Line 9.3 from overflow page..... | 0 | 0 | 0 | 0 | 0 | 0 |
| 09.399. | Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above)..... | 0 | 0 | 0 | 0 | 0 | 0 |

(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 | 2 | 3 | | |
| | | Life | Accident and Health | All Other Lines of Business | | |
| | | | | | Investment | Total |
| 1. | Real estate taxes..... | | | | | 0 |
| 2. | State insurance department licenses and fees..... | | | 37,538 | | 37,538 |
| 3. | State taxes on premiums..... | | | 3,825 | | 3,825 |
| 4. | Other state taxes, including \$0 for employee benefits..... | | | 110 | | 110 |
| 5. | U.S. Social Security taxes..... | | | 1,054 | | 1,054 |
| 6. | All other taxes..... | | | 1,919 | | 1,919 |
| 7. | Taxes, licenses and fees incurred..... | 0 | 0 | 44,446 | 0 | 44,446 |
| 8. | Taxes, licenses and fees unpaid December 31, prior year..... | | | 2,912 | | 2,912 |
| 9. | Taxes, licenses and fees unpaid December 31, current year..... | | | 2,737 | | 2,737 |
| 10. | Taxes, licenses and fees paid during year (Lines 7 + 8 - 9)..... | 0 | 0 | 44,621 | 0 | 44,621 |

EXHIBIT 4 - DIVIDENDS OR REFUNDS

| | | 1 | 2 |
|----------------------|--|------|---------------------|
| | | Life | Accident and Health |
| 1. | Applied to pay renewal premiums..... | | |
| 2. | Applied to shorten the endowment or premium-paying period..... | | |
| 3. | Applied to provide paid-up additions..... | | |
| 4. | Applied to provide paid-up annuities..... | | |
| 5. | Total Lines 1 through 4..... | 0 | 0 |
| 6. | Paid-in cash..... | | |
| 7. | Left on deposit..... | | |
| 8. | Aggregate write-ins for dividend or refund options..... | 0 | 0 |
| 9. | Total Lines 5 through 8..... | 0 | 0 |
| 10. | Amount due and unpaid..... | | |
| 11. | Provision for dividends or refunds payable in the following calendar year..... | | |
| 12. | Terminal dividends..... | | |
| 13. | Provision for deferred dividend contracts..... | | |
| 14. | Amount provisionally held for deferred dividend contracts not included in Line 13..... | | |
| 15. | Total Lines 10 through 14..... | 0 | 0 |
| 16. | Total from prior year..... | | |
| 17. | Total dividends or refunds (Lines 9 + 15 - 16)..... | 0 | 0 |
| DETAILS OF WRITE-INS | | | |
| 0801. | ..... |  |  |
| 0802. | ..... |  |  |
| 0803. | ..... |  |  |
| 0898. | Summary of remaining write-ins for Line 8 from overflow page..... | 0 | 0 |
| 0899. | Totals (Line 0801 through 0803 plus 0898) (Line 8 above)..... | 0 | 0 |

NONE

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

| 1 | 2 | 3 | 4 | 5 | 6 |
|--------------------|-------|------------|----------|-------------------------------------|-------|
| Valuation Standard | Total | Industrial | Ordinary | Credit (Group and Individual) | Group |

NONE

Ex. 6 - Aggregate Reserves for A&H Contracts
NONE

Ex. 7 - Deposit-Type Contracts
NONE

Ex. 8 - Claims for Life and A&H Contracts - Pt. 1 - Liability
NONE

Ex. 8 - Claims for Life and A&H Contracts - Pt. 2 - Incurred
NONE

Ex. of Nonadmitted Assets
NONE

NOTES TO FINANCIAL STATEMENTS

1. Summary of Significant Accounting Policies

On July 23, 2015, Cigna entered into a definitive agreement to engage in a series of transactions to merge Cigna with Anthem, subject to certain terms, conditions and customary operating covenants, with Anthem continuing as the surviving company. At special shareholders' meetings in December 2015, Cigna shareholders approved the merger with Anthem and Anthem shareholders voted to approve the issuance of shares of Anthem common stock according to the merger agreement.

Consummation of the merger is 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. On July 21, 2016, the U.S. Department of Justice ("DOJ") and certain state attorneys general filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia (the "District Court") seeking to block the merger and, on January 4, 2017, the parties concluded the District Court trial. On February 8, 2017, the District Court issued an order enjoining the proposed merger. Anthem appealed this ruling to the U.S. Court of Appeals for the District of Columbia Circuit (the "Appeals Court"). Additionally, Cigna appealed the District Court ruling following the Chancery Court ruling described below.

On February 14, 2017, Cigna delivered a notice to Anthem terminating the merger agreement and filed suit in the Delaware Court of Chancery (the "Chancery Court") seeking, among other things, declaratory judgment that Cigna's termination of the merger agreement is lawful and that Anthem does not have the right to extend the merger agreement termination date. Later that day, Anthem filed a lawsuit in the Chancery Court against Cigna seeking, among other things, a temporary restraining order to enjoin Cigna from terminating the merger agreement, specific performance and damages, and, on February 15, 2017, the Chancery Court issued an order temporarily enjoining Cigna from terminating the merger agreement. This order will be subject to further review at a preliminary injunction hearing.

a. Accounting Practices and Procedures

The financial statements of United Benefit Life Insurance Company ("UBLIC" 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 practices 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.

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.

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 is shown below:

| | State of Domicile | | 2016 | 2015 |
|---|----------------------|----|-----------|--------------|
| Net Income | | | | |
| 1) United Benefit Life Insurance Company state basis (Page 4, Line 35, Columns 1 & 3) | OH | \$ | (25,011) | \$ (24,993) |
| 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 | \$ | (25,011) | \$ (24,993) |
| Surplus | | | | |
| 5) United Benefit Life Insurance Company state basis (Page 3, line 38, Columns 1 & 2) | OH | \$ | 2,945,947 | \$ 2,971,114 |
| 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 | \$ | 2,945,947 | \$ 2,971,114 |

c. Accounting Policy

The company uses the following accounting policies:

- (1) Short-term investments are stated at amortized cost.
- (2) Bonds not backed by other loans, rated 1 through 5 are stated at amortized cost using the interest method; those rated 6 are stated at lower of cost or market.
- (3) – (13) -- Not applicable

d. Going Concern

In accordance with SSAP No. 1, "Accounting Policies, Risks and Uncertainties, and Other Disclosures," management has made an evaluation of the Company's ability to continue as a going concern, including such factors as its current financial position, recent earnings and cash flow trends and projections, liquidity and capital requirements, readily available sources of liquidity and such other factors deemed by management to be appropriate under the circumstances. As a result of management's evaluation, no conditions, events or trends have been identified that causes substantial doubt as to the ability of the Company to continue as a going concern and, accordingly, the accompanying financial statements have been prepared on the going concern basis.

