**LIFE AND ACCIDENT AND HEALTH COMPANIES - ASSOCIATION EDITION**

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# ANNUAL STATEMENT

**For the Year Ended December 31, 2016**

of the Condition and Affairs of the

# Provident American Life and Health Insurance Company

NAIC Group Code.....901, 901 (Current Period) (Prior Period) NAIC Company Code..... 67903 Employer's ID Number..... 23-1335885

Organized under the Laws of OH State of Domicile or Port of Entry OH Country of Domicile US

Incorporated/Organized..... April 6, 1949 Commenced Business..... September 30, 1949

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

Main Administrative Office 11200 Lakeline Blvd Ste 100..... Austin ..... TX ..... US..... 78717 (512) 451-2224
*(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)*

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

Primary Location of Books and Records 11200 Lakeline Blvd Ste 100..... Austin ..... TX ..... US ..... 78717 (512) 451-2224
*(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)*

Internet Web Site Address CignaSupplementalBenefits.com

Statutory Statement Contact Renee Wilkins Feldman (512) 531-1465
*(Name) (Area Code) (Telephone Number) (Extension)*
CSBFinRpt@cigna.com 512-467-1399
*(E-Mail Address) (Fax Number)*

## OFFICERS

| Name | Title | Name | Title |
|---|---|---|---|
| 1. Brian Case Evanko | President | 2. Byron Keith Buescher | Treasurer & 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) | (Signature) | (Signature) |
|---|---|---|
| Brian Case Evanko | Byron Keith Buescher | Anna Krishtul |
| 1. (Printed Name) | 2. (Printed Name) | 3. (Printed Name) |
| President | Treasurer & Chief Accounting Officer | Secretary |
| (Title) | (Title) | (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

DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 6,896 | 6,919 | | 4,427 | 4,092 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 6,896 | 6,919 | 0 | 4,427 | 4,092 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 6,896 | 6,919 | 0 | 4,427 | 4,092 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|
| **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. Life insurance | 9,173 | | | | 9,173 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 9,173 | 0 | 0 | 0 | 9,173 |
| **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| **Life insurance:** | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| **Annuities:** | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. Incurred during current year | | | | | | | | | 0 | 0 |
| **Settled during current year:** | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year | | | | (a) | 2 | 380,000 | | | 2 | 380,000 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 0 | 0 | 0 | (a) 0 | 2 | 380,000 | 0 | 0 | 2 | 380,000 |

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 9,567 | 9,553 | | 7,651 | 7,982 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 9,567 | 9,553 | 0 | 7,651 | 7,982 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 9,567 | 9,553 | 0 | 7,651 | 7,982 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 15,535 | 14,578 | | 13,186 | 13,065 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 15,535 | 14,578 | 0 | 13,186 | 13,065 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 15,535 | 14,578 | 0 | 13,186 | 13,065 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 6 7 9 0 3 2 0 1 6 4 3 0 0 3 1 0 0 *

DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

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

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 30,641 | 32,553 | | 19,447 | 17,750 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 30,641 | 32,553 | 0 | 19,447 | 17,750 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 30,641 | 32,553 | 0 | 19,447 | 17,750 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643005100*

DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. | Incurred during current year | | | | | | | | | 0 | 0 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | 0 | 0 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 2 | 14,000 | | (a) | | | | | 2 | 14,000 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (1) | (7,000) | | | | | | | (1) | (7,000) |
| 23. | In force December 31 of current year | 1 | 7,000 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 1 | 7,000 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 8,690 | 7,267 | | 15,295 | 15,162 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 8,690 | 7,267 | 0 | 15,295 | 15,162 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 8,690 | 7,267 | 0 | 15,295 | 15,162 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 6 7 9 0 3 2 0 1 6 4 3 0 0 6 1 0 0 *

DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|
| **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. Life insurance | 1,056 | | | | 1,056 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 1,056 | 0 | 0 | 0 | 1,056 |
| **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| **Life insurance:** | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| **Annuities:** | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

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

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 82,682 | 81,043 | | 79,356 | 79,251 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 82,682 | 81,043 | 0 | 79,356 | 79,251 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 82,682 | 81,043 | 0 | 79,356 | 79,251 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 6 7 9 0 3 2 0 1 6 4 3 0 0 9 1 0 0 *

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

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.


DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 6 7 9 0 3 2 0 1 6 4 3 0 1 0 1 0 0 *

DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

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

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 27,340 | 26,938 | | 22,481 | 21,578 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 27,340 | 26,938 | 0 | 22,481 | 21,578 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 27,340 | 26,938 | 0 | 22,481 | 21,578 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---|---|---|---|---|
| **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. Life insurance | 2,148 | | | | 2,148 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 2,148 | 0 | 0 | 0 | 2,148 |
| **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| **Life insurance:** | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| **Annuities:** | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. Death benefits | 15,097 | | | | 15,097 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 15,097 | 0 | 0 | 0 | 15,097 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. Incurred during current year | 1 | 15,000 | | | | | | | 1 | 15,000 |
| **Settled during current year:** | | | | | | | | | | |
| 18.1 By payment in full | 1 | 15,000 | | | | | | | 1 | 15,000 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 15,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 15,000 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 15,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 15,000 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year | 3 | 37,500 | | (a) | | | | | 3 | 37,500 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | (1) | (15,000) | | | | | | | (1) | (15,000) |
| 23. In force December 31 of current year | 2 | 22,500 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 2 | 22,500 |

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 41,821 | 41,859 | | 22,872 | 22,173 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 41,821 | 41,859 | 0 | 22,872 | 22,173 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 41,821 | 41,859 | 0 | 22,872 | 22,173 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643059100*

DIRECT BUSINESS IN GRAND TOTAL DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 785,513 | | | | 785,513 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 785,513 | 0 | 0 | 0 | 785,513 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | 435,780 | | | | 435,780 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | 67,232 | | | | 67,232 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 503,012 | 0 | 0 | 0 | 503,012 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | 13 | 44,039 | | | | | | | 13 | 44,039 |
| 17. | Incurred during current year | 86 | 587,713 | | | | | | | 86 | 587,713 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | 72 | 485,146 | | | | | | | 72 | 485,146 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 72 | 485,146 | 0 | 0 | 0 | 0 | 0 | 0 | 72 | 485,146 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 72 | 485,146 | 0 | 0 | 0 | 0 | 0 | 0 | 72 | 485,146 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 27 | 146,606 | 0 | 0 | 0 | 0 | 0 | 0 | 27 | 146,606 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 1,362 | 9,511,403 | | (a) | 47 | 2,285,500 | | | 1,409 | 11,796,903 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (108) | (655,402) | | | (3) | (123,500) | | | (111) | (778,902) |
| 23. | In force December 31 of current year | 1,254 | 8,856,001 | 0 | (a) 0 | 44 | 2,162,000 | 0 | 0 | 1,298 | 11,018,001 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 9,590,187 | 9,706,477 | | 6,780,694 | 6,632,055 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 9,590,187 | 9,706,477 | 0 | 6,780,694 | 6,632,055 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 9,590,187 | 9,706,477 | 0 | 6,780,694 | 6,632,055 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643016100*

DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 10,095 | | | | 10,095 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 10,095 | 0 | 0 | 0 | 10,095 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | 15,204 | | | | 15,204 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 15,204 | 0 | 0 | 0 | 15,204 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. | Incurred during current year | 2 | 28,500 | | | | | | | 2 | 28,500 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | 1 | 15,000 | | | | | | | 1 | 15,000 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 1 | 15,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 15,000 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 1 | 15,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 15,000 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 1 | 13,500 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 13,500 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 16 | 130,000 | | (a) | | | | | 16 | 130,000 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (2) | (23,000) | | | | | | | (2) | (23,000) |
| 23. | In force December 31 of current year | 14 | 107,000 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 14 | 107,000 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 413,396 | 424,491 | | 375,092 | 369,499 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 413,396 | 424,491 | 0 | 375,092 | 369,499 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 413,396 | 424,491 | 0 | 375,092 | 369,499 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---|---|---|---|---|
| **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. Life insurance | 795 | | | | 795 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 795 | 0 | 0 | 0 | 795 |
| **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| **Life insurance:** | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| **Annuities:** | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

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

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 36,385 | 36,261 | | 4,118 | 4,026 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 36,385 | 36,261 | 0 | 4,118 | 4,026 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 36,385 | 36,261 | 0 | 4,118 | 4,026 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 6 7 9 0 3 2 0 1 6 4 3 0 1 4 1 0 0 *

DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 16,094 | | | | 16,094 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 16,094 | 0 | 0 | 0 | 16,094 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | | | | | 0 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | 726 | | | | 726 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 726 | 0 | 0 | 0 | 726 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. | Incurred during current year | | | | | | | | | 0 | 0 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | 0 | 0 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 34 | 241,813 | | (a) | | | | | 34 | 241,813 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (1) | (2,500) | | | | | | | (1) | (2,500) |
| 23. | In force December 31 of current year | 33 | 239,313 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 33 | 239,313 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 224,710 | 234,002 | | 184,877 | 178,045 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 224,710 | 234,002 | 0 | 184,877 | 178,045 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 224,710 | 234,002 | 0 | 184,877 | 178,045 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.


DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. Incurred during current year | | | | | | | | | 0 | 0 |
| **Settled during current year:** | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year | 4 | 27,000 | | (a) | | | | | 4 | 27,000 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 4 | 27,000 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 4 | 27,000 |

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 139,817 | 139,619 | | 134,376 | 131,763 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 139,817 | 139,619 | 0 | 134,376 | 131,763 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 139,817 | 139,619 | 0 | 134,376 | 131,763 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 6 7 9 0 3 2 0 1 6 4 3 0 1 7 1 0 0 *

DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 10,759 | 11,068 | | 6,082 | 6,073 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 10,759 | 11,068 | 0 | 6,082 | 6,073 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 10,759 | 11,068 | 0 | 6,082 | 6,073 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643018100*

DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 18,089 | | | | 18,089 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 18,089 | 0 | 0 | 0 | 18,089 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | 5,021 | | | | 5,021 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | 3,142 | | | | 3,142 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 8,163 | 0 | 0 | 0 | 8,163 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. | Incurred during current year | 1 | 5,000 | | | | | | | 1 | 5,000 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | 1 | 5,000 | | | | | | | 1 | 5,000 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 1 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5,000 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 1 | 5,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 5,000 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 27 | 231,263 | | (a) | | | | | 27 | 231,263 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (1) | (11,198) | | | | | | | (1) | (11,198) |
| 23. | In force December 31 of current year | 26 | 220,065 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 26 | 220,065 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 83,355 | 85,210 | | 89,598 | 87,871 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 83,355 | 85,210 | 0 | 89,598 | 87,871 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 83,355 | 85,210 | 0 | 89,598 | 87,871 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643019100*

DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---|---|---|---|---|
| **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. Life insurance | 5,448 | | | | 5,448 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 5,448 | 0 | 0 | 0 | 5,448 |
| **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| **Life insurance:** | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| **Annuities:** | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 1,988 | | | | 1,988 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 1,988 | 0 | 0 | 0 | 1,988 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. Incurred during current year | | | | | | | | | 0 | 0 |
| **Settled during current year:** | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year | 7 | 47,312 | | (a) | | | | | 7 | 47,312 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 7 | 47,312 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 7 | 47,312 |

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 112,785 | 113,010 | | 77,623 | 74,651 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 112,785 | 113,010 | 0 | 77,623 | 74,651 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 112,785 | 113,010 | 0 | 77,623 | 74,651 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643022100*

DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 4,000 | 4,000 | | 1,017 | 1,017 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 4,000 | 4,000 | 0 | 1,017 | 1,017 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 4,000 | 4,000 | 0 | 1,017 | 1,017 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 6 7 9 0 3 2 0 1 6 4 3 0 2 1 1 0 0 *

DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | | (341) | | 121 | (193) |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 0 | (341) | 0 | 121 | (193) |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | (341) | 0 | 121 | (193) |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.


DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|
| **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. Life insurance | 285 | | | | 285 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 285 | 0 | 0 | 0 | 285 |
| **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| **Life insurance:** | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| **Annuities:** | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

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

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 21,015 | 18,367 | | 17,726 | 18,096 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 21,015 | 18,367 | 0 | 17,726 | 18,096 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 21,015 | 18,367 | 0 | 17,726 | 18,096 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.


DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 7,862 | 7,877 | | 20,699 | 20,259 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 7,862 | 7,877 | 0 | 20,699 | 20,259 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 7,862 | 7,877 | 0 | 20,699 | 20,259 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

* 6 7 9 0 3 2 0 1 6 4 3 0 2 6 1 0 0 *

DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 7,351 | | | | 7,351 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 7,351 | 0 | 0 | 0 | 7,351 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | 27,086 | | | | 27,086 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 27,086 | 0 | 0 | 0 | 27,086 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. | Incurred during current year | 3 | 27,564 | | | | | | | 3 | 27,564 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | 2 | 27,000 | | | | | | | 2 | 27,000 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 2 | 27,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 27,000 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 2 | 27,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 27,000 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 1 | 564 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 564 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 15 | 116,564 | | (a) | | | | | 15 | 116,564 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (1) | (22,000) | | | | | | | (1) | (22,000) |
| 23. | In force December 31 of current year | 14 | 94,564 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 14 | 94,564 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 61,815 | 61,725 | | 25,538 | 24,977 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 61,815 | 61,725 | 0 | 25,538 | 24,977 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 61,815 | 61,725 | 0 | 25,538 | 24,977 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

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DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 17,684 | | | | 17,684 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 17,684 | 0 | 0 | 0 | 17,684 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | 109 | | | | 109 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | 1,274 | | | | 1,274 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 1,383 | 0 | 0 | 0 | 1,383 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. | Incurred during current year | 1 | 107 | | | | | | | 1 | 107 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | 1 | 107 | | | | | | | 1 | 107 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 1 | 107 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 107 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 1 | 107 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 107 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 29 | 197,107 | | (a) | | | | | 29 | 197,107 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (2) | (2,607) | | | | | | | (2) | (2,607) |
| 23. | In force December 31 of current year | 27 | 194,500 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 27 | 194,500 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 241,309 | 242,013 | | 181,498 | 177,089 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 241,309 | 242,013 | 0 | 181,498 | 177,089 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 241,309 | 242,013 | 0 | 181,498 | 177,089 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. Incurred during current year | | | | | | | | | 0 | 0 |
| **Settled during current year:** | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year | 2 | 35,000 | | (a) | | | | | 2 | 35,000 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 2 | 35,000 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 2 | 35,000 |

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 179,949 | 183,607 | | 120,849 | 119,606 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 179,949 | 183,607 | 0 | 120,849 | 119,606 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 179,949 | 183,607 | 0 | 120,849 | 119,606 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643034100*

DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 4,107 | | | | 4,107 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 4,107 | 0 | 0 | 0 | 4,107 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | | | | | 0 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 0 | 0 | 0 | 0 | 0 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. | Incurred during current year | | | | | | | | | 0 | 0 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | 0 | 0 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 5 | 95,000 | | (a) | | | | | 5 | 95,000 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. | In force December 31 of current year | 5 | 95,000 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 5 | 95,000 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 16,479 | 16,584 | | 1,464 | 762 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 16,479 | 16,584 | 0 | 1,464 | 762 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 16,479 | 16,584 | 0 | 1,464 | 762 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.


DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|
| **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. Life insurance | 371 | | | | 371 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 371 | 0 | 0 | 0 | 371 |
| **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| **Life insurance:** | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| **Annuities:** | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 2,026 | | | | 2,026 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 2,026 | 0 | 0 | 0 | 2,026 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

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

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 11,690 | 11,395 | | 4,516 | 4,242 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 11,690 | 11,395 | 0 | 4,516 | 4,242 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 11,690 | 11,395 | 0 | 4,516 | 4,242 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 6,647 | | | | 6,647 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 6,647 | 0 | 0 | 0 | 6,647 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | | | | | 0 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | 3,006 | | | | 3,006 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 3,006 | 0 | 0 | 0 | 3,006 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. | Incurred during current year | | | | | | | | | 0 | 0 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | 0 | 0 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 8 | 65,000 | | (a) | | | | | 8 | 65,000 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | - | (5,428) | | | | | | | 0 | (5,428) |
| 23. | In force December 31 of current year | 8 | 59,572 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 8 | 59,572 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 170,806 | 182,416 | | 143,026 | 140,265 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 170,806 | 182,416 | 0 | 143,026 | 140,265 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 170,806 | 182,416 | 0 | 143,026 | 140,265 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643030100*

DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 7,391 | 7,390 | | 2,570 | 2,569 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 7,391 | 7,390 | 0 | 2,570 | 2,569 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 7,391 | 7,390 | 0 | 2,570 | 2,569 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|
| **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. Life insurance | 975 | | | | 975 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 975 | 0 | 0 | 0 | 975 |
| **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| **Life insurance:** | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| **Annuities:** | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 0 | 0 | 0 | 0 | 0 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

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

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 5,102 | 5,106 | | 1,300 | 1,171 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 5,102 | 5,106 | 0 | 1,300 | 1,171 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 5,102 | 5,106 | 0 | 1,300 | 1,171 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. Incurred during current year | | | | | | | | | 0 | 0 |
| **Settled during current year:** | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year | | | | (a) | | | | | 0 | 0 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | 1 | 1,138 | | | | | | | 1 | 1,138 |
| 23. In force December 31 of current year | 1 | 1,138 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 1 | 1,138 |

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 13,734 | 14,655 | | 15,938 | 15,326 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 13,734 | 14,655 | 0 | 15,938 | 15,326 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 13,734 | 14,655 | 0 | 15,938 | 15,326 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.


DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 4,259 | 4,258 | | 1,824 | 1,825 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 4,259 | 4,258 | 0 | 1,824 | 1,825 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 4,259 | 4,258 | 0 | 1,824 | 1,825 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643036100*

DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. | Incurred during current year | 1 | 2,500 | | | | | | | 1 | 2,500 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | 0 | 0 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 1 | 2,500 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2,500 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 26 | 151,500 | | (a) | 14 | 336,000 | | | 40 | 487,500 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (1) | (5,000) | | | | | | | (1) | (5,000) |
| 23. | In force December 31 of current year | 25 | 146,500 | 0 | (a) 0 | 14 | 336,000 | 0 | 0 | 39 | 482,500 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 241,620 | 243,370 | | 105,574 | 102,395 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 241,620 | 243,370 | 0 | 105,574 | 102,395 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 241,620 | 243,370 | 0 | 105,574 | 102,395 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643037100*

DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 38,402 | | | | 38,402 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 38,402 | 0 | 0 | 0 | 38,402 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | 26,627 | | | | 26,627 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | 8,569 | | | | 8,569 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 35,195 | 0 | 0 | 0 | 35,195 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | 1 | 5,000 | | | | | | | 1 | 5,000 |
| 17. | Incurred during current year | 5 | 36,500 | | | | | | | 5 | 36,500 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | 4 | 26,500 | | | | | | | 4 | 26,500 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 4 | 26,500 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 26,500 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 4 | 26,500 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 26,500 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 2 | 15,000 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 15,000 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 59 | 487,005 | | (a) | | | | | 59 | 487,005 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (9) | (65,671) | | | | | | | (9) | (65,671) |
| 23. | In force December 31 of current year | 50 | 421,334 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 50 | 421,334 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 419,147 | 425,873 | | 251,081 | 243,254 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 419,147 | 425,873 | 0 | 251,081 | 243,254 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 419,147 | 425,873 | 0 | 251,081 | 243,254 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 29,117 | | | | 29,117 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 29,117 | 0 | 0 | 0 | 29,117 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | | | | | 0 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | 590 | | | | 590 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 590 | 0 | 0 | 0 | 590 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. | Incurred during current year | 1 | 10,000 | | | | | | | 1 | 10,000 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | 0 | 0 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 1 | 10,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 10,000 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 58 | 351,637 | | (a) | | | | | 58 | 351,637 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (1) | (1,138) | | | | | | | (1) | (1,138) |
| 23. | In force December 31 of current year | 57 | 350,499 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 57 | 350,499 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 400,665 | 406,306 | | 264,945 | 256,867 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 400,665 | 406,306 | 0 | 264,945 | 256,867 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 400,665 | 406,306 | 0 | 264,945 | 256,867 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643039100*

DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 60,925 | | | | 60,925 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 60,925 | 0 | 0 | 0 | 60,925 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | 18,062 | | | | 18,062 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 18,062 | 0 | 0 | 0 | 18,062 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | 1 | 5,000 | | | | | | | 1 | 5,000 |
| 17. | Incurred during current year | 6 | 40,500 | | | | | | | 6 | 40,500 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | 5 | 38,000 | | | | | | | 5 | 38,000 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 5 | 38,000 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 38,000 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 5 | 38,000 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 38,000 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 2 | 7,500 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 7,500 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 15 | 88,000 | | (a) | 43 | 1,793,000 | | | 58 | 1,881,000 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (3) | (18,000) | | | (3) | (123,500) | | | (6) | (141,500) |
| 23. | In force December 31 of current year | 12 | 70,000 | 0 | (a) 0 | 40 | 1,669,500 | 0 | 0 | 52 | 1,739,500 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 38,012 | 38,280 | | 27,108 | 31,932 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 38,012 | 38,280 | 0 | 27,108 | 31,932 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 38,012 | 38,280 | 0 | 27,108 | 31,932 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---|---|---|---|---|
| **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. Life insurance | 97,269 | | | | 97,269 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 97,269 | 0 | 0 | 0 | 97,269 |
| **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| **Life insurance:** | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| **Annuities:** | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. Death benefits | 35,612 | | | | 35,612 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 8,064 | | | | 8,064 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 43,676 | 0 | 0 | 0 | 43,676 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. Incurred during current year | 5 | 39,500 | | | | | | | 5 | 39,500 |
| **Settled during current year:** | | | | | | | | | | |
| 18.1 By payment in full | 4 | 35,500 | | | | | | | 4 | 35,500 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 4 | 35,500 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 35,500 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 4 | 35,500 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 35,500 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 1 | 4,000 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 4,000 |
| **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year | 136 | 1,314,500 | | (a) | | | | | 136 | 1,314,500 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | (6) | (72,067) | | | | | | | (6) | (72,067) |
| 23. In force December 31 of current year | 130 | 1,242,433 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 130 | 1,242,433 |

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 803,386 | 811,155 | | 513,145 | 500,271 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 803,386 | 811,155 | 0 | 513,145 | 500,271 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 803,386 | 811,155 | 0 | 513,145 | 500,271 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643042100*

DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 3,720 | 3,721 | | 586 | 540 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 3,720 | 3,721 | 0 | 586 | 540 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 3,720 | 3,721 | 0 | 586 | 540 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.


DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|
| **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. Life insurance | 477 | | | | 477 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 477 | 0 | 0 | 0 | 477 |
| **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| **Life insurance:** | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| **Annuities:** | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. Death benefits | 4,000 | | | | 4,000 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 4,000 | 0 | 0 | 0 | 4,000 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

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

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 13,713 | 13,699 | | 19,217 | 19,539 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 13,713 | 13,699 | 0 | 19,217 | 19,539 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 13,713 | 13,699 | 0 | 19,217 | 19,539 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 408,913 | | | | 408,913 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 408,913 | 0 | 0 | 0 | 408,913 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | 288,962 | | | | 288,962 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | 36,722 | | | | 36,722 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 325,684 | 0 | 0 | 0 | 325,684 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | 11 | 34,039 | | | | | | | 11 | 34,039 |
| 17. | Incurred during current year | 58 | 346,042 | | | | | | | 58 | 346,042 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | 51 | 286,539 | | | | | | | 51 | 286,539 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 51 | 286,539 | 0 | 0 | 0 | 0 | 0 | 0 | 51 | 286,539 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 51 | 286,539 | 0 | 0 | 0 | 0 | 0 | 0 | 51 | 286,539 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 18 | 93,542 | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 93,542 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 863 | 5,422,700 | | (a) | | | | | 863 | 5,422,700 |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | (79) | (403,931) | | | | | | | (79) | (403,931) |
| 23. | In force December 31 of current year | 784 | 5,018,769 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 784 | 5,018,769 |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 5,480,618 | 5,537,973 | | 3,894,508 | 3,808,287 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 5,480,618 | 5,537,973 | 0 | 3,894,508 | 3,808,287 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 5,480,618 | 5,537,973 | 0 | 3,894,508 | 3,808,287 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643045100*

DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | | 1<br>Ordinary | 2<br>Credit Life (Group and Individual) | 3<br>Group | 4<br>Industrial | 5<br>Total |
|---|---|---|---|---|---|---|
| | **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. | Life insurance | 16,557 | | | | 16,557 |
| 2. | Annuity considerations | | | | | 0 |
| 3. | Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. | Other considerations | | | | | 0 |
| 5. | Totals (Sum of Lines 1 to 4) | 16,557 | 0 | 0 | 0 | 16,557 |
| | **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| | **Life insurance:** | | | | | |
| 6.1 | Paid in cash or left on deposit | | | | | 0 |
| 6.2 | Applied to pay renewal premiums | | | | | 0 |
| 6.3 | Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 | Other | | | | | 0 |
| 6.5 | Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| | **Annuities:** | | | | | |
| 7.1 | Paid in cash or left on deposit | | | | | 0 |
| 7.2 | Applied to provide paid-up annuities | | | | | 0 |
| 7.3 | Other | | | | | 0 |
| 7.4 | Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. | Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| | **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. | Death benefits | | | | | 0 |
| 10. | Matured endowments | | | | | 0 |
| 11. | Annuity benefits | | | | | 0 |
| 12. | Surrender values and withdrawals for life contracts | | | | | 0 |
| 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. | All other benefits, except accident and health | | | | | 0 |
| 15. | Totals | 0 | 0 | 0 | 0 | 0 |
| | **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | | 0 |
| 1302. | | | | | | 0 |
| 1303. | | | | | | 0 |
| 1398. | Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. | Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

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

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 57,299 | 59,262 | | 31,691 | 31,676 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 57,299 | 59,262 | 0 | 31,691 | 31,676 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 57,299 | 59,262 | 0 | 31,691 | 31,676 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643047100*

DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

| | | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | 1<br>No. | 2<br>Amount | 3<br>No. of Ind. Pols. & Gr. Certifs. | 4<br>Amount | 5<br>No. of Certifs. | 6<br>Amount | 7<br>No. | 8<br>Amount | 9<br>No. | 10<br>Amount |
| | **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. | Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. | Incurred during current year | | | | | | | | | 0 | 0 |
| | **Settled during current year:** | | | | | | | | | | |
| 18.1 | By payment in full | | | | | | | | | 0 | 0 |
| 18.2 | By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 | Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 | Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 | Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 | Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. | Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. | In force December 31, prior year | 3 | 15,000 | | (a) | (12) | (250,000) | | | (9) | (235,000) |
| 21. | Issued during year | | | | | | | | | 0 | 0 |
| 22. | Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. | In force December 31 of current year | 3 | 15,000 | 0 | (a) 0 | (12) | (250,000) | 0 | 0 | (9) | (235,000) |

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

# ACCIDENT AND HEALTH INSURANCE

| | | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|---|
| 24. | Group policies (b) | | | | | |
| 24.1 | Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 | Credit (group and individual) | | | | | |
| 24.3 | Collectively renewable policies (b) | | | | | |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | | | | | |
| | **Other Individual Policies:** | | | | | |
| 25.1 | Non-cancelable (b) | | | | | |
| 25.2 | Guaranteed renewable (b) | 10,360 | 10,349 | | 6,814 | 6,812 |
| 25.3 | Non-renewable for stated reasons only (b) | | | | | |
| 25.4 | Other accident only | | | | | |
| 25.5 | All other (b) | | | | | |
| 25.6 | Totals (Sum of Lines 25.1 to 25.5) | 10,360 | 10,349 | 0 | 6,814 | 6,812 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 10,360 | 10,349 | 0 | 6,814 | 6,812 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.


DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

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

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

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

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

# ACCIDENT AND HEALTH INSURANCE

| | 1<br>Direct Premiums | 2<br>Direct Premiums Earned | 3<br>Dividends Paid Or Credited on Direct Business | 4<br>Direct Losses Paid | 5<br>Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 21,363 | 22,281 | | 10,344 | 9,994 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 21,363 | 22,281 | 0 | 10,344 | 9,994 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 21,363 | 22,281 | 0 | 10,344 | 9,994 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. Incurred during current year | | | | | | | | | 0 | 0 |
| **Settled during current year:** | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | 0 | 0 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year | 6 | 51,001 | | (a) | | | | | 6 | 51,001 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 6 | 51,001 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 6 | 51,001 |

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 6,804 | 6,803 | | 357 | 351 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 6,804 | 6,803 | 0 | 357 | 351 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 6,804 | 6,803 | 0 | 357 | 351 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643049100*

DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

| | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total |
|---|---|---|---|---|---|
| **DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS** | | | | | |
| 1. Life insurance | 8,762 | | | | 8,762 |
| 2. Annuity considerations | | | | | 0 |
| 3. Deposit-type contract funds | | XXX | | XXX | 0 |
| 4. Other considerations | | | | | 0 |
| 5. Totals (Sum of Lines 1 to 4) | 8,762 | 0 | 0 | 0 | 8,762 |
| **DIRECT DIVIDENDS TO POLICYHOLDERS** | | | | | |
| **Life insurance:** | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | 0 |
| 6.2 Applied to pay renewal premiums | | | | | 0 |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | | | | | 0 |
| 6.4 Other | | | | | 0 |
| 6.5 Totals (Sum of Lines 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 |
| **Annuities:** | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | 0 |
| 7.2 Applied to provide paid-up annuities | | | | | 0 |
| 7.3 Other | | | | | 0 |
| 7.4 Totals (Sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 |
| 8. Grand Totals (Lines 6.5 + 7.4) | 0 | 0 | 0 | 0 | 0 |
| **DIRECT CLAIMS AND BENEFITS PAID** | | | | | |
| 9. Death benefits | | | | | 0 |
| 10. Matured endowments | | | | | 0 |
| 11. Annuity benefits | | | | | 0 |
| 12. Surrender values and withdrawals for life contracts | 1,124 | | | | 1,124 |
| 13. Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | 0 | 0 | 0 |
| 14. All other benefits, except accident and health | | | | | 0 |
| 15. Totals | 1,124 | 0 | 0 | 0 | 1,124 |
| **DETAILS OF WRITE-INS** | | | | | |
| 1301. | | | | | 0 |
| 1302. | | | | | 0 |
| 1303. | | | | | 0 |
| 1398. Summary of remaining write-ins for Line 13 from overflow page | 0 | 0 | 0 | 0 | 0 |
| 1399. Total (Lines 1301 through 1303 plus 1398)(Line 13 above) | 0 | 0 | 0 | 0 | 0 |

| | Ordinary | | Credit Life (Group and Individual) | | Group | | Industrial | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|
| | 1 No. | 2 Amount | 3 No. of Ind. Pols. & Gr. Certifs. | 4 Amount | 5 No. of Certifs. | 6 Amount | 7 No. | 8 Amount | 9 No. | 10 Amount |
| **DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED** | | | | | | | | | | |
| 16. Unpaid December 31, prior year | | | | | | | | | 0 | 0 |
| 17. Incurred during current year | 1 | 32,500 | | | | | | | 1 | 32,500 |
| **Settled during current year:** | | | | | | | | | | |
| 18.1 By payment in full | 1 | 32,500 | | | | | | | 1 | 32,500 |
| 18.2 By payment on compromised claims | | | | | | | | | 0 | 0 |
| 18.3 Totals paid | 1 | 32,500 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 32,500 |
| 18.4 Reduction by compromise | | | | | | | | | 0 | 0 |
| 18.5 Amount rejected | | | | | | | | | 0 | 0 |
| 18.6 Total settlements | 1 | 32,500 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 32,500 |
| 19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **POLICY EXHIBIT** | | | | | No. of Pol. | | | | | |
| 20. In force December 31, prior year | 13 | 101,000 | | (a) | 1 | 32,500 | | | 14 | 133,500 |
| 21. Issued during year | | | | | | | | | 0 | 0 |
| 22. Other changes to in force (Net) | | | | | | | | | 0 | 0 |
| 23. In force December 31 of current year | 13 | 101,000 | 0 | (a) 0 | 1 | 32,500 | 0 | 0 | 14 | 133,500 |

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 84,723 | 85,366 | | 42,704 | 42,101 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 84,723 | 85,366 | 0 | 42,704 | 42,101 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 84,723 | 85,366 | 0 | 42,704 | 42,101 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

*67903201643051100*

DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR

NAIC Group Code.....901 NAIC Company Code.....67903

# LIFE INSURANCE

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

NONE

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

NONE

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

# ACCIDENT AND HEALTH INSURANCE

| | 1 Direct Premiums | 2 Direct Premiums Earned | 3 Dividends Paid Or Credited on Direct Business | 4 Direct Losses Paid | 5 Direct Losses Incurred |
|---|---|---|---|---|---|
| 24. Group policies (b) | | | | | |
| 24.1 Federal Employee Health Benefits Plan premium (b) | | | | | |
| 24.2 Credit (group and individual) | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees | | | | | |
| **Other Individual Policies:** | | | | | |
| 25.1 Non-cancelable (b) | | | | | |
| 25.2 Guaranteed renewable (b) | 18,967 | 18,616 | | 18,053 | 18,044 |
| 25.3 Non-renewable for stated reasons only (b) | | | | | |
| 25.4 Other accident only | | | | | |
| 25.5 All other (b) | | | | | |
| 25.6 Totals (Sum of Lines 25.1 to 25.5) | 18,967 | 18,616 | 0 | 18,053 | 18,044 |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 18,967 | 18,616 | 0 | 18,053 | 18,044 |

(b) For health business on indicated lines report: Number of persons insured under PPO managed products.....0 and number of persons insured under indemnity only products.....0.

# FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

| | 1<br>Amount |
|---|---|
| 1. Reserve as of December 31, prior year | (182,303) |
| 2. Current year's realized pre-tax capital gains/(losses) of $.....0 transferred into the reserve net of taxes of $.....0 | 0 |
| 3. Adjustment for current year's liability gains/(losses) released from the reserve | 0 |
| 4. Balance before reduction for amount transferred to Summary of Operations (Line 1 + Line 2 + Line 3) | (182,303) |
| 5. Current year's amortization released to Summary of Operations (Amortization, Line 1, Column 4) | (5,609) |
| 6. Reserve as of December 31, current year (Line 4 minus Line 5) | (176,694) |

Amortization

| Year of Amortization | 1<br>Reserve as of December 31, Prior Year | 2<br>Current Year's Realized Capital Gains/(Losses) Transferred into the Reserve Net of Taxes | 3<br>Adjustment for Current Year's Liability Gains/(Losses) Released from the Reserve | 4<br>Balance Before Reduction for the Current Year's Amortization (Cols. 1 + 2 + 3) |
|---|---|---|---|---|
| 1. 2016 | (5,609) | | | (5,609) |
| 2. 2017 | (6,010) | | | (6,010) |
| 3. 2018 | (6,411) | | | (6,411) |
| 4. 2019 | (6,611) | | | (6,611) |
| 5. 2020 | (7,012) | | | (7,012) |
| 6. 2021 | (7,212) | | | (7,212) |
| 7. 2022 | (7,813) | | | (7,813) |
| 8. 2023 | (8,013) | | | (8,013) |
| 9. 2024 | (8,414) | | | (8,414) |
| 10. 2025 | (9,015) | | | (9,015) |
| 11. 2026 | (9,416) | | | (9,416) |
| 12. 2027 | (9,816) | | | (9,816) |
| 13. 2028 | (10,417) | | | (10,417) |
| 14. 2029 | (10,818) | | | (10,818) |
| 15. 2030 | (11,419) | | | (11,419) |
| 16. 2031 | (12,020) | | | (12,020) |
| 17. 2032 | (12,621) | | | (12,621) |
| 18. 2033 | (11,820) | | | (11,820) |
| 19. 2034 | (9,416) | | | (9,416) |
| 20. 2035 | (6,811) | | | (6,811) |
| 21. 2036 | (4,207) | | | (4,207) |
| 22. 2037 | (1,402) | | | (1,402) |
| 23. 2038 | | | | 0 |
| 24. 2039 | | | | 0 |
| 25. 2040 | | | | 0 |
| 26. 2041 | | | | 0 |
| 27. 2042 | | | | 0 |
| 28. 2043 | | | | 0 |
| 29. 2044 | | | | 0 |
| 30. 2045 | | | | 0 |
| 31. 2046 and Later | | | | 0 |
| 32. Total (Lines 1 to 31) | (182,303) | 0 | 0 | (182,303) |

# ASSET VALUATION RESERVE

| | Default Component | | | Equity Component | | | 7 |
|---|---|---|---|---|---|---|---|
| | 1<br>Other Than Mortgage Loans | 2<br>Mortgage Loans | 3<br>Total (Cols. 1 + 2) | 4<br>Common Stock | 5<br>Real Estate and Other Invested Assets | 6<br>Total (Cols. 4 + 5) | Total Amount (Cols. 3 + 6) |
| 1. Reserve as of December 31, prior year | 19,320 | | 19,320 | | | 0 | 19,320 |
| 2. Realized capital gains/(losses) net of taxes - General Account | | | 0 | | | 0 | 0 |
| 3. Realized capital gains/(losses) net of taxes - Separate Accounts | | | 0 | | | 0 | 0 |
| 4. Unrealized capital gains/(losses) - net of deferred taxes - General Account | | | 0 | | | 0 | 0 |
| 5. Unrealized capital gains/(losses) - net of deferred taxes - Separate Accounts | | | 0 | | | 0 | 0 |
| 6. Capital gains credited/(losses charged) to contract benefits, payments or reserves | | | 0 | | | 0 | 0 |
| 7. Basic contribution | 5,793 | | 5,793 | | | 0 | 5,793 |
| 8. Accumulated balances (Lines 1 through 5, minus 6 plus 7) | 25,113 | 0 | 25,113 | 0 | 0 | 0 | 25,113 |
| 9. Maximum reserve | 35,579 | | 35,579 | | | 0 | 35,579 |
| 10. Reserve objective | 25,628 | | 25,628 | | | 0 | 25,628 |
| 11. 20% of (Line 10 minus Line 8) | 103 | 0 | 103 | 0 | 0 | 0 | 103 |
| 12. Balance before transfers (Lines 8 + 11) | 25,216 | 0 | 25,216 | 0 | 0 | 0 | 25,216 |
| 13. Transfers | | | 0 | | | 0 | 0 |
| 14. Voluntary contribution | | | 0 | | | 0 | 0 |
| 15. Adjustment down to maximum/up to zero | | | 0 | | | 0 | 0 |
| 16. Reserve as of December 31, current year (Lines 12 + 13 + 14 + 15) | 25,216 | 0 | 25,216 | 0 | 0 | 0 | 25,216 |

# ASSET VALUATION RESERVE

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

| Line Number | NAIC Desig-nation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution 5 Factor | Basic Contribution 6 Amount (Cols. 4 x 5) | Reserve Objective 7 Factor | Reserve Objective 8 Amount (Cols. 4 x 7) | Maximum Reserve 9 Factor | Maximum Reserve 10 Amount (Cols. 4 x 9) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **LONG-TERM BONDS** | | | | | | | | | | |
| 1 | | Exempt obligations | 5,539,947 | XXX | XXX | 5,539,947 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 2 | 1 | Highest quality | 6,495,463 | XXX | XXX | 6,495,463 | 0.0004 | 2,598 | 0.0023 | 14,940 | 0.0030 | 19,486 |
| 3 | 2 | High quality | 1,499,507 | XXX | XXX | 1,499,507 | 0.0019 | 2,849 | 0.0058 | 8,697 | 0.0090 | 13,496 |
| 4 | 3 | Medium quality | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 5 | 4 | Low quality | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 6 | 5 | Lower quality | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 7 | 6 | In or near default | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 8 | | Total unrated multi-class securities acquired by conversion | | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | |
| 9 | | Total long-term bonds (sum of Lines 1 through 8) | 13,534,917 | XXX | XXX | 13,534,917 | XXX | 5,447 | XXX | 23,637 | XXX | 32,982 |
| | | **PREFERRED STOCKS** | | | | | | | | | | |
| 10 | 1 | Highest quality | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 11 | 2 | High quality | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 12 | 3 | Medium quality | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 13 | 4 | Low quality | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 14 | 5 | Lower quality | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 15 | 6 | In or near default | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 16 | | Affiliated life with AVR | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 17 | | Total preferred stocks (sum of Lines 10 through 16) | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| | | **SHORT-TERM BONDS** | | | | | | | | | | |
| 18 | | Exempt obligations | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 19 | 1 | Highest quality | 865,589 | XXX | XXX | 865,589 | 0.0004 | 346 | 0.0023 | 1,991 | 0.0030 | 2,597 |
| 20 | 2 | High quality | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 21 | 3 | Medium quality | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 22 | 4 | Low quality | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 23 | 5 | Lower quality | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 24 | 6 | In or near default | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 25 | | Total short-term bonds (sum of Lines 18 through 24) | 865,589 | XXX | XXX | 865,589 | XXX | 346 | XXX | 1,991 | XXX | 2,597 |
| | | **DERIVATIVE INSTRUMENTS** | | | | | | | | | | |
| 26 | | Exchange traded | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 27 | 1 | Highest quality | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 28 | 2 | High quality | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 29 | 3 | Medium quality | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 30 | 4 | Low quality | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 31 | 5 | Lower quality | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 32 | 6 | In or near default | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 33 | | Total derivative instruments | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 34 | | Total (Lines 9 + 17 + 25 + 33) | 14,400,506 | XXX | XXX | 14,400,506 | XXX | 5,793 | XXX | 25,628 | XXX | 35,579 |

# ASSET VALUATION RESERVE (continued)

Basic Contribution, Reserve Objective and Maximum Reserve Calculations

Default Component

| Line Number | NAIC Desig-nation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution | | Reserve Objective | | Maximum Reserve | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | 5 Factor | 6 Amount (Cols. 4 x 5) | 7 Factor | 8 Amount (Cols. 4 x 7) | 9 Factor | 10 Amount (Cols. 4 x 9) |
| | | **MORTGAGE LOANS** | | | | | | | | | | |
| | | In good standing: | | | | | | | | | | |
| 35 | | Farm mortgages - CM1 - highest quality | | | XXX | 0 | 0.0010 | 0 | 0.0050 | 0 | 0.0065 | 0 |
| 36 | | Farm mortgages - CM2 - high quality | | | XXX | 0 | 0.0035 | 0 | 0.0100 | 0 | 0.0130 | 0 |
| 37 | | Farm mortgages - CM3 - medium quality | | | XXX | 0 | 0.0060 | 0 | 0.0175 | 0 | 0.0225 | 0 |
| 38 | | Farm mortgages - CM4 - low medium quality | | | XXX | 0 | 0.0105 | 0 | 0.0300 | 0 | 0.0375 | 0 |
| 39 | | Farm mortgages - CM5 - low quality | | | XXX | 0 | 0.0160 | 0 | 0.0425 | 0 | 0.0550 | 0 |
| 40 | | Residential mortgages-insured or guaranteed | | | XXX | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 |
| 41 | | Residential mortgages-all other | | | XXX | 0 | 0.0013 | 0 | 0.0030 | 0 | 0.0040 | 0 |
| 42 | | Commercial mortgages-insured or guaranteed | | | XXX | 0 | 0.0003 | 0 | 0.0006 | 0 | 0.0010 | 0 |
| 43 | | Commercial mortgages-all other - CM1 - highest quality | | | XXX | 0 | 0.0010 | 0 | 0.0050 | 0 | 0.0065 | 0 |
| 44 | | Commercial mortgages-all other - CM2 - high quality | | | XXX | 0 | 0.0035 | 0 | 0.0100 | 0 | 0.0130 | 0 |
| 45 | | Commercial mortgages-all other - CM3 - medium quality | | | XXX | 0 | 0.0060 | 0 | 0.0175 | 0 | 0.0225 | 0 |
| 46 | | Commercial mortgages-all other - CM4 - low medium quality | | | XXX | 0 | 0.0105 | 0 | 0.0300 | 0 | 0.0375 | 0 |
| 47 | | Commercial mortgages-all other - CM5 - low quality | | | XXX | 0 | 0.0160 | 0 | 0.0425 | 0 | 0.0550 | 0 |
| | | Overdue, not in process: | | | | | | | | | | |
| 48 | | Farm mortgages | | | XXX | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | 0 |
| 49 | | Residential mortgages-insured or guaranteed | | | XXX | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | 0 |
| 50 | | Residential mortgages-all other | | | XXX | 0 | 0.0025 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 51 | | Commercial mortgages-insured or guaranteed | | | XXX | 0 | 0.0005 | 0 | 0.0012 | 0 | 0.0020 | 0 |
| 52 | | Commercial mortgages-all other | | | XXX | 0 | 0.0420 | 0 | 0.0760 | 0 | 0.1200 | 0 |
| | | In process of foreclosure: | | | | | | | | | | |
| 53 | | Farm mortgages | | | XXX | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | 0 |
| 54 | | Residential mortgages-insured or guaranteed | | | XXX | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | 0 |
| 55 | | Residential mortgages-all other | | | XXX | 0 | 0.0000 | 0 | 0.0130 | 0 | 0.0130 | 0 |
| 56 | | Commercial mortgages-insured or guaranteed | | | XXX | 0 | 0.0000 | 0 | 0.0040 | 0 | 0.0040 | 0 |
| 57 | | Commercial mortgages-all other | | | XXX | 0 | 0.0000 | 0 | 0.1700 | 0 | 0.1700 | 0 |
| 58 | | Total Schedule B mortgages (sum of Lines 35 through 57) | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| 59 | | Schedule DA mortgages | | | XXX | 0 | 0.0030 | 0 | 0.0100 | 0 | 0.0130 | 0 |
| 60 | | Total mortgage loans on real estate (Lines 58 + 59) | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |

NONE

# ASSET VALUATION RESERVE

## Basic Contribution, Reserve Objective and Maximum Reserve Calculations

## Equity and Other Invested Asset Component

| Line Number | NAIC Desig-nation | Description | 1 Book/Adjusted Carrying Value | 2 Reclassify Related Party Encumbrances | 3 Add Third Party Encumbrances | 4 Balance for AVR Reserve Calculations (Cols. 1 + 2 + 3) | Basic Contribution 5 Factor | Basic Contribution 6 Amount (Cols. 4 x 5) | Reserve Objective 7 Factor | Reserve Objective 8 Amount (Cols. 4 x 7) | Maximum Reserve 9 Factor | Maximum Reserve 10 Amount (Cols. 4 x 9) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **COMMON STOCK** | | | | | | | | | | |
| 1 | | Unaffiliated public | | XXX | XXX | 0 | 0.0000 | 0 | (a) | 0 | (a) | 0 |
| 2 | | Unaffiliated private | | XXX | XXX | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| 3 | | Federal Home Loan Bank | | XXX | XXX | 0 | 0.0000 | 0 | 0.0050 | 0 | 0.0080 | 0 |
| 4 | | Affiliated life with AVR | 2,945,946 | XXX | XXX | 2,945,946 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| | | Affiliated Investment Subsidiary: | | | | | | | | | | |
| 5 | | Fixed income exempt obligations | | | | 0 | XXX | | XXX | | XXX | |
| 6 | | Fixed income highest quality | | | | 0 | XXX | | XXX | | XXX | |
| 7 | | Fixed income high quality | | | | 0 | XXX | | XXX | | XXX | |
| 8 | | Fixed income medium quality | | | | 0 | XXX | | XXX | | XXX | |
| 9 | | Fixed income low quality | | | | 0 | XXX | | XXX | | XXX | |
| 10 | | Fixed income lower quality | | | | 0 | XXX | | XXX | | XXX | |
| 11 | | Fixed income in or near default | | | | 0 | XXX | | XXX | | XXX | |
| 12 | | Unaffiliated common stock public | | | | 0 | 0.0000 | 0 | (a) | 0 | (a) | 0 |
| 13 | | Unaffiliated common stock private | | | | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| 14 | | Real estate | | | | 0 | (b) | 0 | (b) | 0 | (b) | 0 |
| 15 | | Affiliated - certain other (see SVO Purposes and Procedures Manual) | | XXX | XXX | 0 | 0.0000 | 0 | 0.1300 | 0 | 0.1300 | 0 |
| 16 | | Affiliated - all other | | XXX | XXX | 0 | 0.0000 | 0 | 0.1600 | 0 | 0.1600 | 0 |
| 17 | | Total common stock (sum of Lines 1 through 16) | 2,945,946 | 0 | 0 | 2,945,946 | XXX | 0 | XXX | 0 | XXX | 0 |
| | | **REAL ESTATE** | | | | | | | | | | |
| 18 | | Home office property (General Account only) | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 | 0 |
| 19 | | Investment properties | | | | 0 | 0.0000 | 0 | 0.0750 | 0 | 0.0750 | 0 |
| 20 | | Properties acquired in satisfaction of debt | | | | 0 | 0.0000 | 0 | 0.1100 | 0 | 0.1100 | 0 |
| 21 | | Total real estate (sum of Lines 18 through 20) | 0 | 0 | 0 | 0 | XXX | 0 | XXX | 0 | XXX | 0 |
| | | **OTHER INVESTED ASSETS** | | | | | | | | | | |
| | | **INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS** | | | | | | | | | | |
| 22 | | Exempt obligations | | XXX | XXX | 0 | 0.0000 | 0 | 0.0000 | 0 | 0.0000 | 0 |
| 23 | 1 | Highest quality | | XXX | XXX | 0 | 0.0004 | 0 | 0.0023 | 0 | 0.0030 | 0 |
| 24 | 2 | High quality | | XXX | XXX | 0 | 0.0019 | 0 | 0.0058 | 0 | 0.0090 | 0 |
| 25 | 3 | Medium quality | | XXX | XXX | 0 | 0.0093 | 0 | 0.0230 | 0 | 0.0340 | 0 |
| 26 | 4 | Low quality | | XXX | XXX | 0 | 0.0213 | 0 | 0.0530 | 0 | 0.0750 | 0 |
| 27 | 5 | Lower quality | | XXX | XXX | 0 | 0.0432 | 0 | 0.1100 | 0 | 0.1700 | 0 |
| 28 | 6 | In or near default | | XXX | XXX | 0 | 0.0000 | 0 | 0.2000 | 0 | 0.2000 | 0 |
| 29 | | Total with bond characteristics (sum of Lines 22 through 28) | 0 | XXX | XXX | 0 | XXX | 0 | XXX | 0 | XXX | 0 |

# Asset Valuation Reserve - Equity
# NONE

# Asset Valuation Reserve - Equity
# NONE

# Asset Valuation Reserve - Replications (Synthetic) Assets
# NONE

# Sch. F - Claims
# NONE

# SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

| | | Total | | Group Accident and Health | | Credit A&H (Group and Individual) | | Collectively Renewable | | Other Individual Contracts | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | Non-Cancelable | | Guaranteed Renewable | | Non-Renewable for Stated Reasons Only | | Other Accident Only | | All Other | |
| | | 1 Amount | 2 % | 3 Amount | 4 % | 5 Amount | 6 % | 7 Amount | 8 % | 9 Amount | 10 % | 11 Amount | 12 % | 13 Amount | 14 % | 15 Amount | 16 % | 17 Amount | 18 % |
| **PART 1 - ANALYSIS OF UNDERWRITING OPERATIONS** | | | | | | | | | | | | | | | | | | | |
| 1. | Premiums written | 8,696,857 | XXX | | XXX | | XXX | | XXX | | XXX | 8,696,857 | XXX | | XXX | | XXX | | XXX |
| 2. | Premiums earned | 8,763,264 | XXX | | XXX | | XXX | | XXX | | XXX | 8,763,264 | XXX | | XXX | | XXX | | XXX |
| 3. | Incurred claims | 6,037,361 | 68.9 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 6,037,361 | 68.9 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 4. | Cost containment expenses | 37,895 | 0.4 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | 37,895 | 0.4 | | 0.0 | | 0.0 | | 0.0 |
| 5. | Incurred claims and cost containment expenses (Lines 3 and 4) | 6,075,256 | 69.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 6,075,256 | 69.3 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 6 | Increase in contract reserves | (3,824) | (0.0) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | (3,824) | (0.0) | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 7 | Commissions (a) | 88,227 | 1.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | 88,227 | 1.0 | | 0.0 | | 0.0 | | 0.0 |
| 8 | Other general insurance expenses | 654,049 | 7.5 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | 654,049 | 7.5 | | 0.0 | | 0.0 | | 0.0 |
| 9 | Taxes, licenses and fees | 274,119 | 3.1 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | 274,119 | 3.1 | | 0.0 | | 0.0 | | 0.0 |
| 10 | Total other expenses incurred | 1,016,395 | 11.6 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1,016,395 | 11.6 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 11. | Aggregate write-ins for deductions | 313 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 313 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 12. | Gain from underwriting before dividends or refunds | 1,675,124 | 19.1 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1,675,124 | 19.1 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 13. | Dividends or refunds | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 14. | Gain from underwriting after dividends or refunds | 1,675,124 | 19.1 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 1,675,124 | 19.1 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| **DETAILS OF WRITE-INS** | | | | | | | | | | | | | | | | | | | |
| 1101. | Increase In Loading | 504 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | 504 | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 1102. | Penalties | (191) | (0.0) | | 0.0 | | 0.0 | | 0.0 | | 0.0 | (191) | (0.0) | | 0.0 | | 0.0 | | 0.0 |
| 1103. | | 0 | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 | | 0.0 |
| 1198. | Summary of remaining write-ins for Line 11 from overflow page | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 1199. | Total (Lines 1101 through 1103 plus 1198) (Line 11 above) | 313 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 | 313 | 0.0 | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |

(a) Includes $.....0 reported as 'Contract, membership and other fees retained by agents.'

# SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

| | 1 | 2 | 3 | 4 | Other Individual Contracts | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Group Accident and Health | Credit A&H (Group and Individual) | Collectively Renewable | 5 Non-Cancelable | 6 Guaranteed Renewable | 7 Non-Renewable for Stated Reasons Only | 8 Other Accident Only | 9 All Other |
| | Total | | | | | | | | |
| **PART 2 - RESERVES AND LIABILITIES** | | | | | | | | | |
| A. Premium Reserves: | | | | | | | | | |
| 1. Unearned premiums | 466,838 | | | | | 466,838 | | | |
| 2. Advance premiums | 85,296 | | | | | 85,296 | | | |
| 3. Reserve for rate credits | 0 | | | | | | | | |
| 4. Total premium reserves, current year | 552,134 | 0 | 0 | 0 | 0 | 552,134 | 0 | 0 | 0 |
| 5. Total premium reserves, prior year | 660,519 | | | | | 660,519 | | | |
| 6. Increase in total premium reserves | (108,385) | 0 | 0 | 0 | 0 | (108,385) | 0 | 0 | 0 |
| B. Contract Reserves: | | | | | | | | | |
| 1. Additional reserves (a) | 35,332 | | | | | 35,332 | | | |
| 2. Reserve for future contingent benefits | 0 | | | | | | | | |
| 3. Total contract reserves, current year | 35,332 | 0 | 0 | 0 | 0 | 35,332 | 0 | 0 | 0 |
| 4. Total contract reserves, prior year | 39,156 | | | | | 39,156 | | | |
| 5. Increase in contract reserves | (3,824) | 0 | 0 | 0 | 0 | (3,824) | 0 | 0 | 0 |
| C. Claim Reserves and Liabilities: | | | | | | | | | |
| 1. Total current year | 595,669 | 0 | 0 | 0 | 0 | 595,669 | 0 | 0 | 0 |
| 2. Total prior year | 706,564 | | | | | 706,564 | | | |
| 3. Increase | (110,895) | 0 | 0 | 0 | 0 | (110,895) | 0 | 0 | 0 |

**PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1. Claims Paid During the Year: | | | | | | | | | |
| 1.1 On claims incurred prior to current year | 638,193 | | | | | 638,193 | | | |
| 1.2 On claims incurred during current year | 5,510,063 | | | | | 5,510,063 | | | |
| 2. Claim Reserves and Liabilities, December 31, current year: | | | | | | | | | |
| 2.1 On claims incurred prior to current year | 4,390 | | | | | 4,390 | | | |
| 2.2 On claims incurred during current year | 591,279 | | | | | 591,279 | | | |
| 3. Test: | | | | | | | | | |
| 3.1 Lines 1.1 and 2.1 | 642,583 | 0 | 0 | 0 | 0 | 642,583 | 0 | 0 | 0 |
| 3.2 Claim reserves and liabilities, December 31, prior year | 706,564 | | | | | 706,564 | | | |
| 3.3 Line 3.1 minus Line 3.2 | (63,981) | 0 | 0 | 0 | 0 | (63,981) | 0 | 0 | 0 |

**PART 4 - REINSURANCE**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| A. Reinsurance Assumed: | | | | | | | | | |
| 1. Premiums written | 0 | | | | | | | | |
| 2. Premiums earned | 0 | | | | | | | | |
| 3. Incurred claims | 0 | | | | | | | | |
| 4. Commissions | 0 | | | | | | | | |
| B. Reinsurance Ceded: | | | | | | | | | |
| 1. Premiums written | 932,779 | | | | | 932,779 | | | |
| 2. Premiums earned | 943,003 | | | | | 943,003 | | | |
| 3. Incurred claims | 616,045 | | | | | 616,045 | | | |
| 4. Commissions | 78,939 | | | | | 78,939 | | | |

(a) Includes $.....0 premium deficiency reserve.

# SCHEDULE H - PART 5 - HEALTH CLAIMS

| | | 1<br>Medical | 2<br>Dental | 3<br>Other | 4<br>Total |
|---|---|---|---|---|---|
| A. | Direct: | | | | |
| 1. | Incurred claims | 1,017 | | 6,652,385 | 6,653,402 |
| 2. | Beginning claim reserves and liabilities | | | 786,341 | 786,341 |
| 3. | Ending claim reserves and liabilities | | | 659,048 | 659,048 |
| 4. | Claims paid | 1,017 | 0 | 6,779,678 | 6,780,695 |
| B. | Assumed Reinsurance: | | | | |
| 5. | Incurred claims | | | | 0 |
| 6. | Beginning claim reserves and liabilities | | | | 0 |
| 7. | Ending claim reserves and liabilities | | | | 0 |
| 8. | Claims paid | 0 | 0 | 0 | 0 |
| C. | Ceded Reinsurance: | | | | |
| 9. | Incurred claims | 1,017 | | 615,023 | 616,040 |
| 10. | Beginning claim reserves and liabilities | | | 267,738 | 267,738 |
| 11. | Ending claim reserves and liabilities | | | 213,190 | 213,190 |
| 12. | Claims paid | 1,017 | 0 | 669,571 | 670,588 |
| D. | Net: | | | | |
| 13. | Incurred claims | 0 | 0 | 6,037,362 | 6,037,362 |
| 14. | Beginning claim reserves and liabilities | 0 | 0 | 518,603 | 518,603 |
| 15. | Ending claim reserves and liabilities | 0 | 0 | 445,858 | 445,858 |
| 16. | Claims paid | 0 | 0 | 6,110,107 | 6,110,107 |
| E. | Net Incurred Claims and Cost Containment Expenses: | | | | |
| 17. | Incurred claims and cost containment expenses | | | 6,075,256 | 6,075,256 |
| 18. | Beginning reserves and liabilities | | | 522,175 | 522,175 |
| 19. | Ending reserves and liabilities | | | 431,414 | 431,414 |
| 20. | Paid claims and cost containment expenses | 0 | 0 | 6,166,017 | 6,166,017 |

# Sch. S - Pt. 1 - Sn. 1
# NONE

# Sch. S - Pt. 1 - Sn. 2
# NONE

# SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Effective Date | 4<br>Name of Company | 5<br>Domiciliary Jurisdiction | 6<br>Paid Losses | 7<br>Unpaid Losses |
|---|---|---|---|---|---|---|
| **Life and Annuity - Non-Affiliates - U.S. Non-Affiliates** | | | | | | |
| 88340..... | 59-2859797.... | 08/01/2006 | Hannover Life Reassurance Company of America..... | FL..... | ..... | .....2,608 |
| 63312..... | 13-1935920.... | 01/01/2007 | Great American Life Insurance..... | OH..... | .....52,500 | .....150,331 |
| 0899999. | Total - Life and Annuity Non-Affiliates - U.S. Non-Affiliates..... | | | | .....52,500 | .....152,939 |
| 1099999. | Total - Life and Annuity Non-Affiliates..... | | | | .....52,500 | .....152,939 |
| 1199999. | Total - Life and Annuity..... | | | | .....52,500 | .....152,939 |
| **Accident and Health - Non-Affiliates - U.S. Non-Affiliates** | | | | | | |
| 88340..... | 59-2859797.... | 08/01/2006 | Hannover Life Reassurance Company of America..... | FL..... | .....149,811 | .....63,381 |
| 1999999. | Total - Accident and Health Non-Affiliates - U.S. Non-Affiliates..... | | | | .....149,811 | .....63,381 |
| 2199999. | Total - Accident and Health Non-Affiliates..... | | | | .....149,811 | .....63,381 |
| 2299999. | Total - Accident and Health..... | | | | .....149,811 | .....63,381 |
| 2399999. | Total U.S..... | | | | .....202,311 | .....216,320 |
| 9999999. | Total..... | | | | .....202,311 | .....216,320 |

# SCHEDULE S - PART 3 - SECTION 1

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | Reserve Credit Taken | | 11 | Outstanding Surplus Relief | | 14 | 15 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | 9 | 10 | | 12 | 13 | | |
| NAIC Company Code | ID Number | Effective Date | Name of Company | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Business Ceded | Amount In Force at End of Year | Current Year | Prior Year | Premiums | Current Year | Prior Year | Modified Coinsurance Reserve | Funds Withheld Under Coinsurance |
| **General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates** | | | | | | | | | | | | | | |
| 88340..... | 59-2859797.... | 08/01/2006 | Hannover Life Reassurance Company of America | FL | OTH/I | OL | 88,250 | 31,236 | 29,814 | 6,618 | | | | |
| 63312..... | 13-1935920.... | 08/31/2012 | Great American Life Insurance Company | OH | CO/I | OL | 10,929,749 | 2,576,114 | 2,476,113 | 768,473 | | | | |
| 0899999. | Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | 11,017,999 | 2,607,350 | 2,505,927 | 775,091 | 0 | 0 | 0 | 0 |
| 1099999. | Total - General Account - Authorized - Non-Affiliates | | | | | | 11,017,999 | 2,607,350 | 2,505,927 | 775,091 | 0 | 0 | 0 | 0 |
| 1199999. | Total - General Account - Authorized | | | | | | 11,017,999 | 2,607,350 | 2,505,927 | 775,091 | 0 | 0 | 0 | 0 |
| 3499999. | Total - General Account - Authorized, Unauthorized and Certified | | | | | | 11,017,999 | 2,607,350 | 2,505,927 | 775,091 | 0 | 0 | 0 | 0 |
| 6999999. | Total U.S. | | | | | | 11,017,999 | 2,607,350 | 2,505,927 | 775,091 | 0 | 0 | 0 | 0 |
| 9999999. | Total | | | | | | 11,017,999 | 2,607,350 | 2,505,927 | 775,091 | 0 | 0 | 0 | 0 |

# SCHEDULE S - PART 3 - SECTION 2

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

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Outstanding Surplus Relief | | 13 | 14 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | Reserve Credit | 11 | 12 | | |
| NAIC Company Code | ID Number | Effective Date | Name of Company | Domiciliary Jurisdiction | Type of Reinsurance Ceded | Type of Business Ceded | Premiums | Unearned Premiums (Estimated) | Taken Other Than for Unearned Premiums | Current Year | Prior Year | Modified Coinsurance Reserve | Funds Withheld Under Coinsurance |
| **General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates** | | | | | | | | | | | | | |
| 88340..... | 59-2859797.... | .08/01/2006 | Hannover Life Reassurance Company of America | FL | OTH/I | MS | 928,780 | 52,015 | 16,688 | | | | |
| 60836..... | 42-0113630.... | .08/01/2006 | American Republic Insurance Co | IA | OTH/I | CMM | 4,000 | 11 | | | | | |
| 0899999. | Total - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates | | | | | | 932,780 | 52,026 | 16,688 | 0 | 0 | 0 | 0 |
| **General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates** | | | | | | | | | | | | | |
| 00000..... | AA-3190987... | .07/01/2014 | Cigna Global Reinsurance Company | BMU | CAT/G | A | 198 | | | | | | |
| 0999999. | Total - General Account - Authorized - Non-Affiliates - Non-U.S. Non-Affiliates | | | | | | 198 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1099999. | Total - General Account - Authorized - Non-Affiliates | | | | | | 932,978 | 52,026 | 16,688 | 0 | 0 | 0 | 0 |
| 1199999. | Total - General Account - Authorized | | | | | | 932,978 | 52,026 | 16,688 | 0 | 0 | 0 | 0 |
| 3499999. | Total - General Account - Authorized, Unauthorized and Certified | | | | | | 932,978 | 52,026 | 16,688 | 0 | 0 | 0 | 0 |
| 6999999. | Total - U.S | | | | | | 932,780 | 52,026 | 16,688 | 0 | 0 | 0 | 0 |
| 7099999. | Total - Non-U.S | | | | | | 198 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9999999. | Total | | | | | | 932,978 | 52,026 | 16,688 | 0 | 0 | 0 | 0 |