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 (Admitted & Nonadmitted) Restricted | | | | | | | Current Year | | Percentage | |
|--|---|---------------------------------|--|--|------------------|-----------------------|----------------------------------|--------------|--------------|------------|-----|
| | Current Year | | | | | | | 8 | 9 | 10 | 11 |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | | | | |
| | | | | | | | | | | | |
| | Total General Account (G/A) | G/A Supporting S/A Activity (a) | Total Separate Account (S/A) Restricted Assets | S/A Assets Supporting G/A Activity (b) | Total (1 plus 3) | Total From Prior Year | Increase/ (Decrease) (5 minus 6) |  |  |  |  | Total Nonadmitted Restricted | Total Admitted Restricted (5 minus 8) | Gross (Admitted & Nonadmitted) Restricted to Total Assets (c) | Admitted Restricted to Total Admitted Assets (d) |
| a. Subject to contractual obligation for which liability is not shown | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | 0% | 0% |
| b. Collateral held under security lending agreements | - | - | - | - | - | - | - | - | - | 0% | 0% |
| c. Subject to repurchase agreements | - | - | - | - | - | - | - | - | - | 0% | 0% |
| d. Subject to reverse repurchase agreements | - | - | - | - | - | - | - | - | - | 0% | 0% |
| e. Subject to dollar repurchase agreements | - | - | - | - | - | - | - | - | - | 0% | 0% |
| f. Subject to dollar reverse repurchase agreements | - | - | - | - | - | - | - | - | - | 0% | 0% |
| g. Placed under option contracts | - | - | - | - | - | - | - | - | - | 0% | 0% |
| h. Letter stock or securities restricted as to sale excluding FLBY capital stock | - | - | - | - | - | - | - | - | - | 0% | 0% |
| i. FHLB Capital Stock | - | - | - | - | - | - | - | - | - | 0% | 0% |
| j. On deposit with states | 1,724,563 | - | - | - | 1,724,563 | 1,726,472 | (1,909) | - | 1,724,563 | 58% | 58% |
| k. On deposit with other regulatory bodies | - | - | - | - | - | - | - | - | - | 0% | 0% |
| l. Pledged as collateral to FHLB (including assets backing funding agreements | - | - | - | - | - | - | - | - | - | 0% | 0% |
| m. Pledged as collateral not captured in other categories | - | - | - | - | - | - | - | - | - | 0% | 0% |
| n. Other restricted assets | - | - | - | - | - | - | - | - | - | 0% | 0% |
| o. Total Restricted Assets | \$ 1,724,563 | \$ - | \$ - | \$ - | \$ 1,724,563 | \$ 1,726,472 | \$ (1,909) | \$ - | \$ 1,724,563 | 58% | 58% |

(a) Subset of Column 1
(b) Subset of Column 3
(c) Column 5 divided by Asset Page, Column 1, Line 28
(d) Column 9 divided by Asset Page, Column 3, Line 28

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

7. Investment Income -- Not applicable

8. Derivative Instruments -- Not applicable

9. Income Taxes

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

1.

| | December 31, 2016 | | | December 31, 2015 | | | Change | | |
|---|-------------------|---------|-----------|-------------------|---------|-----------|----------|---------|---------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| (a) Gross DTA | 559,276 | - | 559,276 | 549,619 | - | 549,619 | 9,657 | - | 9,657 |
| (b) Valuation allowance | (559,276) | - | (559,276) | (549,619) | - | (549,619) | (9,657) | - | (9,657) |
| (c) Adjusted gross DTA (1a - 1b) | - | - | - | - | - | - | - | - | - |
| (d) Nonadmitted DTA | - | - | - | - | - | - | - | - | - |
| (e) Subtotal Net Admitted DTA (1c - 1d) | - | - | - | - | - | - | - | - | - |
| (f) DTL | - | - | - | - | - | - | - | - | - |
| (g) Net admitted DTA (1e - 1f) | - | - | - | - | - | - | - | - | - |
| | | | | | | | | | |

NOTES TO FINANCIAL STATEMENTS

2.

| SSAP 101, paragraphs 11a, 11b, and 11c | December 31, 2016 | | | December 31, 2015 | | | Change | | |
|---|-------------------|---------|---------|-------------------|---------|---------|----------|---------|---------|
| | Ordinary | Capital | Total | Ordinary | Capital | Total | Ordinary | Capital | Total |
| (a) Admitted pursuant to ¶11.a. (loss carrybacks) | - | - | - | - | - | - | - | - | - |
| (b) Admitted pursuant to ¶11.b. (realization) | - | - | - | - | - | - | - | - | - |
| 1. Realization per ¶11.b.i. | - | - | - | - | - | - | - | - | - |
| 2. Limitation per ¶11.b.ii. | - | - | 441,892 | - | - | 445,667 | - | - | (3,775) |
| (c) Admitted pursuant to ¶11.c. | - | - | - | - | - | - | - | - | - |
| (d) Total admitted adjusted gross deferred tax asset (2a+2b+2c) | - | - | - | - | - | - | - | - | - |

3.

| | 2016 Percentage | 2015 Percentage |
|--|-----------------|-----------------|
| (a) Ratio Percentage Used to Determine Recovery Period and Threshold Limitation Amount | 31118.48% | 31237.48% |
| (b) Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above | 2,945,947 | 2,971,309 |

4. Impact of tax planning strategies (TPS) on adjusted gross DTAs and net admitted DTAs:

| | December 31, 2016 | | | December 31, 2015 | | | 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:

| | 2016 | 2015 | Change |
|--|------|------|--------|
| (a) Current federal income tax expense/(benefit) | - | - | - |
| (b) Foreign income tax expense/(benefit) | - | - | - |
| (c) Subtotal | - | - | - |
| (d) Tax expense/(benefit) on realized capital gains/(losses) | - | - | - |
| (e) Utilization of capital loss carry-forwards | - | - | - |
| (f) Other, including prior year underaccrual/(overaccrual) | - | - | - |
| Federal and foreign income taxes incurred | - | - | - |

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, 2016 | December 31, 2015 | Change |
|---|-------------------|-------------------|----------|
| Other insurance & contract holder liability | | | |
| Goodwill & Intangibles | 348,445 | 381,112 | (32,667) |
| Other | 346 | - | 346 |
| Nonadmitted assets | - | - | - |
| Investment, net | - | - | - |
| Net Operating Loss | 210,485 | 168,507 | 41,978 |
| Gross DTA | 559,276 | 549,619 | 9,657 |
| Valuation allowance | (559,276) | (549,619) | (9,657) |
| Adjusted gross DTA | - | - | - |
| Nonadmitted DTA | - | - | - |
| Admitted DTA | - | - | - |

(3) Net Deferred Tax Assets/Liabilities

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):

| | December 31, 2016 | December 31, 2015 | Change |
|--|-------------------|-------------------|---------|
| Total deferred tax assets | 559,276 | 549,619 | 9,657 |
| Total deferred tax liabilities | - | - | - |
| Net Deferred tax asset/liabilities | 559,276 | 549,619 | 9,657 |
| Statutory valuation allowance adjustment | (559,276) | (549,619) | (9,657) |
| Net deferred tax assets/liabilities after SVA | - | - | - |
| Tax effect of unrealized gains (losses) | | | - |
| Statutory valuation allowance adjustment allocated to unrealized | | | - |
| Other intraperiod allocation of deferred tax movement | | | - |
| Change in net deferred income tax | | | - |

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:

NOTES TO FINANCIAL STATEMENTS

| | December 31, 2016 | Effective Tax Rate |
|---|-------------------|-----------------------|
| Provision computed at statutory rate (BFIT@35%) | (8,754) | 35.00% |
| Change in Statutory valuation allowance | 9,657 | -38.61% |
| Other, net | (903) | 3.61% |
| Total | - | 0.00% |
| Federal and foreign income taxes incurred | - | 0.00% |
| Change in deferred income taxes | - | 0.00% |
| Total statutory income taxes | - | 0.00% |

e. Operating Loss and Tax Credit Carryforwards

(1) At December 31, 2016, the Company has \$601,387 net operating loss forward and no capital loss carryforward. The losses originate from the periods as follows:

| Year | Net Operating Loss | Capital Loss |
|-------|--------------------|--------------|
| 2016 | 119,937 | - |
| 2015 | 121,284 | - |
| 2014 | 162,309 | - |
| 2013 | 158,789 | - |
| 2012 | 39,068 | - |
| Total | 601,387 | - |

(2) Income taxes, ordinary and capital, available for recoupment in the event of future losses include: NONE

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

f. Federal or foreign income tax loss contingencies

(1)The IRS has completed its examination of the Cigna's 2011 and 2012 consolidated federal income tax return. The review, which was completed in the fourth quarter of 2016, had no material impact on the Company's financial condition.

g. Consolidated Federal Income Tax Return

(1) The Company's federal income tax return is filed on a stand alone basis.