# Sch. S - Pt. 4
# NONE

# Sch. S - Pt. 5
# NONE

# SCHEDULE S - PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

| | | 1<br>2016 | 2<br>2015 | 3<br>2014 | 4<br>2013 | 5<br>2012 |
|---|---|---|---|---|---|---|
| **A.** | **OPERATIONS ITEMS** | | | | | |
| 1. | Premiums and annuity considerations for life and accident and health contracts | 1,708 | 1,985 | 2,323 | 2,556 | 4,860 |
| 2. | Commissions and reinsurance expense allowances | 145 | 178 | 232 | 296 | 352 |
| 3. | Contract claims | 1,182 | 1,451 | 1,450 | 1,519 | 1,601 |
| 4. | Surrender benefits and withdrawals for life contracts | | | | | |
| 5. | Dividends to policyholders | | | | | |
| 6. | Reserve adjustments on reinsurance ceded | | | | | |
| 7. | Increase in aggregate reserves for life and accident and health contracts | | | | | |
| **B.** | **BALANCE SHEET ITEMS** | | | | | |
| 8. | Premiums and annuity considerations for life and accident and health contracts deferred and uncollected | 454 | 510 | 601 | 705 | 1,313 |
| 9. | Aggregate reserves for life and accident and health contracts | 2,676 | 2,586 | 2,397 | 2,410 | 2,244 |
| 10. | Liability for deposit-type contracts | | | | | |
| 11. | Contract claims unpaid | 216 | 135 | 279 | 196 | 208 |
| 12. | Amounts recoverable on reinsurance | 202 | 188 | 323 | 261 | 444 |
| 13. | Experience rating refunds due or unpaid | | | | | |
| 14. | Policyholders' dividends (not included in Line 10) | | | | | |
| 15. | Commissions and reinsurance expense allowances due | | | | | |
| 16. | Unauthorized reinsurance offset | | | | | |
| 17. | Offset for reinsurance with certified reinsurers | | | | | |
| **C.** | **UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)** | | | | | |
| 18. | Funds deposited by and withheld from (F) | | | | | |
| 19. | Letters of credit (L) | | | | | |
| 20. | Trust agreements (T) | | | | | |
| 21. | Other (O) | | | | | |
| **D.** | **REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)** | | | | | |
| 22. | Multiple beneficiary trust | | | | | |
| 23. | Funds deposited by and withheld from (F) | | | | | |
| 24. | Letters of credit (L) | | | | | |
| 25. | Trust agreements (T) | | | | | |
| 26. | Other (O) | | | | | |

# SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

| | | 1<br>As Reported<br>(Net of Ceded) | 2<br>Restatement<br>Adjustments | 3<br>Restated<br>(Gross of Ceded) |
|---|---|---|---|---|
| | **ASSETS (Page 2, Col. 3)** | | | |
| 1. | Cash and invested assets (Line 12) | 17,900,399 | | 17,900,399 |
| 2. | Reinsurance (Line 16) | 232,202 | | 232,202 |
| 3. | Premiums and considerations (Line 15) | (196,022) | 453,780 | 257,758 |
| 4. | Net credit for ceded reinsurance | XXX | 2,438,604 | 2,438,604 |
| 5. | All other admitted assets (balance) | 1,548,584 | | 1,548,584 |
| 6. | Total assets excluding Separate Accounts (Line 26) | 19,485,163 | 2,892,384 | 22,377,547 |
| 7. | Separate Account assets (Line 27) | | | 0 |
| 8. | Total assets (Line 28) | 19,485,163 | 2,892,384 | 22,377,547 |
| | **LIABILITIES, CAPITAL AND SURPLUS (Page 3)** | | | |
| 9. | Contract reserves (Lines 1 and 2) | 502,170 | 2,676,064 | 3,178,234 |
| 10. | Liability for deposit-type contracts (Line 3) | | | 0 |
| 11. | Claim reserves (Line 4) | 595,666 | 216,320 | 811,986 |
| 12. | Policyholder dividends/reserves (Lines 5 through 7) | | | 0 |
| 13. | Premium & annuity considerations received in advance (Line 8) | 85,296 | | 85,296 |
| 14. | Other contract liabilities (Line 9) | 9,320 | | 9,320 |
| 15. | Reinsurance in unauthorized companies (Line 24.02 minus inset amount) | | | 0 |
| 16. | Funds held under reinsurance treaties with unauthorized reinsurers (Line 24.03 minus inset amount) | | | 0 |
| 17. | Reinsurance with certified reinsurers (Line 24.02 inset amount) | | | 0 |
| 18. | Funds held under reinsurance treaties with certified reinsurers (Line 24.03 inset amount) | | | 0 |
| 19. | All other liabilities (balance) | 225,753 | | 225,753 |
| 20. | Total liabilities excluding Separate Accounts (Line 26) | 1,418,205 | 2,892,384 | 4,310,589 |
| 21. | Separate Account liabilities (Line 27) | | | 0 |
| 22. | Total liabilities (Line 28) | 1,418,205 | 2,892,384 | 4,310,589 |
| 23. | Capital & surplus (Line 38) | 18,066,958 | XXX | 18,066,958 |
| 24. | Total liabilities, capital & surplus (Line 39) | 19,485,163 | 2,892,384 | 22,377,547 |
| | **NET CREDIT FOR CEDED REINSURANCE** | | | |
| 25. | Contract reserves | 2,676,064 | | |
| 26. | Claim reserves | 216,320 | | |
| 27. | Policyholder dividends/reserves | 0 | | |
| 28. | Premium & annuity considerations received in advance | 0 | | |
| 29. | Liability for deposit-type contracts | 0 | | |
| 30. | Other contract liabilities | 0 | | |
| 31. | Reinsurance ceded assets | 0 | | |
| 32. | Other ceded reinsurance recoverables | 0 | | |
| 33. | Total ceded reinsurance recoverables | 2,892,384 | | |
| 34. | Premiums and considerations | 453,780 | | |
| 35. | Reinsurance in unauthorized companies | 0 | | |
| 36. | Funds held under reinsurance treaties with unauthorized reinsurers | 0 | | |
| 37. | Reinsurance with certified reinsurers | 0 | | |
| 38. | Funds held under reinsurance treaties with certified reinsurers | 0 | | |
| 39. | Other ceded reinsurance payables/offsets | 0 | | |
| 40. | Total ceded reinsurance payables/offsets | 453,780 | | |
| 41. | Total net credit for ceded reinsurance | 2,438,604 | | |

# SCHEDULE T - PART 2

# INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

| States, Etc. | Direct Business Only | | | | | |
|---|---|---|---|---|---|---|
| | 1<br>Life (Group and Individual) | 2<br>Annuities (Group and Individual) | 3<br>Disability Income (Group and Individual) | 4<br>Long-Term Care (Group and Individual) | 5<br>Deposit-Type Contracts | 6<br>Totals |
| 1. Alabama AL | 9,173 | | | | | 9,173 |
| 2. Alaska AK | - | | | | | 0 |
| 3. Arizona AZ | 871 | | | | | 871 |
| 4. Arkansas AR | - | | | | | 0 |
| 5. California CA | 475 | | | | | 475 |
| 6. Colorado CO | 1,056 | | | | | 1,056 |
| 7. Connecticut CT | - | | | | | 0 |
| 8. Delaware DE | - | | | | | 0 |
| 9. District of Columbia DC | - | | | | | 0 |
| 10. Florida FL | 428 | | | | | 428 |
| 11. Georgia GA | 2,148 | | | | | 2,148 |
| 12. Hawaii HI | - | | | | | 0 |
| 13. Idaho ID | 795 | | | | | 795 |
| 14. Illinois IL | 16,094 | | | | | 16,094 |
| 15. Indiana IN | 2,746 | | | | | 2,746 |
| 16. Iowa IA | 10,095 | | | | | 10,095 |
| 17. Kansas KS | - | | | | | 0 |
| 18. Kentucky KY | 18,089 | | | | | 18,089 |
| 19. Louisiana LA | 5,448 | | | | | 5,448 |
| 20. Maine ME | - | | | | | 0 |
| 21. Maryland MD | - | | | | | 0 |
| 22. Massachusetts MA | - | | | | | 0 |
| 23. Michigan MI | 285 | | | | | 285 |
| 24. Minnesota MN | - | | | | | 0 |
| 25. Mississippi MS | 17,684 | | | | | 17,684 |
| 26. Missouri MO | 7,351 | | | | | 7,351 |
| 27. Montana MT | 2,396 | | | | | 2,396 |
| 28. Nebraska NE | 6,647 | | | | | 6,647 |
| 29. Nevada NV | - | | | | | 0 |
| 30. New Hampshire NH | - | | | | | 0 |
| 31. New Jersey NJ | - | | | | | 0 |
| 32. New Mexico NM | 975 | | | | | 975 |
| 33. New York NY | - | | | | | 0 |
| 34. North Carolina NC | 4,107 | | | | | 4,107 |
| 35. North Dakota ND | 371 | | | | | 371 |
| 36. Ohio OH | 12,177 | | | | | 12,177 |
| 37. Oklahoma OK | 38,402 | | | | | 38,402 |
| 38. Oregon OR | 29,117 | | | | | 29,117 |
| 39. Pennsylvania PA | 60,925 | | | | | 60,925 |
| 40. Rhode Island RI | - | | | | | 0 |
| 41. South Carolina SC | 97,269 | | | | | 97,269 |
| 42. South Dakota SD | - | | | | | 0 |
| 43. Tennessee TN | 477 | | | | | 477 |
| 44. Texas TX | 408,913 | | | | | 408,913 |
| 45. Utah UT | 16,557 | | | | | 16,557 |
| 46. Vermont VT | - | | | | | 0 |
| 47. Virginia VA | 1,137 | | | | | 1,137 |
| 48. Washington WA | 312 | | | | | 312 |
| 49. West Virginia WV | 8,762 | | | | | 8,762 |
| 50. Wisconsin WI | 4,231 | | | | | 4,231 |
| 51. Wyoming WY | - | | | | | 0 |
| 52. American Samoa AS | | | | | | 0 |
| 53. Guam GU | | | | | | 0 |
| 54. Puerto Rico PR | | | | | | 0 |
| 55. US Virgin Islands VI | | | | | | 0 |
| 56. Northern Mariana Islands MP | | | | | | 0 |
| 57. Canada CAN | | | | | | 0 |
| 58. Aggregate Other Alien OT | | | | | | 0 |
| 59. Totals | 785,513 | 0 | 0 | 0 | 0 | 785,513 |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Members** | | | | | | | | | | | | | | | |
| 0901 | Cigna Group | | 06-1059331 | 1591167 | 701221 | US | Cigna Corporation | DE | UIP | Cigna Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1072796 | 1591167 | 701221 | | Cigna Holdings, Inc. | DE | UIP | Cigna Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 51-0402128 | 1591167 | 701221 | | Cigna Intellectual Property, Inc. | DE | NIA | Cigna Holdings, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1095823 | 1591167 | 701221 | | Cigna Investment Group, Inc. | DE | NIA | Cigna Holdings, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 52-0291385 | 1591167 | 701221 | | Cigna International Finance, Inc. | DE | NIA | Cigna Investment Group, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 23-1914061 | 1591167 | 701221 | | Former Cigna Investments, Inc | DE | NIA | Cigna Investment Group, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-0861092 | 1591167 | 701221 | | Cigna Investments, Inc. | DE | NIA | Cigna Investment Group, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 01-0947889 | 1591167 | 701221 | | Cigna Benefits Financing, Inc. | DE | NIA | Cigna Investments, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-0840391 | 1591167 | 701221 | | Connecticut General Corporation | CT | UIP | Cigna Holdings, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 81-0585518 | 1591167 | 701221 | | Benefit Management Corp | MT | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 12814 | 20-4433475 | 1591167 | 701221 | | Allegiance Life & Health Insurance Company | MT | IA | Benefit Management Corp | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 20-3851464 | 1591167 | 701221 | | Allegiance Re, Inc. | MT | IA | Benefit Management Corp | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 81-0400550 | 1591167 | 701221 | | Allegiance Benefit Plan Management, Inc. | MT | NIA | Benefit Management Corp | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 71-0916514 | 1591167 | 701221 | | Allegiance COBRA Services, Inc. | MT | NIA | Benefit Management Corp | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Allegiance Provider Direct, LLC | MT | NIA | Benefit Management Corp | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Community Health Network, LLC | MT | NIA | Benefit Management Corp | Ownership | 50.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 81-0425785 | 1591167 | 701221 | | Intermountain Underwriters, Inc. | MT | NIA | Benefit Management Corp | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Star Point, LLC | MT | NIA | Benefit Management Corp | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 20-1821898 | 1591167 | 701221 | | HealthSpring, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 76-0628370 | 1591167 | 701221 | | NewQuest, LLC | TX | NIA | HealthSpring, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 52-1929677 | 1591167 | 701221 | | NewQuest Management Northeast, LLC | DE | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 10095 | 52-2259087 | 1591167 | 701221 | | Bravo Health Mid-Atlantic, Inc. | MD | IA | NewQuest Management Northeast, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 11254 | 52-2363406 | 1591167 | 701221 | | Bravo Health Pennsylvania, Inc. | PA | IA | NewQuest Management Northeast, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 12902 | 20-8534298 | 1591167 | 701221 | | HealthSpring Life & Health Insurance Company, Inc. | TX | IA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 95781 | 63-0925225 | 1591167 | 701221 | | HealthSpring of Alabama, Inc. | AL | IA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 11532 | 65-1129599 | 1591167 | 701221 | | HealthSpring of Florida, Inc. | FL | IA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 77-0632665 | 1591167 | 701221 | | NewQuest Management of Illinois, LLC | IL | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 20-4954206 | 1591167 | 701221 | | NewQuest Management of Florida, LLC | GA | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 20-8647386 | 1591167 | 701221 | | HealthSpring Management of America, LLC | DE | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 45-0633893 | 1591167 | 701221 | | NewQuest Management of West Virginia, LLC | DE | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 75-3108527 | 1591167 | 701221 | | TexQuest, LLC | DE | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 75-3108521 | 1591167 | 701221 | | HouQuest, LLC | DE | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 76-0657035 | 1591167 | 701221 | | GulfQuest, LP | TX | NIA | HouQuest, LLC | Ownership | 99.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 33-1033586 | 1591167 | 701221 | | NewQuest Management of Alabama, LLC | AL | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 72-1559530 | 1591167 | 701221 | | HealthSpring USA, LLC | TN | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0901 | Cigna Group | | 62-1540621.. | 1591167 | 701221 | | HealthSpring Management, Inc. | TN | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 11522 | 62-1593150.. | 1591167 | 701221 | | HealthSpring of Tennessee, Inc. | TN | IA | HealthSpring Management, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 20-5524622.. | 1591167 | 701221 | | Tennessee Quest, LLC | TN | NIA | HealthSpring Management, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 26-2353476.. | 1591167 | 701221 | | HealthSpring Pharmacy Services, LLC | DE | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 26-2353772.. | 1591167 | 701221 | | HealthSpring Pharmacy of Tennessee, LLC | DE | NIA | HealthSpring Pharmacy Services, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 20-4266628.. | | | | Home Physicians Management, LLC | DE | NIA | NewQuest, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 35-2562415.. | | | | Alegis Care Services, LLC | DE | NIA | Home Physicians Management, LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 13733 | 03-0452349.. | 1591167 | 701221 | | Cigna Arbor Life Insurance Company | CT | IA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 41-1648670.. | 1591167 | 701221 | | Cigna Behavioral Health, Inc. | MN | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 94-3107309.. | 1591167 | 701221 | | Cigna Behavioral Health of California, Inc. | CA | NIA | Cigna Behavioral Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 75-2751090.. | 1591167 | 701221 | | Cigna Behavioral Health of Texas, Inc. | TX | NIA | Cigna Behavioral Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1346406.. | 1591167 | 701221 | | MCC Independent Practice Association of New York, Inc. | NY | NIA | Cigna Behavioral Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 59-2308055.. | 1591167 | 701221 | | Cigna Dental Health, Inc. | FL | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 59-2600475.. | 1591167 | 701221 | | Cigna Dental Health Of California, Inc. | CA | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 11175 | 59-2675861.. | 1591167 | 701221 | | Cigna Dental Health Of Colorado, Inc. | CO | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 95380 | 59-2676987.. | 1591167 | 701221 | | Cigna Dental Health Of Delaware, Inc. | DE | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 52021 | 59-1611217.. | 1591167 | 701221 | | Cigna Dental Health Of Florida, Inc. | FL | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1351097.. | 1591167 | 701221 | | Cigna Dental Health of Illinois, Inc. | IL | NIA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 52024 | 59-2625350.. | 1591167 | 701221 | | Cigna Dental Health Of Kansas, Inc. | KS | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 52108 | 59-2619589.. | 1591167 | 701221 | | Cigna Dental Health Of Kentucky, Inc. | KY | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 11160 | 06-1582068.. | 1591167 | 701221 | | Cigna Dental Health Of Missouri, Inc. | MO | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 11167 | 59-2308062.. | 1591167 | 701221 | | Cigna Dental Health Of New Jersey, Inc. | NJ | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 95179 | 56-1803464.. | 1591167 | 701221 | | Cigna Dental Health Of North Carolina, Inc. | NC | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 47805 | 59-2579774.. | 1591167 | 701221 | | Cigna Dental Health Of Ohio, Inc. | OH | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 47041 | 52-1220578.. | 1591167 | 701221 | | Cigna Dental Health Of Pennsylvania, Inc. | PA | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 95037 | 59-2676977.. | 1591167 | 701221 | | Cigna Dental Health Of Texas, Inc. | TX | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 52617 | 52-2188914.. | 1591167 | 701221 | | Cigna Dental Health Of Virginia, Inc. | VA | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 47013 | 86-0807222.. | 1591167 | 701221 | | Cigna Dental Health Plan Of Arizona, Inc. | AZ | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 48119 | 59-2740468.. | 1591167 | 701221 | | Cigna Dental Health Of Maryland, Inc. | MD | IA | Cigna Dental Health, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 62-1312478.. | 1591167 | 701221 | | Cigna Health Corporation | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 02-0387748.. | 1591167 | 701221 | | Healthsource, Inc. | DE | NIA | Cigna Health Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 95125 | 86-0334392.. | 1591167 | 701221 | | Cigna HealthCare of Arizona, Inc. | AZ | IA | Healthsource, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 95-3310115.. | 1591167 | 701221 | | Cigna HealthCare of California, Inc. | CA | IA | Healthsource, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 95604 | 84-1004500.. | 1591167 | 701221 | | Cigna HealthCare of Colorado, Inc. | CO | IA | Healthsource, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 95660 | 06-1141174.. | 1591167 | 701221 | | Cigna HealthCare of Connecticut, Inc. | CT | IA | Healthsource, Inc. | Ownership | 100.000 | Cigna Corporation | N | |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0901 | Cigna Group | 95136... | 59-2089259.. | ....1591167 | .....701221 | | Cigna HealthCare of Florida, Inc. | FL | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 95602... | 36-3385638.. | ....1591167 | .....701221 | | Cigna HealthCare of Illinois, Inc. | IL | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 01-0418220.. | ....1591167 | .....701221 | | Cigna HealthCare of Maine, Inc. | ME | NIA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 02-0402111.. | ....1591167 | .....701221 | | Cigna HealthCare of Massachusetts, Inc. | MA | NIA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 52-1404350.. | ....1591167 | .....701221 | | Cigna HealthCare Mid-Atlantic, Inc. | MD | NIA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 95493... | 02-0387749.. | ....1591167 | .....701221 | | Cigna HealthCare of New Hampshire, Inc. | NH | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 95500... | 22-2720890.. | ....1591167 | .....701221 | | Cigna HealthCare of New Jersey, Inc. | NJ | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 23-2301807.. | ....1591167 | .....701221 | | Cigna HealthCare of Pennsylvania, Inc. | PA | NIA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 95635... | 36-3359925.. | ....1591167 | .....701221 | | Cigna HealthCare of St. Louis, Inc. | MO | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 62-1230908.. | ....1591167 | .....701221 | | Cigna HealthCare of Utah, Inc. | UT | NIA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 96229... | 58-1641057.. | ....1591167 | .....701221 | | Cigna HealthCare of Georgia, Inc. | GA | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 95383... | 74-2767437.. | ....1591167 | .....701221 | | Cigna HealthCare of Texas, Inc. | TX | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 95525... | 35-1679172.. | ....1591167 | .....701221 | | Cigna HealthCare of Indiana, Inc. | IN | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 95606... | 62-1218053.. | ....1591167 | .....701221 | | Cigna HealthCare of Tennesee, Inc. | TN | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 95132... | 56-1479515.. | ....1591167 | .....701221 | | Cigna HealthCare of North Carolina, Inc. | NC | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 95708... | 06-1185590.. | ....1591167 | .....701221 | | Cigna HealthCare of South Carolina, Inc. | SC | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 00-0000000.. | ....1591167 | .....701221 | | Temple Insurance Company Limited | BMU | IA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 86-3581583.. | ....1591167 | .....701221 | | Arizona Health Plan, Inc. | AZ | NIA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 02-0467679.. | ....1591167 | .....701221 | | Healthsource Properties, Inc. | NH | NIA | Healthsource, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 00-0000000.. | ....1591167 | .....701221 | | Managed Care Consultants, Inc. | NV | NIA | Cigna Health Corporation | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 02-0515554.. | ....1591167 | .....701221 | | Cigna Benefit Technology Solutions, Inc. | DE | NIA | Cigna Health Corporation | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 35-1641636.. | ....1591167 | .....701221 | | Sagamore Health Network, Inc. | IN | NIA | Cigna Health Corporation | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 84-0985843.. | ....1591167 | .....701221 | | Cigna Healthcare Holdings, Inc. | CO | NIA | Connecticut General Corporation | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 93-1174749.. | ....1591167 | .....701221 | | Great-West Healthcare of Illinois, Inc. | IL | NIA | Cigna Healthcare Holdings, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 02-0495422.. | ....1591167 | .....701221 | | Cigna Healthcare, Inc. | VT | NIA | Cigna Healthcare Holdings, Inc. | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 64548... | 13-2556568.. | ....3281743 | .....701221 | | Cigna Life Insurance Company of New York | NY | IA | Connecticut General Corporation | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | 62308... | 06-0303370.. | ....1591167 | .....701221 | | Connecticut General Life Insurance Company | CT | IA | Connecticut General Corporation | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 45-3481107.. | ....1591167 | .....701221 | | CG Mystic Center LLC | DE | IA | Connecticut General Life Insurance Company | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 00-0000000.. | ....1591167 | .....701221 | | Station Landing, LLC | DE | IA | CG Mystic Center LLC | Ownership | .....85.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 45-3481241.. | ....1591167 | .....701221 | | CG Mystic Land LLC | DE | IA | Connecticut General Life Insurance Company | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 20-3870049.. | ....1591167 | .....701221 | | CG Skyline, LLC | DE | IA | Connecticut General Life Insurance Company | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 00-0000000.. | ....1591167 | .....701221 | | Skyline ND/CG LLC | MA | IA | CG Skyline LLC | Ownership | .....85.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 00-0000000.. | ....1591167 | .....701221 | | Skyline Mezzanine Borrower LLC | MA | IA | Skyline ND/CG LLC | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 00-0000000.. | ....1591167 | .....701221 | | Skyline at Station Landing LLC | MA | IA | Skyline Mezzanine Borrower LLC | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 26-0180898.. | ....1591167 | .....701221 | | CareAllies, LLC | DE | IA | Connecticut General Life Insurance Company | Ownership | ....100.000 | Cigna Corporation | .....N..... | |
| 0901 | Cigna Group | | 00-0000000.. | ....1591167 | .....701221 | | CG Bayport LLC | DE | IA | Connecticut General Life Insurance Company | Ownership | ....100.000 | Cigna Corporation | .....N..... | |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Bayport Colony Apartments LLC | FL | IA | CG Bayport LLC | Ownership | 99.900 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 32-0222252 | 1591167 | 701221 | | Cigna Onsite Health, LLC | DE | IA | Connecticut General Life Insurance Company. | Ownership | 100.000 | Cigna Corporation | Y | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Gillette Ridge Community Council, Inc. | CT | IA | Connecticut General Life Insurance Company. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 20-3700105 | 1591167 | 701221 | | Gillette Ridge Golf, LLC | DE | IA | Connecticut General Life Insurance Company. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 52-2149519 | 1591167 | 701221 | | Hazard Center Investment Company LLC | DE | IA | Connecticut General Life Insurance Company. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 23-3074013 | 1591167 | 701221 | | TEL-DRUG of Pennsylvania, L.L.C. | PA | IA | Connecticut General Life Insurance Company. | Ownership | 100.000 | Cigna Corporation | Y | |
| 0901 | Cigna Group | | 00-0000000 | | | | GRG Acquisitions LLC | DE | NIA | Connecticut General Life Insurance Company. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 27-5402196 | 1591167 | 701221 | | Cigna Affiliates Realty Investment Group LLC | DE | NIA | Connecticut General Life Insurance Company. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | CR Longwood Investors L.P. | DE | IA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 27.030 | Charles River Realty Longwood, LLC (non-affiliate) | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | ND/CR Longwood LLC | DE | IA | CR Longwood Investors L.P. | Ownership | 95.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | ARE/ND/CR Longwood LLC | DE | IA | ND / CR Longwood LLC | Ownership | 35.000 | ARE-MA Region No. 41, LLC (non-affiliate) | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Secon Properties, LP | CA | IA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 50.000 | South Coast Plaza Associates, LLC (non-affiliate) | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Transwestern Federal Holdings, L.L.C. | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 7.616 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Transwestern Federal , L.L.C. | DE | NIA | Transwestern Federal Holdings, L.L.C. | Ownership | 7.616 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Market Street Residential Holdings LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 85.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Arborpoint at Market Street LLC | DE | NIA | Market Street Residential Holdings LLC | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Diamondview Tower CM-CG LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | CR Washington Street Investors LP | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 33.820 | Charles River Washington Street LLC (non-affiliate) | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Dulles Town Center Mall, LLC | VA | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 50.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | ND/CR Unicorn LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 70.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Union Wharf Apartments LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 80.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | AMD Apartments Limited Partership | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 80.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | SP Newport Crossing LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 85.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | PUR Arbors Apartments Venture LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 87.500 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | CG Seventh Street LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 87.500 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Ideal Properties II LLC | CA | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 85.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 80-0668090 | 1591167 | 701221 | | Alessandro Partners, LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 95.200 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 80-0908244 | | | | Mallory Square Partners I, LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 80.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Houston Briar Forest Apartments Limited Partnership | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 80.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Newtown Partners II, LP | MD | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 71.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Newtown Square GP LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 50.000 | Cigna Corporation and Newtown Square | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | AFA Apartments Limited Partnership | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 85.000 | Cigna Corporation | N | |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0901 | Cigna Group | | 00-0000000 | | | | SB-SNH LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 85.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | 680 Investors LLC | CA | NIA | SB-SNH LLC | Ownership | 85.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | 685 New Hampshire LLC | CA | NIA | SB-SNH LLC | Ownership | 85.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | CGGL 18301 LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | 222 Main Street CARING GP LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | 222 Main Street Investors LP | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Notch 8 Residential, L.L.C. | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 85.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | UVL, LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 71.400 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | 3601 North Fairfax Drive Associates, LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 47-4235739 | | | | CI Perris 151, LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 75.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 47-4375626 | | | | Lakehills CM-CG LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 30-0939067 | | | | Affiliated Hotel Subsidiary | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 81-2481274 | | | | CGGL 6280 LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 81-2650133 | | | | Berewick Apartments LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 85.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 81-3389374 | | | | CIG-LEI Ygnacio Associates LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 61-1797835 | | | | CGGL Orange Collection LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 81-3281922 | | | | CGGL Chapman LLC | DE | NIA | CGGL Orange Collection LLC | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 81-3313562 | | | | CGGL City Parkway LLC | DE | NIA | CGGL Orange Collection LLC | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 81-4139432 | | | | Heights at Bear Creek Venture LLC | DE | NIA | Cigna Affilates Realty Investment Group, LLC. | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 27-0268530 | 1591167 | 701221 | | CORAC, LLC | DE | IA | Connecticut General Life Insurance Company. | Ownership | 50.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 27-3923999 | 1591167 | 701221 | | Bridgepoint Office Park Associates, LLC | DE | IA | Corac, LLC | Ownership | 90.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 27-3126102 | 1591167 | 701221 | | Fairway Center Associates, LLC | DE | IA | Corac, LLC | Ownership | 80.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 27-3582688 | 1591167 | 701221 | | Henry on the Park Associates, LLC | DE | IA | Corac, LLC | Ownership | 80.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 67369 | 59-1031071 | 1591167 | 701221 | | Cigna Health and Life Insurance Company | CT | UDP | Connecticut General Life Insurance Company. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 45-2681649 | 1591167 | 701221 | | CarePlexus, LLC | DE | IA | Cigna Health and Life Insurance Company | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 27-3396038 | 1591167 | 701221 | | Cigna Corporate Services, LLC | DE | IA | Cigna Health and Life Insurance Company | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 27-1903785 | 1591167 | 701221 | | Cigna Insurance Agency, LLC | CT | IA | Cigna Health and Life Insurance Company | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 34-1970892 | | | | Ceres Sales of Ohio, LLC | OH | NIA | Cigna Health and Life Insurance Company | Ownership | 100.000 | Cigna Corporation | Y | |
| 0901 | Cigna Group | 61727 | 34-0970995 | | | | Central Reserve Life Insurance Company | OH | UIP | Cigna Health and Life Insurance Company | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 67903 | 23-1335885 | | | | Provident American Life & Health Insurance Company | OH | RE | Central Reserve Life Insurance Company | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 65269 | 75-2305400 | | | | United Benefit Life Insurance Company | OH | DS | Provident American Life and Health Insurance Company | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 65722 | 63-0343428 | | | | Loyal American Life Insurance Company | OH | IA | Cigna Health and Life Insurance Company | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 88366 | 59-2760189 | | | | American Retirement Life Insurance Company | OH | IA | Loyal American Life Insurance Company | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 23-3744987 | | | | QualCare Alliance Networks, Inc | NJ | NIA | Cigna Health and Life Insurance Company | Ownership | 100.000 | Cigna Corporation | Y | |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0901 | Cigna Group | | 22-3129563 | | | | QualCare, Inc. | NJ | NIA | QualCare Alliance Networks, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 22-2483867 | | | | Scibal Associates, Inc. | NJ | NIA | QualCare Alliance Networks, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 46-1634843 | | | | QualCare Captive Insurance Company Inc., PCC | NJ | NIA | QualCare Alliance Networks, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 46-1801639 | | | | QualCare Management Resources Limited Liability Company | NJ | NIA | QualCare Alliance Networks, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 46-2086778 | | | | Health-Lynx, LLC | NJ | NIA | QualCare Alliance Networks, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 77399 | 13-1867829 | | | | Sterling Life Insurance Company | IL | IA | Cigna Health and Life Insurance Company | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 91-1500758 | | | | Olympic Health Management Systems, Inc. | WA | NIA | Sterling Life Insurance Company | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 91-1599329 | | | | Olympic Health Management Services, Inc. | WA | NIA | Olympic Health Management Systems, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 88-0455414 | | | | WorldDoc, Inc. | NV | NIA | Cigna Health and Life Insurance Company | Ownership | 20.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 23-1728483 | 1591167 | 701221 | | Cigna Health Management, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 20-8064696 | 1591167 | 701221 | | Kronos Optimal Health Company | AZ | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | 65498 | 23-1503749 | 1591167 | 701221 | | Life Insurance Company of North America | PA | IA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna & CMB Life Insurance Company Limited | CHN | IA | Life Insurance Company of North America | Ownership | 50.000 | Cigna Corporation | Y | |
| 0901 | Cigna Group | | 58-1136865 | 1591167 | 701221 | | Cigna Direct Marketing Company, Inc. | DE | NIA | Life Insurance Company of North America | Ownership | 100.000 | Cigna Corporation | Y | |
| 0901 | Cigna Group | | 46-0427127 | 1591167 | 701221 | | Tel-Drug, Inc. | SD | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Global Wellbeing Holdings Limited | GBR | NIA | Connecticut General Corporation | Ownership | 70.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Global Wellbeing Solutions Limited | GBR | NIA | Cigna Global Wellbeing Holdings Limited | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 98-0463704 | 1591167 | 701221 | | Vielife Services, Inc. | DE | NIA | Cigna Global Wellbeing Holdings Limited | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1332403 | 1591167 | 701221 | | CG Individual Tax Benefits Payments, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1332405 | 1591167 | 701221 | | CG Life Pension Benefits Payments, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1332401 | | | | CG LINA Pension Benefits Payments, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 62-1724116 | 1591167 | 701221 | | Cigna Federal Benefits, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 23-2741293 | 1591167 | 701221 | | Cigna Healthcare Benefits, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 23-2924152 | 1591167 | 701221 | | Cigna Integratedcare, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 23-2741294 | 1591167 | 701221 | | Cigna Managed Care Benefits Company | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1071502 | 1591167 | 701221 | | Cigna RE Corporation | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1522976 | 1591167 | 701221 | | Blodget & Hazard Limited | GBR | NIA | Cigna Re Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1567902 | 1591167 | 701221 | | Cigna Resource Manager, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1252419 | 1591167 | 701221 | | Connecticut General Benefit Payments, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1533555 | 1591167 | 701221 | | Healthsource Benefits, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 35-2041388 | 1591167 | 701221 | | IHN, Inc. | IN | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 06-1252418 | 1591167 | 701221 | | LINA Benefit Payments, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 88-0334401 | 1591167 | 701221 | | Mediversal, Inc. | NV | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0901 | Cigna Group | | 88-0344624 | 1591167 | 701221 | | Universal Claims Administration | MT | NIA | Mediversal, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 81-2760646 | | | | CareAllies, Inc. | DE | NIA | Connecticut General Corporation | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 51-0389196 | 1591167 | 701221 | | Cigna Global Holdings, Inc. | DE | NIA | Cigna Holdings, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 51-0111677 | 1591167 | 701221 | | Cigna International Corporation, Inc. | DE | NIA | Cigna Global Holdings, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 23-2610178 | 1591167 | 701221 | | Cigna International Services, Inc. | DE | NIA | Cigna Global Holdings, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 30-3087621 | 1591167 | 701221 | | Cigna International Marketing (Thailand) Limited | THA | NIA | Cigna Global Holdings, Inc. | Ownership | 99.900 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | CGO PARTICIPATOS LTDA. | BRA | NIA | Cigna Global Holdings, Inc. | Ownership | 99.780 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | YCFM Servicos LTDA. | BRA | NIA | Cigna Global Holdings, Inc. | Ownership | 56.020 | Cigna Corporation | N | |
| 0901 | Cigna Group | | AA-3190987 | 1591167 | 701221 | | Cigna Global Reinsurance Company, Ltd. | BMU | IA | Cigna Global Holdings, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 23-3009279 | 1591167 | 701221 | | Cigna Holdings Overseas, Inc. | DE | NIA | Cigna Global Reinsurance Company, Ltd. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Bellevue Alpha LLC. | DE | NIA | Cigna Holdings Overseas, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 46-4110289 | | | | Cigna Linden Holdings, Inc. | DE | NIA | Cigna Holdings Overseas, Inc. | Ownership | 80.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 98-1146864 | | | | Cigna Laurel Holdings, Ltd. | BMU | NIA | Cigna Linden Holdings, Inc. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Cigna Palmetto Holdings, Ltd. | BMU | NIA | Cigna Laurel Holdings, Ltd. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Apac Holdings Limited | BMU | NIA | Cigna Palmetto Holdings, Ltd. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Cigna Alder Holdings, LLC. | DE | NIA | Cigna Apac Holdings Limited | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Cigna Walnut Holdings, Ltd. | GBR | NIA | Cigna Apac Holdings Limited | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 98-1137759 | | | | Cigna Chestnut Holdings, Ltd. | GBR | NIA | Cigna Walnut Holdings, Ltd. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | LINA Life Insurance Company of Korea | KOR | IA | Cigna Chestnut Holdings, Ltd. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Cigna Korea Foundation | KOR | NIA | LINA Life Insurance Company of Korea | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna International Services Australia Pty Ltd. | AUS | NIA | Cigna Chestnut Holdings, Ltd. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Hong Kong Holdings Company Limited | HKG | NIA | Cigna Chestnut Holdings, Ltd. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Data Services (Shanghai) Company Limited | CHN | NIA | Cigna Hong Kong Holdings Company Limited. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna HLA Technology Services Limited | HKG | NIA | Cigna Hong Kong Holdings Company Limited. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Worldwide General Insurance Company Limited | HKG | IA | Cigna Hong Kong Holdings Company Limited. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Worldwide Life Insurance Company Limited | HKG | IA | Cigna Hong Kong Holdings Company Limited. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna International Health Services Sdn. Bhd. | MYS | NIA | Cigna Hong Kong Holdings Company Limited. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Life Insurance New Zealand Limited | NZL | IA | Cigna International Health Services Sdn. Bhd. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 119-599-164 | | | | Grown Ups New Zealand Limited | NZL | NIA | Cigna Life Insurance New Zealand Limited | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | AA-1560515 | 1591167 | 701221 | | Cigna Life Insurance Company of Canada | CAN | IA | Cigna Chestnut Holdings, Ltd. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company Limited) | KOR | NIA | Cigna Chestnut Holdings, Ltd. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | LINA Financial Service | KOR | NIA | Cigna Korea Chusik Heosa | Ownership | 100.000 | Cigna Corporation | N | |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1<br>Group Code | 2<br>Group Name | 3<br>NAIC Company Code | 4<br>ID Number | 5<br>Federal RSSD | 6<br>CIK | 7<br>Name of Securities Exchange if Publicly Traded (U.S. or International) | 8<br>Names of Parent, Subsidiaries or Affiliates | 9<br>Domiciliary Location | 10<br>Relationship to Reporting Entity | 11<br>Directly Controlled by (Name of Entity/Person) | 12<br>Type of Control (Ownership Board, Management Attorney-in-Fact, Influence, Other) | 13<br>If Control is Ownership Provide Percentage | 14<br>Ultimate Controlling Entity(ies)/Person(s) | 15<br>Is an SCA Filing Required? (Y/N) | 16<br>* |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | RHP (Thailand) Limited | THA | NIA | Cigna Apac Holdings Limited | Ownership | 49.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Brokerage & Marketing (Thailand) Limited | THA | NIA | RHP Thailand Limited | Ownership | 75.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | KDM (Thailand) Limited | THA | NIA | RHP Thailand Limited | Ownership | 99.900 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Insurance Public Company Limited | THA | IA | KDM Thailand Limited | Ownership | 75.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Taiwan Life Assurance Company Limited | TWN | IA | Cigna Apac Holdings Limited | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 98-1154657 | | | | Cigna Myrtle Holdings, Ltd | MLT | NIA | Cigna Apac Holdings Limited | Ownership | 50.540 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 98-1155943 | | | | Cigna Elmwood Holdings, SPRL | BEL | NIA | Cigna Myrtle Holdings, Ltd | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 98-1181787 | | | | Cigna Beechwood Holdings | BEL | NIA | Cigna Elmwood Holdings, SPRL | Ownership | 51.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | AA-1240009 | 1591167 | 701221 | | Cigna Life Insurance Company of Europe S.A.-N.V. | BEL | IA | Cigna Beechwood Holdings | Ownership | 99.993 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Europe Insurance Company S.A.-N.V. | BEL | IA | Cigna Beechwood Holdings | Ownership | 99.999 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna European Services (UK) Limited | GBR | NIA | Cigna Elmwood Holdings, SPRL | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | CIGNA 2000 UK Pension LTD | GBR | NIA | Cigna European Services (UK) Limited | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Oak Holdings, Ltd | GBR | NIA | Cigna Elmwood Holdings, SPRL | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Willow Holdings, Ltd | GBR | NIA | Cigna Oak Holdings, Ltd | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | FirstAssist Administration Limited | GBR | NIA | Cigna Willow Holdings, LTD | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Legal Protection Limited | GBR | NIA | Cigna Willow Holdings, LTD | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Insurance Services (Europe) Limited | GBR | NIA | Cigna Willow Holdings, LTD | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna International Health Services, BVBA | BEL | NIA | Cigna Elmwood Holdings, SPRL | Ownership | 51.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna International Health Services, LLC | FL | NIA | Cigna International Health Services, BVBA | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Cigna International Health Services Kenya Limited | KEN | NIA | Cigna International Health Services, BVBA | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Cigna Sequoia Holdings SPRL | BEL | NIA | Cigna Myrtle Holdings, Ltd | Ownership | 100.000 | Cigna Corporation | N | |
| 901 | Cigna Group | | | | | | Cigna Cedar Holdings, Ltd | MLT | NIA | Cigna Apac Holdings Limited | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Cigna Magnolia Holdings, Ltd | BMU | NIA | Cigna Palmetto Holdings, Ltd | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna Turkey Consultancy Services, A.S.) | TUR | NIA | Cigna Magnolia Holdings, Ltd | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Nederland Alpha Cooperatief U.A. | NLD | NIA | Cigna Holdings Overseas, Inc | Ownership | 99.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Nederland Beta B.V. | NLD | NIA | Cigna Nederland Alpha Cooperatief U.A. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Nederland Gamma B.V. | NLD | NIA | Cigna Nederland Beta B.V. | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Cigna Finans Emeklilik Ve Hayat A.S. | TUR | NIA | Cigna Nederland Gamma, B.V. | Ownership | 51.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Health Solution India Pvt. Ltd | IND | NIA | Cigna Holdings Overseas, Inc | Ownership | 99.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 46-4099800 | | | | Cigna Poplar Holdings, Inc | DE | NIA | Cigna Holdings Overseas, Inc | Ownership | 100.000 | Cigna Corporation | N | |