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

a. - c. -- Not applicable

d. At December 31, 2016, the Company reported \$ 50 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 \$2,906 in 2016, related to those services.
- (2) The Company and certain related parties have entered into service contracts and cost-sharing arrangements, including an expense sharing agreement in which the parties share expenses for certain shared services. These arrangements include management services, computers, data processing and other services, as well as equipment, supplies and office space. Expenses incurred under these arrangements were \$ 19,663 in 2016.
- (3) On February 19, 2013, the Company entered into a line of credit agreement with Cigna Holdings, Inc. ("CHI") under which UBLIC 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. UBLIC did not borrow under this agreement in 2016.
- (4) 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 UBLIC. Borrowing terms under this agreement are identical to the terms under the UBLIC/CHI agreement discussed above. Cigna did not borrow under this agreement in 2016.

g. All of The Company's outstanding shares are owned by Provident American Life & Health Insurance Company, 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

NOTES TO FINANCIAL STATEMENTS

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 \$ 814 in 2016.
- 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 2013, the Committee awarded restricted stock and strategic performance shares to eligible officers and employees under various plans. There was \$ 8 cost allocated to the Company under these plans in 2016.

(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, 2016.

- h. --i. -- Not applicable

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 which are Class A shares.
- b. -- Not applicable
- c. The maximum amount of dividends which 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 maximum amount of dividends payable in 2016 without prior approval is \$0, as the Company has no earned surplus.
- d. -- Not applicable
- e. The amount available to dividend in 2017 without prior approval of the Ohio Department of Insurance is \$0 based on earned surplus.
- f. -- m. -- Not applicable

14. Contingencies

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

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. At December 31, 2016, the Company had a \$485 guaranty fund receivable.

- c. -- e. -- Not applicable
- f. *Other Legal Matters*

In the normal course of its business operations, the Company is involved in litigation and other regulatory matters from time to time with claimants, beneficiaries, and other parties. When the Company, in the normal course of its regular review of such matters has

NOTES TO FINANCIAL STATEMENTS

determined that a material loss is reasonably possible, the matter is disclosed. In accordance with Statutory Accounting Principles, when litigation or other regulatory matters result in loss contingencies that are both probable and estimable, the Company accrues the estimated loss by a charge to operations. The amount accrued represents management's best estimate of the probable loss at the time. If only a range of estimated losses can be determined, the Company accrues an amount within the range that, in management's judgment, reflects the most likely outcome. If none of the estimates within the range is a better estimate than any other amount, the Company accrues the mid-point of the range.

Management does not believe that litigation or other matters currently pending against the Company would have a material adverse effect on the Company's results of operations, financial condition or liquidity based on its current knowledge of those matters.

Antitrust Litigation. On July 21, 2016, the U.S. Department of Justice ("DOJ") and certain state attorneys general filed a civil antitrust lawsuit in the U.S. District Court for the District of Columbia (the "District Court") seeking to block the merger (see Note 1) and, on January 4, 2017, the parties concluded the District Court trial. On February 8, 2017, the District Court issued an order enjoining the proposed merger. Anthem filed a notice of appeal of the District Court's order with the U.S. Court of Appeals for the District of Columbia Circuit (the "Appeals Court") and requested an expedited appeal. On February 17, 2017, the Appeals Court granted Anthem's motion for an expedited appeal and set oral arguments for March 24, 2017. That same day, Cigna filed its notice of appeal of the District Court's order with the Appeals Court.

Litigation with Anthem. On February 14, 2017, Cigna delivered a notice to Anthem terminating the merger agreement, and notifying Anthem that it must pay Cigna the \$1.85 billion reverse termination fee pursuant to the terms of the merger agreement. Also on February 14, 2017, Cigna filed suit against Anthem in the Delaware Court of Chancery (the "Chancery Court"). The complaint sought declaratory judgments that Cigna's termination of the merger agreement was valid and that Anthem was not permitted to extend the termination date. The complaint also sought payment of the reverse termination fee and additional damages in an amount exceeding \$13 billion, which includes the lost premium value to Cigna's shareholders caused by Anthem's willful breaches of the merger agreement.

Also on February 14, 2017, Anthem filed a lawsuit in the Chancery Court against Cigna seeking (i) a temporary restraining order to enjoin Cigna from terminating and taking any action contrary to the terms of the merger agreement, (ii) specific performance compelling Cigna to comply with the merger agreement and (iii) damages. On February 15, 2017, the Chancery Court granted Anthem's motion for a temporary restraining order and issued an order temporarily enjoining Cigna from terminating the Merger Agreement. This is not a decision on the merits of the case, but rather an order to ensure irrevocable actions do not take place before the Chancery Court's substantive review of the issues. Cigna will continue to abide by terms of the merger agreement until the expiration or lifting of the Chancery Court's order and any further review of the case by the Chancery Court. This order will be subject to review by the Chancery Court at a preliminary injunction hearing.

Cigna believes in the merits of their claims and dispute Anthem's claims, and intends to vigorously defend themselves and pursue their claims. The outcomes of lawsuits are inherently unpredictable, and Cigna may be unsuccessful in the ongoing litigation or any future claims or litigation.

Shareholder Litigation. Following announcement of Cigna's merger agreement with Anthem as discussed in Note 1, putative class action complaints (collectively the "complaints" or "Cigna Merger Litigation") were filed by purported Cigna shareholders on behalf of a purported class of Cigna shareholders. 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 approval by the Connecticut Superior Court, Judicial District of Hartford 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.

- 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 A&H 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

A. 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).

- Level 1Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets.
- Level 2Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if the Company determines that unobservable inputs are insignificant. Level 2 assets primarily include corporate bonds valued using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates.
- Level 3Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

1. Fair Value Measurements at Reporting Date – None
2. Fair Value Measurements in Level 3 of the Fair Value Hierarchy – None
3. Level 3 Transfers – None
4. Valuation Techniques and Inputs

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. Such other inputs include market interest rates and volatilities, spreads, and yield curves. 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.

B. Other Fair Value Disclosures

The Company provides additional fair value information in Notes 1 and 5.

C. Aggregate Fair Value of All Financial Instruments

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2016 and 2015.

NOTES TO FINANCIAL STATEMENTS

| Financial Assets | Aggregate Fair Value | Admitted Assets | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Not Practicable (Carrying Value) |
|--|----------------------|-----------------|--|---|---|----------------------------------|
| December 31, 2016 | | | | | | |
| Bonds | \$ 2,529,703 | \$ 2,535,780 | \$ 2,529,703 | \$ - | \$ - | \$ - |
| Cash, Cash Equivalents, and Short-Term Investments | \$ 440,551 | \$ 440,551 | \$ 191,463 | \$ 249,088 | \$ - | \$ - |
| Total | \$ 2,970,254 | \$ 2,976,331 | \$ 2,721,166 | \$ 249,088 | \$ - | \$ - |
| December 31, 2015 | | | | | | |
| Bonds | \$ 2,535,806 | \$ 2,538,737 | \$ 2,535,806 | \$ - | \$ - | \$ - |
| Cash, Cash Equivalents, and Short-Term Investments | \$ 466,467 | \$ 466,467 | \$ 218,877 | \$ 247,590 | \$ - | \$ - |
| Total | \$ 3,002,273 | \$ 3,005,204 | \$ 2,754,683 | \$ 247,590 | \$ - | \$ - |

The following valuation methodologies and significant assumptions are used by the Company to determine fair value for each instrument.

Bonds

The methods and significant assumptions used to estimate the fair value of bonds are described in A4 above.

Short-Term Investments, Cash Equivalents, and Cash

Short-term investments, cash equivalents, and cash are carried at cost which approximates fair value. Short-term investments and cash equivalents are classified in Level 2 and cash is classified in Level 1.

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

20. Other Items

- a. – b. -- Not applicable
- c. Other disclosures

Assets in the amount of \$1,724,563 and \$1,726,472 at December 31, 2016 and 2015, respectively, were on deposit with government authorities or trustees as required by law.

- d. – h. -- Not Applicable

22. Events Subsequent - Management has evaluated the financial statements for subsequent events through February 24, 2017, the date financial statements were available to be issued.

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.