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | PT GAR Indonesia | IDN | NIA | Cigna Holdings Overseas, Inc | Ownership | 99.160 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | PT PGU Indonesia | IDN | NIA | PT GAR Indonesia | Ownership | 99.990 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | 1591167 | 701221 | | Cigna Global Insurance Company Limited | GBR | IA | Cigna Holdings Overseas, Inc | Ownership | 99.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | CignaTTK Health Insurance Company Limited | IND | NIA | Cigna Holdings Overseas, Inc | Ownership | 26.000 | TTK (non-affiliate) | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Cigna SAICO Benefits Services W.L.L | BHR | NIA | Cigna Holdings Overseas, Inc | Ownership | 50.000 | Cigna Corporation and SAICO (non affiliate) | N | |
| 0901 | Cigna Group | 90859 | 23-2088429 | 1591167 | 701221 | | Cigna Worldwide Insurance Company | DE | IA | Cigna Global Reinsurance Company, Ltd | Ownership | 100.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | AA-5360003 | 1591167 | 701221 | | PT. Asuransi Cigna | IDN | IA | Cigna Worldwide Insurance Company | Ownership | 80.000 | Cigna Corporation | N | |
| 0901 | Cigna Group | | 00-0000000 | | | | Cigna Teak Holdings, LLC | DE | NIA | Cigna Global Holdings, Inc | Ownership | 100.000 | Cigna Corporation | N | |

# SCHEDULE Y

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

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Affiliated Transactions** | | | | | | | | | | | | |
| | 06-1059331 | Cigna Corporation | 579,700,000 | (22,000,000) | - | 193,500 | (32,151,105) | - | | | 525,742,395 | |
| | 06-1072796 | Cigna Holdings, Inc. | 1,177,942,490 | (289,085,000) | - | - | (1,676,519) | - | | | 887,180,971 | |
| | 51-0402128 | Cigna Intellectual Property, Inc. | - | - | - | - | - | - | | | 0 | |
| | 06-1095823 | Cigna Investment Group, Inc. | (3,642,490) | - | - | - | - | - | | | (3,642,490) | |
| | 52-0291385 | Cigna International Finance, Inc. | - | - | - | - | - | - | | | 0 | |
| | 23-1914061 | Former Cigna Investments, Inc | - | - | - | - | 2,188,846 | - | | | 2,188,846 | |
| | 06-0861092 | Cigna Investments, Inc. | - | - | - | - | 39,103,604 | - | | | 39,103,604 | |
| | 01-0947889 | Cigna Benefits Financing, Inc. | - | - | - | - | 2,160,000 | - | | | 2,160,000 | |
| | 06-0840391 | Connecticut General Corporation | 28,750,000 | (28,750,000) | - | - | 59,958,538 | - | | | 59,958,538 | |
| | 81-0585518 | Benefit Management Corp. | (5,000,000) | - | - | - | - | - | | | (5,000,000) | |
| 12814 | 20-4433475 | Allegiance Life & Health Insurance Company | - | - | - | - | (1,845,897) | 234,290 | | | (1,611,607) | 29,632 |
| | 20-3851464 | Allegiance Re, Inc. | - | - | - | - | - | - | | | 0 | |
| | 81-0400550 | Allegiance Benefit Plan Management, Inc. | - | - | - | - | 416,213 | - | | | 416,213 | |
| | 71-0916514 | Allegiance COBRA Services, Inc. | - | - | - | - | 660 | - | | | 660 | |
| | 00-0000000 | Allegiance Provider Direct, LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Community Health Network, LLC | - | - | - | - | - | - | | | 0 | |
| | 81-0425785 | Intermountain Underwriters, Inc. | - | - | - | - | 33,301 | - | | | 33,301 | |
| | 00-0000000 | Star Point, LLC | - | - | - | - | 88,717 | - | | | 88,717 | |
| | 20-1821898 | HealthSpring, Inc. | - | - | - | - | (8,972,596) | - | | | (8,972,596) | |
| | 76-0628370 | NewQuest, LLC | (21,250,000) | - | - | - | (228,572) | - | | | (21,478,572) | |
| | 52-1929677 | NewQuest Management Northeast, LLC | - | - | - | - | 116,482,363 | - | | | 116,482,363 | |
| 10095 | 52-2259087 | Bravo Health Mid-Atlantic, Inc. | - | - | - | - | (27,192,370) | - | | | (27,192,370) | |
| 11254 | 52-2363406 | Bravo Health Pennsylvania, Inc. | - | - | - | - | (87,876,040) | - | | | (87,876,040) | |
| 12902 | 20-8534298 | HealthSpring Life & Health Insurance Company, Inc. | - | - | - | - | (315,770,121) | - | | | (315,770,121) | |
| 95781 | 63-0925225 | HealthSpring of Alabama, Inc. | - | - | - | - | (101,795,691) | - | | | (101,795,691) | |
| 11532 | 65-1129599 | HealthSpring of Florida, Inc. | - | - | - | - | (118,602,443) | - | | | (118,602,443) | |
| | 77-0632665 | NewQuest Management of Illinois, LLC | (4,000,000) | - | - | - | 60,278,356 | - | | | 56,278,356 | |
| | 20-4954206 | NewQuest Management of Florida, LLC | (12,000,000) | - | - | - | 93,829,309 | - | | | 81,829,309 | |
| | 20-8647386 | HealthSpring Management of America, LLC | (10,500,000) | - | - | - | 458,155,940 | - | | | 447,655,940 | |
| | 45-0633893 | NewQuest Management of West Virginia, LLC | - | - | - | - | - | - | | | 0 | |
| | 75-3108527 | TexQuest, LLC | - | - | - | - | - | - | | | 0 | |
| | 75-3108521 | HouQuest, LLC | - | - | - | - | - | - | | | 0 | |
| | 76-0657035 | GulfQuest, LP | (95,000,000) | - | - | - | (16,389) | - | | | (95,016,389) | |
| | 33-1033586 | NewQuest Management of Alabama, LLC | (20,000,000) | - | - | - | 177,437,738 | - | | | 157,437,738 | |
| | 72-1559530 | HealthSpring USA, LLC | (10,000,000) | - | - | - | 17,324,625 | - | | | 7,324,625 | |
| | 62-1540621 | HealthSpring Management, Inc. | - | - | - | - | 159,591,437 | - | | | 159,591,437 | |
| 11522 | 62-1593150 | HealthSpring of Tennessee, Inc. | - | - | - | - | (259,642,995) | - | | | (259,642,995) | |
| | 20-5524622 | Tennessee Quest, LLC | (6,000,000) | - | - | - | (884) | - | | | (6,000,884) | |
| | 26-2353476 | HealthSpring Pharmacy Services, LLC | - | - | - | - | - | - | | | 0 | |
| | 26-2353772 | HealthSpring Pharmacy of Tennessee, LLC | - | - | - | - | - | - | | | 0 | |
| | 20-4266628 | Home Physicians Management, LLC | - | - | - | - | - | - | | | 0 | |