(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)
- (i) 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. \$_____
- (ii) 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? \$_____

NOTES TO FINANCIAL STATEMENTS

- (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 (☒)

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. \$ None
- (b) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement?
Yes () No (☒)

b. – d. -- Not applicable

24. Retrospectively Rated Contracts & Contracts Subject to Redetermination -- Not applicable
25. Change in Incurred Losses and Loss Adjustment Expenses -- Not applicable
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 -- Not applicable
32. Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities by Withdrawal Characteristics -- Not applicable
33. Premium and Annuity Considerations Deferred and Uncollected -- Not applicable
34. Separate Accounts -- Not applicable
35. Loss/Claim Adjustment Expenses -- Not applicable

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

| | |
|------------------|---------------------|
| 1 Nationality | 2 Type of Entity |
| | |

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?
PriceWaterhouseCoopers 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 Connectiuct General Corporation serves teh Company's Audit Committee for the 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?
Susan Eadaoine Buck, ASA,MAAA,CERA,Apponinted Actuary, 11200 Lakeline Blvd, Suite 100, Austin, TX 78717
- 12.1

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

Yes ☐ No ☒

12.11

Name of real estate holding company

12.12

Number of parcels involved

0

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 ☒ No ☐

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.

14.11

If the response to 14.1 is no, please explain:

14.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒

14.21

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

14.3

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

Yes ☐ No ☒

14.31

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

15.1

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

Yes ☐ No ☒

15.2

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

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

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 ☒ No ☐

17.

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

Yes ☒ No ☐

18.

Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person?

Yes ☒ No ☐

FINANCIAL

19.

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

Yes ☐ No ☒

20.1

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

20.11

To directors or other officers

\$

0

20.12

To stockholders not officers

\$

0

20.13

Trustees, supreme or grand (Fraternal only)

\$

0

20.2

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

20.21

To directors or other officers

\$

0

20.22

To stockholders not officers

\$

0

20.23

Trustees, supreme or grand (Fraternal only)

\$

0

21.1

Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reporting in the statement?

Yes ☐ No ☒

21.2

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

21.21

Rented from others

\$

21.22

Borrowed from others

\$

21.23

Leased from others

\$

21.24

Other

\$

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 ☒ No ☐

22.2

If answer is yes:

22.21

Amount paid as losses or risk adjustment

\$

22.22

Amount paid as expenses

\$

22.23

Other amounts paid

\$

100

23.1

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

Yes ☐ No ☒

23.2

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

\$

0

20.1

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

INVESTMENT

24.01

Were all of 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 ☒ 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 ☒

24.05

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

\$

24.06

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

\$

24.07

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

Yes ☐ No ☐ N/A ☒

24.08

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

Yes ☐ No ☐ N/A ☒

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 ☒

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 ☒ No ☐

25.2

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

25.21

Subject to repurchase agreements

\$0

25.22

Subject to reverse repurchase agreements

\$0

25.23

Subject to dollar repurchase agreements

\$0

25.24

Subject to reverse dollar repurchase agreements

\$0

25.25

Placed under option agreements

\$0

25.26

Letter stock or securities restricted as sale – excluding FHLB Capital Stock

\$0

25.27

FHLB Capital Stock

\$0

25.28

On deposit with states

\$1,724,563

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 ☒

26.2

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

Yes ☐ No ☐ N/A ☒

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 ☒

27.2

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

\$

28.

Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*?

Yes ☒ 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's Address |
|----------------------------|---|
| JP Morgan Chase Bank, N.A. | 4 Chase Metro Tech 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 ☒

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

Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such. ["...that have access to the investment accounts", "... handle securities"].

| 1 Name of Firm or Individual | 2 Affiliation |
|---------------------------------|------------------|
| Cigna Investments, Inc. | A |

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

28.0597 For those firms/individuals listed in the table for Question 28.05, do any firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") manage more than 10% of the reporting entity's assets?

Yes ☐ No ☐

28.0598 For firms/individuals unaffiliated with the reporting entity (i.e. designated with a "U") listed in the table for Question 28.05, does the total assets under management aggregate to more than 50% of the reporting entity's assets?

Yes ☐ No ☐

28.06 For those firms or individuals listed in the table for 28.05 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1 | 2 | 3 | 4 | 5 |
|--|----------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
| 105811 | Cigna Investments, Inc. | | SEC | DS |

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 ☒

29.2 If yes, complete the following schedule:

| 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 Holding | 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 | 2,784,868 | 2,778,792 | (6,076) |
| 30.2 | Preferred Stocks | 0 | 0 | 0 |
| 30.3 | Totals | 2,784,868 | 2,778,792 | (6,076) |

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

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

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

Yes ☐ No ☒

31.2 If the answer to 31.1 is yes, does the reporting entity have a copy of the broker's or custodian's pricing policy (hard copy or electronic copy) for all brokers or custodians used as a pricing source?

Yes ☐ No ☐

31.3 If the answer to 31.2 is no, describe the reporting entity's process for determining a reliable pricing source for purposes of disclosure of fair value for Schedule D:

32.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed?

Yes ☒ 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?

\$0

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 |
|-----------|------------------|
| | \$ |

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 [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] | | |
| 1.2 | If yes, indicate premium earned on U.S. business only. | \$ | | 0 | | |
| 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. | \$ | | 0 | | |
| 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 | \$ | | 0 | | |
| 1.65 | Total incurred claims | \$ | | 0 | | |
| 1.66 | Number of covered lives | \$ | | 0 | | |
| 1.7 | Group policies: | | | | | |
| | Most current three years: | | | | | |
| 1.71 | Total premium earned | \$ | | 0 | | |
| 1.72 | Total incurred claims | \$ | | 0 | | |
| 1.73 | Number of covered lives | \$ | | 0 | | |
| | All years prior to most current three years: | | | | | |
| 1.74 | Total premium earned | \$ | | 0 | | |
| 1.75 | Total incurred claims | \$ | | 0 | | |
| 1.76 | Number of covered lives | \$ | | 0 | | |
| 2. | Health Test: | | | | | |
| | | 1 | 2 | | | |
| | | Current Year | Prior Year | | | |
| 2.1 | Premium Numerator | \$ | 0 | \$ | 0 | |
| 2.2 | Premium Denominator | \$ | 0 | \$ | 0 | |
| 2.3 | Premium Ratio (2.1/2.2) | | 0.000 | | 0.000 | |
| 2.4 | Reserve Numerator | \$ | 0 | \$ | 0 | |
| 2.5 | Reserve Denominator | \$ | 0 | \$ | 0 | |
| 2.6 | Reserve Ratio (2.4/2.5) | | 0.000 | | 0.000 | |
| 3.1 | Does the reporting entity have Separate Accounts? | | | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] | |
| 3.2 | If yes, has a Separate Accounts statement been filed with this Department | | | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] | N/A [<input checked="" type="checkbox"/>] |
| 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 [<input type="checkbox"/>] | No [<input type="checkbox"/>] | |
| 3.6 | Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31? | | | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] | |
| 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 [<input checked="" type="checkbox"/>] | No [<input type="checkbox"/>] | |
| 4.2 | Net reimbursement of such expenses between reporting entities: | | | | | |
| 4.21 | Paid | \$ | | | 19,663 | |
| 4.22 | Received | \$ | | | 0 | |
| 5.1 | Does the reporting entity write any guaranteed interest contracts? | | | Yes [<input type="checkbox"/>] | No [<input checked="" type="checkbox"/>] | |
| 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: | \$ | | | 18,820,665 | |
| 7. | Total dividends paid stockholders since organization of the reporting entity: | | | | | |
| 7.11 | Cash | \$ | | | 1,505,235 | |

GENERAL INTERROGATORIES

PART 2 – LIFE INTERROGATORIES

7.12

Stock

\$284,132

8.1

Does the reporting entity 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.

Yes [] No [X]

8.2

If yes, has the reporting entity completed the *Workers' Compensation Carve-Out Supplement* to the Annual Statement?

Yes [] No []

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 | \$0 |
| 8.32 Paid claims | \$0 | \$0 | \$0 |
| 8.33 Claim liability and reserve (beginning of year) | \$0 | \$0 | \$0 |
| 8.34 Claim liability and reserve (end of year) | \$0 | \$0 | \$0 |
| 8.35 Incurred claims | \$0 | \$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 reporting entity 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 |
| | | | | | | |

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

\$0

13.2

Total incurred claims

\$0

13.3

Number of covered lives

0

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

FIVE-YEAR HISTORICAL DATA

Show amounts in whole dollars only, no cents; show percentages to one decimal place, i.e., 17.6.

Show amounts of life insurance in this exhibit in thousands (omit \$000)

| | 1 2016 | 2 2015 | 3 2014 | 4 2013 | 5 2012 |
|---|----------------|----------------|----------------|----------------|----------------|
| Life Insurance in Force (Exhibit of Life Insurance) | | | | | |
| 1. Ordinary - whole life and endowment (Line 34, Col. 4)..... | | | | | |
| 2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4)..... | | | | | |
| 3. Credit life (Line 21, Col. 6)..... | | | | | |
| 4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4)..... | | | | | |
| 5. Industrial (Line 21, Col. 2)..... | | | | | |
| 6. FEGLI/SGLI (Lines 43 & 44, Col. 4)..... | | | | | |
| 7. Total (Line 21, Col. 10)..... |0 |0 |0 |0 |0 |
| 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)..... | | | | | |
| 12. Industrial (Line 2, Col. 2)..... | | | | | |
| 13. Total (Line 2, Col. 10)..... |0 |0 |0 |0 |0 |
| Premium Income - Lines of Business (Exhibit 1-Part 1) | | | | | |
| 14. Industrial life (Line 20.4, Col. 2)..... | | | | | |
| 15.1 Ordinary life insurance (Line 20.4, Col. 3)..... | | | | | |
| 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)..... | | | | | |
| 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)..... | | | | | |
| 19. Aggregate of all other lines of business (Line 20.4, Col. 11)..... | | | | | |
| 20. Total..... |0 |0 |0 |0 |0 |
| Balance Sheet (Pages 2 and 3) | | | | | |
| 21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).... |2,992,909 |3,021,552 |3,050,412 |3,113,272 |3,178,254 |
| 22. Total liabilities excluding Separate Accounts business (Page 3, Line 26)..... |46,962 |50,438 |54,113 |53,556 |58,004 |
| 23. Aggregate life reserves (Page 3, Line 1)..... | | | | | |
| 24. Aggregate A&H reserves (Page 3, Line 2)..... | | | | | |
| 25. Deposit-type contract funds (Page 3, Line 3)..... | | | | | |
| 26. Asset valuation reserve (Page 3, Line 24.01)..... |351 |195 |3 |1,075 |75 |
| 27. Capital (Page 3, Lines 29 & 30)..... |1,500,000 |1,500,000 |1,500,000 |1,500,000 |1,500,000 |
| 28. Surplus (Page 3, Line 37)..... |1,445,947 |1,471,114 |1,496,299 |1,559,716 |1,620,250 |
| Cash Flow (Page 5) | | | | | |
| 29. Net Cash from operations (Line 11)..... |(25,916) |(24,466) |(65,202) |(51,674) |15,070 |
| Risk-Based Capital Analysis | | | | | |
| 30. Total adjusted capital..... |2,946,298 |2,971,309 |2,996,302 |3,060,791 |3,120,325 |
| 31. Authorized control level risk-based capital..... |9,468 |9,512 |8,404 |13,197 |8,290 |
| 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)..... |85.2 |84.5 |97.4 |55.6 |63.2 |
| 33. Stocks (Lines 2.1 and 2.2)..... | | | | | |
| 34. Mortgage loans on real estate (Lines 3.1 and 3.2)..... | | | | | |
| 35. Real estate (Line 4.1, 4.2 and 4.3)..... | | | | | |
| 36. Cash, cash equivalents and short-term investments (Line 5)..... |14.8 |15.5 |2.6 |44.4 |36.8 |
| 37. Contract loans (Line 6)..... | | | | | |
| 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 |

United Benefit Life Insurance Company
FIVE-YEAR HISTORICAL DATA

(continued)

| | 1 2016 | 2 2015 | 3 2014 | 4 2013 | 5 2012 |
|---|-----------|-----------|-----------|-----------|-----------|
| 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)..... | | | | | |
| 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..... | 0 | 0 | 0 | 0 | 0 |
| 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)..... | | | | 809 | 495,757 |
| 53. Total admitted assets (Page 2, Line 28, Col. 3)..... | 2,992,909 | 3,021,552 | 3,050,412 | 3,113,272 | 3,178,254 |
| Investment Data | | | | | |
| 54. Net investment income (Exhibit of Net Investment Income)..... | 48,211 | 36,852 | 11,158 | 5,689 | 21,079 |
| 55. Realized capital gains (losses) (Page 4, Line 34, Column 1)..... | | | | | (3,510) |
| 56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1)..... | | | | | |
| 57. Total of above Lines 54, 55 and 56..... | 48,211 | 36,852 | 11,158 | 5,689 | 17,569 |
| Benefits and Reserve Increase (Page 6) | | | | | |
| 58. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15 Col. 1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 & 11)..... | | | | | |
| 59. Total contract benefits - A&H (Lines 13 & 14, Cols. 9, 10 & 11)..... | | | | | |
| 60. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3)..... | | | | | |
| 61. Increase in A&H reserves (Line 19, Cols. 9, 10 & 11)..... | | | | | |
| 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..... | | | | | |
| 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..... | | | | | |
| 65. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2)..... | | | | | |
| 66. A&H cost containment percent (Schedule H, Part 1, Line 4, Col. 2)..... | | | | | |
| 67. A&H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2)..... | | | | | |
| 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)..... | | | | | |
| 71. Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2)..... | | | | | |
| 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)..... | | | | | |
| 74. Ordinary - individual annuities (Col. 4)..... | | | | | |
| 75. Ordinary - supplementary contracts (Col. 5)..... | | | | | |
| 76. Credit life (Col. 6)..... | | | | | |
| 77. Group life (Col. 7)..... | | | | | |
| 78. Group annuities (Col. 8)..... | | | | | |
| 79. A&H - group (Col. 9)..... | | | | | |
| 80. A&H - credit (Col. 10)..... | | | | | |
| 81. A&H - other (Col. 11)..... | | | | | |
| 82. Aggregate of all other lines of business (Col. 12)..... | (25,011) | (24,993) | (65,300) | (59,785) | (14,605) |
| 83. Total (Col. 1)..... | (25,011) | (24,993) | (65,300) | (59,785) | (14,605) |

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:

Ex. of Life Ins.
NONE

Ex. of Life Ins.
NONE

Ex. of Number of Policies, Contracts, Certificates
NONE

United Benefit Life Insurance Company

SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS

Allocated by States and Territories

| States, Etc. | | | 1 | Direct Business Only | | | | | |
|--------------|---|--------|---------------|-------------------------|------------------------|---|----------------------|---------------------------|------------------------|
| | | | | Life Contracts | | 4 | 5 | 6 | 7 |
| | | | | 2 | 3 | | | | |
| | | | Active Status | Life Insurance Premiums | Annuity Considerations | Accident and Health Insurance Premiums, Including Policy, Membership and Other Fees | Other Considerations | Total Columns 2 through 5 | Deposit-Type Contracts |
| 1. | Alabama..... | AL | L | | | | | 0 | |
| 2. | Alaska..... | AK | N | | | | | 0 | |
| 3. | Arizona..... | AZ | L | | | | | 0 | |
| 4. | Arkansas..... | AR | N | | | | | 0 | |
| 5. | California..... | CA | L | | | | | 0 | |
| 6. | Colorado..... | CO | L | | | | | 0 | |
| 7. | Connecticut..... | CT | N | | | | | 0 | |
| 8. | Delaware..... | DE | L | | | | | 0 | |
| 9. | District of Columbia..... | DC | L | | | | | 0 | |
| 10. | Florida..... | FL | N | | | | | 0 | |
| 11. | Georgia..... | GA | L | | | | | 0 | |
| 12. | Hawaii..... | HI | N | | | | | 0 | |
| 13. | Idaho..... | ID | L | | | | | 0 | |
| 14. | Illinois..... | IL | L | | | | | 0 | |
| 15. | Indiana..... | IN | L | | | | | 0 | |
| 16. | Iowa..... | IA | N | | | | | 0 | |
| 17. | Kansas..... | KS | L | | | | | 0 | |
| 18. | Kentucky..... | KY | L | | | | | 0 | |
| 19. | Louisiana..... | LA | L | | | | | 0 | |
| 20. | Maine..... | ME | N | | | | | 0 | |
| 21. | Maryland..... | MD | N | | | | | 0 | |
| 22. | Massachusetts..... | MA | N | | | | | 0 | |
| 23. | Michigan..... | MI | N | | | | | 0 | |
| 24. | Minnesota..... | MN | N | | | | | 0 | |
| 25. | Mississippi..... | MS | N | | | | | 0 | |
| 26. | Missouri..... | MO | L | | | | | 0 | |
| 27. | Montana..... | MT | L | | | | | 0 | |
| 28. | Nebraska..... | NE | L | | | | | 0 | |
| 29. | Nevada..... | NV | L | | | | | 0 | |
| 30. | New Hampshire..... | NH | N | | | | | 0 | |
| 31. | New Jersey..... | NJ | N | | | | | 0 | |
| 32. | New Mexico..... | NM | N | | | | | 0 | |
| 33. | New York..... | NY | N | | | | | 0 | |
| 34. | North Carolina..... | NC | N | | | | | 0 | |
| 35. | North Dakota..... | ND | L | | | | | 0 | |
| 36. | Ohio..... | OH | L | | | | | 0 | |
| 37. | Oklahoma..... | OK | L | | | | | 0 | |
| 38. | Oregon..... | OR | L | | | | | 0 | |
| 39. | Pennsylvania..... | PA | L | | | | | 0 | |
| 40. | Rhode Island..... | RI | N | | | | | 0 | |
| 41. | South Carolina..... | SC | N | | | | | 0 | |
| 42. | South Dakota..... | SD | L | | | | | 0 | |
| 43. | Tennessee..... | TN | L | | | | | 0 | |
| 44. | Texas..... | TX | L | | | | | 0 | |
| 45. | Utah..... | UT | L | | | | | 0 | |
| 46. | Vermont..... | VT | N | | | | | 0 | |
| 47. | Virginia..... | VA | N | | | | | 0 | |
| 48. | Washington..... | WA | N | | | | | 0 | |
| 49. | West Virginia..... | WV | L | | | | | 0 | |
| 50. | Wisconsin..... | WI | N | | | | | 0 | |
| 51. | Wyoming..... | WY | N | | | | | 0 | |
| 52. | American Samoa..... | AS | N | | | | | 0 | |
| 53. | Guam..... | GU | N | | | | | 0 | |
| 54. | Puerto Rico..... | PR | N | | | | | 0 | |
| 55. | US Virgin Islands..... | VI | N | | | | | 0 | |
| 56. | Northern Mariana Islands..... | MP | N | | | | | 0 | |
| 57. | Canada..... | CAN | N | | | | | 0 | |
| 58. | Aggregate Other Alien..... | OT | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 59. | Subtotal..... | (a) 27 | | 0 | 0 | 0 | 0 | 0 | 0 |
| 90. | Reporting entity contributions for employee benefit plans..... | XXX | | | | | | 0 | |
| 91. | Dividends or refunds applied to purchase paid-up additions and annuities..... | XXX | | | | | | 0 | |
| 92. | Dividends or refunds applied to shorten endowment or premium paying period..... | XXX | | | | | | 0 | |
| 93. | Premium or annuity considerations waived under disability or other contract provisions..... | XXX | | | | | | 0 | |
| 94. | Aggregate other amounts not allocable by State..... | XXX | | 0 | 0 | 0 | 0 | 0 | 0 |
| 95. | Totals (Direct Business)..... | XXX | | 0 | 0 | 0 | 0 | 0 | 0 |
| 96. | Plus reinsurance assumed..... | XXX | | | | | | 0 | |
| 97. | Totals (All Business)..... | XXX | | 0 | 0 | 0 | 0 | 0 | 0 |
| 98. | Less reinsurance ceded..... | XXX | | | | | | 0 | |
| 99. | Totals (All Business) less reinsurance ceded..... | XXX | | 0 | 0 | (b) 0 | 0 | 0 | 0 |

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

There is no premium to be allocated.

- (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, 2016:

| | | | |
|--|--|--|--|
| Cigna CORPORATION | | | |
| (A Delaware corporation and ultimate parent company) | | | |
| Cigna Holdings, Inc. | | | |
| Cigna Intellectual Property, Inc. | | | |
| Cigna Investment Group, Inc. | | | |
| Cigna International Finance Inc. | | | |
| Former Cigna Investments, Inc. | | | |
| Cigna Investments, Inc. | | | |
| Cigna Benefits Financing, Inc. | | | |
| (EI # 010947889, DE) | | | |
| Connecticut General Corporation | | | |
| Benefit Management Corp. | | | |
| (EI # 81-0585518) | | | |
| *Allegiance Life & Health Insurance Company | | | |
| (EI # 20-4433475, NAIC # 12814, MT) | | | |
| *Allegiance Re, Inc. | | | |
| (EI # 20-3851464, MT) | | | |
| Allegiance Benefit Plan Management, Inc. | | | |
| Allegiance COBRA Services, Inc. | | | |
| Allegiance Provider Direct, LLC | | | |
| Community Health Network, LLC | | | |
| Intermountain Underwriters, Inc. | | | |
| Star Point, LLC | | | |
| HealthSpring, Inc. | | | |
| NewQuest, LLC | | | |
| NewQuest Management Northeast, LLC | | | |
| *Bravo Health Mid-Atlantic, Inc. | | | |
| (EI # 52-2259087, NAIC # 10095, MD) | | | |
| *Bravo Health Pennsylvania, Inc. | | | |
| (EI # 52-2363406, NAIC # 11254, PA) | | | |

United Benefit Life Insurance Company

51.1

| | | | |
|--|--|--|---|
| | | | <u>*HealthSpring Life & Health Insurance Company</u> (EI # 20-8534298, NAIC # 12902, TX) |
| | | | <u>*HealthSpring of Alabama, Inc.</u> (EI # 63-0925225, NAIC # 95781, AL) |
| | | | <u>*HealthSpring of Florida, Inc.</u> (EI # 65-1129599, NAIC #11532, FL) |
| | | | <u>NewQuest Management of Illinois, LLC</u> |
| | | | <u>NewQuest Management of Florida, LLC</u> |
| | | | <u>HealthSpring Management of America, LLC</u> |
| | | | <u>NewQuest Management of West Virginia, LLC</u> |
| | | | <u>TexQuest, LLC</u> |
| | | | <u>HouQuest, LLC</u> |
| | | | <u>GulfQuest, LP</u> |
| | | | <u>NewQuest Management of Alabama, LLC</u> |
| | | | <u>HealthSpring USA, LLC</u> |
| | | | <u>HealthSpring Management, Inc.</u> |
| | | | <u>HealthSpring of Tennessee, Inc.</u> (EI # 62-1593150, NAIC # 11522, MD) |
| | | | <u>Tennessee Quest, LLC</u> |
| | | | <u>HealthSpring Pharmacy Services, LLC</u> |
| | | | <u>HealthSpring Pharmacy of Tennessee, LLC</u> |
| | | | <u>Home Physicians Management, LLC</u> |
| | | | <u>Alegis Care Services, LLC</u> |
| | | | <u>*Cigna Arbor Life Insurance Company</u> (EI # 03-0452349, NAIC # 13733, CT) |
| | | | <u>Cigna Behavioral Health, Inc.</u> |
| | | | <u>Cigna Behavioral Health of California, Inc.</u> (EI# 94-3107309) |
| | | | <u>Cigna Behavioral Health of Texas, Inc.</u> (EI# 75-2751090) |
| | | | <u>MCC Independent Practice Association of New York, Inc.</u> |
| | | | <u>Cigna Dental Health, Inc.</u> |
| | | | <u>Cigna Dental Health of California, Inc.</u> (EI# 59-2600475, CA) |

51.2

| | | |
|--|--|---|
| | | <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) |
| | | | <u>Cigna HealthCare of New Jersey, Inc.</u> (EI# 22-2720890, NAIC # 95500, NJ) |
| | | | <u>Cigna HealthCare of Pennsylvania, Inc.</u> (EI# 23-2301807, NAIC # 95121, PA) |
| | | | <u>Cigna HealthCare of St. Louis, Inc.</u> (EI# 36-3359925, NAIC # 95635, MO) |
| | | | <u>Cigna HealthCare of Utah, Inc.</u> (EI# 62-1230908, NAIC # 95518, UT) |
| | | | <u>Cigna HealthCare of Georgia, Inc.</u> (EI# 58-1641057, NAIC # 96229, GA) |
| | | | <u>Cigna HealthCare of Texas, Inc.</u> (EI# 74-2767437, NAIC # 95383, TX) |
| | | | <u>Cigna HealthCare of Indiana, Inc.</u> (EI# 35-1679172, NAIC # 95525, IN) |
| | | | <u>Cigna HealthCare of Tennessee, Inc.</u> (EI# 62-1218053, NAIC # 95606, TN) |
| | | | <u>Cigna HealthCare of North Carolina, Inc.</u> (EI# 56-1479515, NAIC# 95132, NC) |
| | | | <u>Cigna HealthCare of South Carolina, Inc.</u> (EI# 06-1185590, NAIC # 95708, SC) |
| | | | <u>*Temple Insurance Company Limited</u> |
| | | | <u>Arizona Health Plan, Inc.</u> |
| | | | <u>Healthsource Properties, Inc.</u> |
| | | | <u>Managed Care Consultants, Inc.</u> |
| | | | <u>Cigna Benefit Technology Solutions, Inc.</u> |

United Benefit Life Insurance Company

51.4

| | | | |
|--|--|--|--|
| | | | <u>Sagamore Health Network, Inc.</u> |
| | | | <u>Cigna Healthcare Holdings, Inc.</u> |
| | | | (EI# 84-0985843) |
| | | | <u>Great-West Healthcare of Illinois, Inc.</u> |
| | | | (EI# 93-1174749, NAIC 95388, IL) |
| | | | <u>Cigna Healthcare, Inc.</u> |
| | | | <u>*Cigna Life Insurance Company of New York</u> |
| | | | (EI# 13-2556568, NAIC # 64548, NY) |
| | | | <u>*Connecticut General Life Insurance Company</u> |
| | | | (EI# 06-0303370, NAIC # 62308, CT) |
| | | | <u>CG Mystic Center LLC</u> |
| | | | <u>Station Landing LLC</u> |
| | | | <u>CG Mystic Land LLC</u> |
| | | | <u>CG Skyline, LLC</u> |
| | | | <u>Skyline ND/CG LLC</u> |
| | | | <u>Skyline Mezzanine Borrower, LLC</u> |
| | | | <u>Skyline at Station Landing, LLC</u> |
| | | | <u>Careallies, LLC</u> |
| | | | <u>CG Bayport LLC</u> |
| | | | <u>Bayport Colony Apartments LLC</u> |
| | | | <u>Cigna Onsite Health, LLC</u> |
| | | | <u>Gillette Ridge Community Council, Inc.</u> |
| | | | <u>Gillette Ridge Golf LLC</u> |
| | | | <u>Hazard Center Investment Company LLC</u> |
| | | | <u>Tel-Drug of Pennsylvania, LLC</u> |
| | | | GRG Acquisitions LLC |
| | | | <u>Cigna Affiliates Realty Investment Group, LLC</u> |
| | | | (EI# 27-5402196, DE) |
| | | | <u>CR Longwood Investors, LP</u> |
| | | | <u>ND/CR Longwood LLC</u> |
| | | | <u>ARE/ND/CR Longwood LLC</u> |
| | | | Secon Properties, LP |

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| Transwestern Federal Holdings, L.L.C. |
| Transwestern Federal, L.L.C. |
| Market Street Residential Holdings LLC |
| Arborpoint at Market Street LLC |
| <u>Diamondview Tower CM-CG LLC</u> |
| <u>CR Washington Street Investors LP</u> |
| <u>Dulles Town Center Mall, LLC</u> |
| <u>ND/CR Unicorn LLC</u> |
| <u>Union Wharf Apartments LLC</u> |
| <u>AMD Apartments Limited Partnership</u> |
| <u>SP Newport Crossing LLC</u> |
| <u>PUR Arbors Apartments Venture LLC</u> |
| <u>CG Seventh Street, LLC</u> |
| <u>Ideal Properties II LLC</u> |
| <u>Alessandro Partners, LLC</u> |
| <u>Mallory Square Partners I, LLC</u> |
| <u>Houston Briar Forest Apartments Limited Partnership</u> |
| <u>Newtown Partners II, LP</u> |
| <u>Newtown Square GP LLC</u> |
| <u>AFA Apartments Limited Partnership</u> |
| <u>SB-SNH LLC</u> |
| <u>680 Investors LLC</u> |
| <u>685 New Hampshire LLC</u> |
| <u>CGGL 18301 LLC</u> |
| <u>222 Main Street Caring GP LLC</u> |
| <u>222 Main Street Investors LP</u> |
| <u>Notch 8 Residential, L.L.C.</u> |
| <u>UVL, LLC</u> |
| <u>3601 North Fairfax Drive Associates, LLC</u> |

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| | CI Perris 151, LLC |
| | Lakehills CM - CG LLC |
| | Affiliated Hotel Subsidiary LLC |
| | CGGL 6280 LLC |
| | Berewick Apartments LLC |
| | CIG-LEI Ygnacio Associates LLC |
| | CGGL Orange Collection LLC |
| | CGGL Chapman LLC |
| | CGGL City Parkway LLC |
| | Heights at Bear Creek Venture 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) |
| | Loyal American Life Insurance Company (EI # 63-0343428, NAIC # 65722, OH) |
| | American Retirement Life Insurance Company (EI # 59-2760189, NAIC # 88366, OH) |

United Benefit Life Insurance Company

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| | <div><div>QualCare Alliance Networks, Inc.</div><div>QualCare, Inc.</div><div>Scibal Associates, Inc.</div><div>QualCare Captive Insurance Company Inc., PCC</div><div>QualCare Management Resources Limited Liability Company</div><div>Health-Lynx, LLC</div></div> |
| | <div><div>Sterling Life Insurance Company</div><div>(EI # 13-1867829. NAIC # 77399.IL)</div><div>Olympic Health Management Sytesms, Inc.</div><div>Olympic Health Management Services, Inc.</div></div> |
| | <div><div>WorldDoc, Inc.</div></div> |
| | <div><div>Cigna Health Management, Inc.</div><div>(EI# 23-1728483, DE)</div></div> |
| | <div><div>Kronos Optimal Health Company</div><div>(20-8064696, AZ)</div></div> |
| | <div><div>*Life Insurance Company of North America</div><div>(EI# 23-1503749, NAIC # 65498, PA)</div></div> |
| | <div><div>*Cigna & CMB Life Insurance Company Limited</div><div>(remaining interest owned by an unaffiliated party)</div></div> |
| | <div><div>Cigna Direct Marketing Company, Inc.</div></div> |
| | <div><div>Tel-Drug, Inc.</div></div> |
| | <div><div>Cigna Global Wellbeing Holdings Limited</div></div> |
| | <div><div>Cigna Global Wellbeing Solutions Limited</div><div>Vielife Services, Inc.</div></div> |
| | <div><div>CG Individual Tax Benefit Payments, Inc.</div></div> |
| | <div><div>CG Life Pension Benefits Payments, Inc.</div></div> |
| | <div><div>CG LINA Pension Benefits Payments, Inc.</div></div> |
| | <div><div>Cigna Federal Benefits, Inc.</div></div> |
| | <div><div>Cigna Healthcare Benefits, Inc.</div></div> |
| | <div><div>Cigna Integratedcare, Inc.</div></div> |
| | <div><div>Cigna Managed Care Benefits Company</div></div> |
| | <div><div>Cigna Re Corporation</div></div> |
| | <div><div>Blodget & Hazard Limited</div></div> |
| | <div><div>Cigna Resource Manager, Inc.</div></div> |
| | <div><div>Connecticut General Benefit Payments, Inc.</div></div> |
| | <div><div>Healthsource Benefits, Inc.</div></div> |
| | <div><div>IHN, Inc.</div></div> |

LINA Benefit Payments, Inc.

Mediversal, Inc.

Universal Claims Administration

CareAllies, Inc.

Cigna Global Holdings, Inc.

Cigna International Corporation, Inc.

Cigna International Services, Inc.

Cigna International Marketing (Thailand) Limited

CGO Participatos LTDA

YCFM Servicos LTDA

*Cigna Global Reinsurance Company, Ltd.

Cigna Holdings Overseas, Inc.

Cigna Bellevue Alpha LLC

Cigna Linden Holdings, Inc.

Cigna Laurel Holdings, Ltd.

Cigna Palmetto Holdings, Ltd.

Cigna Apac Holdings Limited

Cigna Alder Holdings, LLC

|Cigna Walnut Holdings, Ltd.

Cigna Chestnut Holdings, Ltd.

*LINA Life Insurance Company of Korea

|Cigna Korea Foundation

Cigna International Services Australia Pty Ltd.

Cigna Hong Kong Holdings Company Limited

Cigna Data Services (Shanghai) Company Limited

Cigna HLA Technology Services Limited

*Cigna Worldwide General Insurance Company Limited

*Cigna Worldwide Life Insurance Company Limited

Cigna International Health Services Sdn Bhd.

*Cigna Life Insurance New Zealand Limited

|Grown Ups New Zealand Limited

*Cigna Life Insurance Company of Canada| (AA-1560515)

|Cigna Korea Chusik Heosa (A/K/A Cigna Korea

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

2016 ALPHABETICAL INDEX

LIFE ANNUAL STATEMENT BLANK

| | | | |
|---|------|--|------|
| Analysis of Increase in Reserves During The Year | 7 | Schedule D – Part 2 – Section 1 | E11 |
| Analysis of Operations By Lines of Business | 6 | Schedule D – Part 2 – Section 2 | E12 |
| Asset Valuation Reserve Default Component | 30 | Schedule D – Part 3 | E13 |
| Asset Valuation Reserve Equity | 32 | Schedule D – Part 4 | E14 |
| Asset Valuation Reserve Replications (Synthetic) Assets | 35 | Schedule D – Part 5 | E15 |
| Asset Valuation Reserve | 29 | Schedule D – Part 6 – Section 1 | E16 |
| Assets | 2 | Schedule D – Part 6 – Section 2 | E16 |
| Cash Flow | 5 | Schedule D – Summary By Country | SI04 |
| Exhibit 1 – Part 1 – Premiums and Annuity Considerations for Life and Accident and Health Contracts | 9 | Schedule D – Verification Between Years | SI03 |
| Exhibit 1 – Part 2 – Dividends and Coupons Applied, Reinsurance Commissions and Expense | 10 | Schedule DA – Part 1 | E17 |
| Exhibit 2 – General Expenses | 11 | Schedule DA – Verification Between Years | SI10 |
| Exhibit 3 – Taxes, Licenses and Fees (Excluding Federal Income Taxes) | 11 | Schedule DB – Part A – Section 1 | E18 |
| Exhibit 4 – Dividends or Refunds | 11 | Schedule DB – Part A – Section 2 | E19 |
| Exhibit 5 – Aggregate Reserve for Life Contracts | 12 | Schedule DB – Part A – Verification Between Years | SI11 |
| Exhibit 5 – Interrogatories | 13 | Schedule DB – Part B – Section 1 | E20 |
| Exhibit 5A – Changes in Bases of Valuation During The Year | 13 | Schedule DB – Part B – Section 2 | E21 |
| Exhibit 6 – Aggregate Reserves for Accident and Health Contracts | 14 | Schedule DB – Part B – Verification Between Years | SI11 |
| Exhibit 7 – Deposit-Type Contracts | 15 | Schedule DB – Part C – Section 1 | SI12 |
| Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 1 | 16 | Schedule DB – Part C – Section 2 | SI13 |
| Exhibit 8 – Claims for Life and Accident and Health Contracts – Part 2 | 17 | Schedule DB – Part D – Section 1 | E22 |
| Exhibit of Capital Gains (Losses) | 8 | Schedule DB – Part D – Section 2 | E23 |
| Exhibit of Life Insurance | 25 | Schedule DB – Verification | SI14 |
| Exhibit of Net Investment Income | 8 | Schedule DL – Part 1 | E24 |
| Exhibit of Nonadmitted Assets | 18 | Schedule DL – Part 2 | E25 |
| Exhibit of Number of Policies, Contracts, Certificates, Income Payable and Account Values | 27 | Schedule E – Part 1 – Cash | E26 |
| Five-Year Historical Data | 22 | Schedule E – Part 2 – Cash Equivalents | E27 |
| Form for Calculating the Interest Maintenance Reserve (IMR) | 28 | Schedule E – Part 3 – Special Deposits | E28 |
| General Interrogatories | 20 | Schedule E – Verification Between Years | SI15 |
| Jurat Page | 1 | Schedule F | 36 |
| Liabilities, Surplus and Other Funds | 3 | Schedule H – Accident and Health Exhibit – Part 1 | 37 |
| Life Insurance (State Page) | 24 | Schedule H – Part 2, Part 3 and Part 4 | 38 |
| Notes To Financial Statements | 19 | Schedule H – Part 5 – Health Claims | 39 |
| Overflow Page For Write-ins | 55 | Schedule S – Part 1 – Section 1 | 40 |
| Schedule A – Part 1 | E01 | Schedule S – Part 1 – Section 2 | 41 |
| Schedule A – Part 2 | E02 | Schedule S – Part 2 | 42 |
| Schedule A – Part 3 | E03 | Schedule S – Part 3 – Section 1 | 43 |
| Schedule A – Verification Between Years | SI02 | Schedule S – Part 3 – Section 2 | 44 |
| Schedule B – Part 1 | E04 | Schedule S – Part 4 | 45 |
| Schedule B – Part 2 | E05 | Schedule S – Part 5 | 46 |
| Schedule B – Part 3 | E06 | Schedule S – Part 6 | 47 |
| Schedule B – Verification Between Years | SI02 | Schedule S – Part 7 | 48 |
| Schedule BA – Part 1 | E07 | Schedule T – Part 2 Interstate Compact | 50 |
| Schedule BA – Part 2 | E08 | Schedule T – Premiums and Annuity Considerations | 49 |
| Schedule BA – Part 3 | E09 | Schedule Y – Information Concerning Activities of Insurer Members of a Holding Company Group | 51 |
| Schedule BA – Verification Between Years | SI03 | Schedule Y – Part 1A – Detail of Insurance Holding Company System | 52 |
| Schedule D – Part 1 | E10 | Schedule Y – Part 2 – Summary of Insurer's Transactions With Any Affiliates | 53 |
| Schedule D – Part 1A – Section 1 | SI05 | Summary Investment Schedule | SI01 |
| Schedule D – Part 1A – Section 2 | SI08 | Summary of Operations | 4 |
| | | Supplemental Exhibits and Schedules Interrogatories | 54 |