# SCHEDULE Y

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

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 35-2562415 | Alegis Care Services, LLC | - | - | - | - | - | - | | | 0 | |
| 13733 | 03-0452349 | Cigna Arbor Life Insurance Company | - | - | - | - | (7,355) | - | | | (7,355) | |
| | 41-1648670 | Cigna Behavioral Health, Inc. | (75,000,000) | - | - | - | (61,107,900) | - | | | (136,107,900) | |
| | 94-3107309 | Cigna Behavioral Health of California, Inc. | - | - | - | - | - | - | | | 0 | |
| | 75-2751090 | Cigna Behavioral Health of Texas, Inc. | - | - | - | - | - | - | | | 0 | |
| | 06-1346406 | MCC Independent Practice Association of New York, Inc. | - | - | - | - | - | - | | | 0 | |
| | 59-2308055 | Cigna Dental Health, Inc. | (11,425,000) | - | - | - | 28,026,652 | - | | | 16,601,652 | |
| | 59-2600475 | Cigna Dental Health Of California, Inc. | (8,700,000) | - | - | (147,500) | (318,302) | - | | | (9,165,802) | |
| 11175 | 59-2675861 | Cigna Dental Health Of Colorado, Inc. | (1,250,000) | - | - | - | (969,492) | - | | | (2,219,492) | |
| 95380 | 59-2676987 | Cigna Dental Health Of Delaware, Inc. | - | - | - | - | (24,114) | - | | | (24,114) | |
| 52021 | 59-1611217 | Cigna Dental Health Of Florida, Inc. | (7,000,000) | - | - | - | (3,505,721) | - | | | (10,505,721) | |
| | 06-1351097 | Cigna Dental Health of Illinois, Inc. | - | - | - | (23,000) | - | - | | | (23,000) | |
| 52024 | 59-2625350 | Cigna Dental Health Of Kansas, Inc. | (750,000) | - | - | - | (165,536) | - | | | (915,536) | |
| 52108 | 59-2619589 | Cigna Dental Health Of Kentucky, Inc. | (2,200,000) | - | - | - | (1,114,110) | - | | | (3,314,110) | |
| 11160 | 06-1582068 | Cigna Dental Health Of Missouri, Inc. | (475,000) | - | - | - | (468,556) | - | | | (943,556) | |
| 11167 | 59-2308062 | Cigna Dental Health Of New Jersey, Inc. | (500,000) | - | - | - | (1,411,340) | - | | | (1,911,340) | |
| 95179 | 56-1803464 | Cigna Dental Health Of North Carolina, Inc. | - | - | - | - | (502,114) | - | | | (502,114) | |
| 47805 | 59-2579774 | Cigna Dental Health Of Ohio, Inc. | (2,800,000) | - | - | - | (865,755) | - | | | (3,665,755) | |
| 47041 | 52-1220578 | Cigna Dental Health Of Pennsylvania, Inc. | (1,500,000) | - | - | - | (545,861) | - | | | (2,045,861) | |
| 95037 | 59-2676977 | Cigna Dental Health Of Texas, Inc. | (7,200,000) | - | - | - | (4,121,872) | - | | | (11,321,872) | |
| 52617 | 52-2188914 | Cigna Dental Health Of Virginia, Inc. | (1,000,000) | - | - | - | (590,785) | - | | | (1,590,785) | |
| 47013 | 86-0807222 | Cigna Dental Health Plan Of Arizona, Inc. | (3,000,000) | - | - | - | 417,053 | - | | | (2,582,947) | |
| 48119 | 59-2740468 | Cigna Dental Health Of Maryland, Inc. | (2,200,000) | - | - | - | (1,156,135) | - | | | (3,356,135) | |
| | 62-1312478 | Cigna Health Corporation | (5,400,000) | 14,250,000 | - | - | 33,038,782 | - | | | 41,888,782 | |
| | 02-0387748 | Healthsource, Inc. | - | - | - | - | - | - | | | 0 | |
| 95125 | 86-0334392 | Cigna HealthCare of Arizona, Inc. | - | 78,000,000 | - | - | (76,521,513) | (375,868) | | | 1,102,619 | 670,022 |
| | 95-3310115 | Cigna HealthCare of California, Inc. | - | 9,000,000 | - | - | (89,452) | - | | | 8,910,548 | 4,746,698 |
| 95604 | 84-1004500 | Cigna HealthCare of Colorado, Inc. | - | - | - | - | (491,943) | 710,294 | | | 218,351 | 44,766 |
| 95660 | 06-1141174 | Cigna HealthCare of Connecticut, Inc. | - | - | - | - | (2,034,219) | (3,944) | | | (2,038,163) | 2,105 |
| 95136 | 59-2089259 | Cigna HealthCare of Florida, Inc. | - | - | - | - | (230,053) | (18,517) | | | (248,570) | 9,881 |
| 95602 | 36-3385638 | Cigna HealthCare of Illinois, Inc. | - | - | - | (23,000) | (380,576) | (9,195) | | | (412,771) | 4,907 |
| 95477 | 01-0418220 | Cigna HealthCare of Maine, Inc. | - | - | - | - | 36 | - | | | 36 | |
| 95220 | 02-0402111 | Cigna HealthCare of Massachusetts, Inc. | - | - | - | - | 8 | - | | | 8 | |
| 95599 | 52-1404350 | Cigna HealthCare Mid-Atlantic, Inc. | - | - | - | - | (2,284) | - | | | (2,284) | |
| 95493 | 02-0387749 | Cigna HealthCare of New Hampshire, Inc. | - | - | - | - | (16,230) | - | | | (16,230) | |
| 95500 | 22-2720890 | Cigna HealthCare of New Jersey, Inc. | - | 2,500,000 | - | - | (663,108) | 55,288 | | | 1,892,180 | 7,172 |
| 95121 | 23-2301807 | Cigna HealthCare of Pennsylvania, Inc. | - | - | - | - | - | - | | | 0 | |
| 95635 | 36-3359925 | Cigna HealthCare of St. Louis, Inc. | - | - | - | - | (5,900,065) | 283,757 | | | (5,616,308) | 47,200 |
| 95518 | 62-1230908 | Cigna HealthCare of Utah, Inc. | - | - | - | - | - | - | | | 0 | |
| 96229 | 58-1641057 | Cigna HealthCare of Georgia, Inc. | - | 52,000,000 | - | - | (62,105,279) | (36,725) | | | (10,142,004) | 19,598 |
| 95383 | 74-2767437 | Cigna HealthCare of Texas, Inc. | - | 14,000,000 | - | - | (23,105,571) | 1,906,225 | | | (7,199,346) | 724,319 |
| 95525 | 35-1679172 | Cigna HealthCare of Indiana, Inc. | - | - | - | - | (21,424) | (161) | | | (21,585) | 5,892 |

# SCHEDULE Y

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

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 95606 | 62-1218053 | Cigna HealthCare of Tennesee, Inc. | - | - | - | - | (4,254,232) | - | | | (4,254,232) | 173,780 |
| 95132 | 56-1479515 | Cigna HealthCare of North Carolina, Inc. | - | 5,500,000 | - | - | (13,796,100) | (53,468) | | | (8,349,568) | 28,532 |
| 95708 | 06-1185590 | Cigna HealthCare of South Carolina, Inc. | - | 11,500,000 | - | - | (14,881,069) | (752) | | | (3,381,821) | 401 |
| | 00-0000000 | Temple Insurance Company Limited | - | - | - | - | (22,257) | - | | | (22,257) | |
| | 86-3581583 | Arizona Health Plan, Inc. | - | - | - | - | - | - | | | 0 | |
| | 02-0467679 | Healthsource Properties, Inc. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Managed Care Consultants, Inc. | - | - | - | - | - | - | | | 0 | |
| | 02-0515554 | Cigna Benefit Technology Solutions, Inc. | - | - | - | - | - | - | | | 0 | |
| | 35-1641636 | Sagamore Health Network, Inc. | - | - | - | - | 1,032,647 | - | | | 1,032,647 | |
| | 84-0985843 | Cigna Healthcare Holdings, Inc. | - | - | - | - | - | - | | | 0 | |
| 95388 | 93-1174749 | Great-West Healthcare of Illinois, Inc. | - | - | - | - | (1,839) | - | | | (1,839) | |
| | 02-0495422 | Cigna Healthcare, Inc. | - | - | - | - | - | - | | | 0 | |
| 64548 | 13-2556568 | Cigna Life Insurance Company of New York | (9,700,000) | - | - | - | (1,248,842) | 10,624,135 | | | (324,707) | 154,395,629 |
| 62308 | 06-0303370 | Connecticut General Life Insurance Company | (63,000,000) | 16,921,030 | - | - | (5,347,546) | (87,235,847) | | | (138,662,363) | (826,297,536) |
| | 45-3481107 | CG Mystic Center LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Station Landing, LLC | - | - | - | - | - | - | | | 0 | |
| | 45-3481241 | CG Mystic Land LLC | - | - | - | - | - | - | | | 0 | |
| | 20-3870049 | CG Skyline, LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Skyline ND/CG LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Skyline Mezzanine Borrower LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Skyline at Station Landing LLC | - | - | - | - | - | - | | | 0 | |
| | 26-0180898 | CareAllies, LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | CG Bayport LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Bayport Colony Apartments LLC | - | - | - | - | - | - | | | 0 | |
| | 32-0222252 | Cigna Onsite Health, LLC | - | - | - | - | 14,811,904 | - | | | 14,811,904 | |
| | 00-0000000 | Gillette Ridge Community Council, Inc. | - | - | - | - | - | - | | | 0 | |
| | 20-3700105 | Gillette Ridge Golf, LLC | - | - | - | - | - | - | | | 0 | |
| | 52-2149519 | Hazard Center Investment Company LLC | - | - | - | - | - | - | | | 0 | |
| | 23-3074013 | TEL-DRUG of Pennsylvania, L.L.C. | (41,000,000) | - | - | - | (61,549) | - | | | (41,061,549) | |
| | 00-0000000 | GRG Acquisitions LLC | - | 1,520,753 | - | - | - | - | | | 1,520,753 | |
| | 27-5402196 | Cigna Affiliates Realty Investment Group LLC | - | 5,619,967 | - | - | - | - | | | 5,619,967 | |
| | 00-0000000 | CR Longwood Investors L.P. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | ND/CR Longwood LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | ARE/ND/CR Longwood LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Secon Properties, LP | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Transwestern Federal Holdings, L.L.C. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Transwestern Federal , L.L.C. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Market Street Residential Holdings LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Arborpoint at Market Street LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Diamondview Tower CM-CG LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | CR Washington Street Investors LP | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Dulles Town Center Mall, LLC | - | - | - | - | - | - | | | 0 | |

# SCHEDULE Y

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

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 00-0000000 | ND/CR Unicorn LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Union Wharf Apartments LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | AMD Apartments Limited Partership | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | SP Newport Crossing LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | PUR Arbors Apartments Venture LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | CG Seventh Street LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Ideal Properties II LLC | - | - | - | - | - | - | | | 0 | |
| | 80-0668090 | Alessandro Partners, LLC | - | - | - | - | - | - | | | 0 | |
| | 80-0908244 | Mallory Square Partners I, LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Houston Briar Forest Apartments Limited Partnership | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Newtown Partners II, LP | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Newtown Square GP LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | AFA Apartments Limited Partnership | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | SB-SNH LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | 680 Investors LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | 685 New Hampshire LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | CGGL 18301 LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | 222 Main Street CARING GP LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | 222 Main Street Investors LP | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Notch 8 Residential, L.L.C | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | UVL, LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | 3601 North Fairfax Drive Associates, LLC | - | - | - | - | - | - | | | 0 | |
| | 47-4235739 | CI Perris 151, LLC | - | - | - | - | - | - | | | 0 | |
| | 47-4375626 | Lakehills CM-CG LLC | - | - | - | - | - | - | | | 0 | |
| | 30-0939067 | Affiliated Hotel Subsidiary | - | - | - | - | - | - | | | 0 | |
| | 81-2481274 | CGGL 6280 LLC | - | - | - | - | - | - | | | 0 | |
| | 81-2650133 | Berewick Apartments LLC | - | - | - | - | - | - | | | 0 | |
| | 81-3389374 | CIG-LEI Ygnacio Associates LLC | - | - | - | - | - | - | | | 0 | |
| | 61-1797835 | CGGL Orange Collection LLC | - | - | - | - | - | - | | | 0 | |
| | 81-3281922 | CGGL Chapman LLC | - | - | - | - | - | - | | | 0 | |
| | 81-3313562 | CGGL City Parkway LLC | - | - | - | - | - | - | | | 0 | |
| | 81-4139432 | Heights at Bear Creek Venture LLC | - | - | - | - | - | - | | | 0 | |
| | 27-0268530 | CORAC, LLC | - | (1,153,486) | - | - | - | - | | | (1,153,486) | |
| | 27-3923999 | Bridgepoint Office Park Associates, LLC | - | - | - | - | - | - | | | 0 | |
| | 27-3126102 | Fairway Center Associates, LLC | - | - | - | - | - | - | | | 0 | |
| | 27-3582688 | Henry on the Park Associates, LLC | - | - | - | - | - | - | | | 0 | |
| 67369 | 59-1031071 | Cigna Health and Life Insurance Company | (995,000,000) | (33,532,076) | - | - | (73,957,210) | 111,950,034 | | | (990,539,252) | 94,794,298 |
| | 45-2681649 | CarePlexus, LLC | - | - | - | - | - | - | | | 0 | |
| | 27-3396038 | Cigna Corporate Services, LLC | - | - | - | - | - | - | | | 0 | |
| | 27-1903785 | Cigna Insurance Agency, LLC | - | - | - | - | - | - | | | 0 | |
| | 34-1970892 | Ceres Sales of Ohio, LLC | - | - | - | - | - | - | | | 0 | |
| 61727 | 34-0970995 | Central Reserve Life Insurance Company | - | - | - | - | (312,172) | - | | | (312,172) | |

# SCHEDULE Y

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

| 1<br>NAIC Company Code | 2<br>ID Number | 3<br>Names of Insurers and Parent, Subsidiaries or Affiliates | 4<br>Shareholder Dividends | 5<br>Capital Contributions | 6<br>Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7<br>Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8<br>Management Agreements and Service Contracts | 9<br>Income/ (Disbursements) Incurred under Reinsurance Agreements | 10<br>* | 11<br>Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12<br>Totals | 13<br>Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 67903 | 23-1335885 | Provident American Life & Health Insurance Company | - | - | - | - | (574,610) | - | | | (574,610) | |
| 65269 | 75-2305400 | United Benefit Life Insurance Company | - | - | - | - | (22,421) | - | | | (22,421) | |
| 65722 | 63-0343428 | Loyal American Life Insurance Company | - | (6,500,000) | - | - | (23,150,876) | - | | | (29,650,876) | |
| 88366 | 59-2760189 | American Retirement Life Insurance Company | - | 21,500,000 | - | - | (27,906,479) | - | | | (6,406,479) | |
| | 23-3744987 | QualCare Alliance Networks, Inc. | - | - | - | - | - | - | | | 0 | |
| | 22-3129563 | QualCare, Inc. | - | - | - | - | - | - | | | 0 | |
| | 22-2483867 | Scibal Associates, Inc. | - | - | - | - | - | - | | | 0 | |
| | 46-1634843 | QualCare Captive Insurance Company Inc., PCC | - | - | - | - | - | - | | | 0 | |
| | 46-1801639 | QualCare Management Resources Limited Liability Company | - | - | - | - | - | - | | | 0 | |
| | 46-2086778 | Health-Lynx, LLC | - | - | - | - | - | - | | | 0 | |
| 77399 | 13-1867829 | Sterling Life Insurance Company | (2,100,000) | - | - | - | (3,529,363) | - | | | (5,629,363) | |
| | 91-1500758 | Olympic Health Management Systems, Inc. | (2,800,000) | - | - | - | - | - | | | (2,800,000) | |
| | 91-1599329 | Olympic Health Management Services, Inc. | (100,000) | - | - | - | - | - | | | (100,000) | |
| | 88-0455414 | WorldDoc, Inc. | - | - | - | - | - | - | | | 0 | |
| | 23-1728483 | Cigna Health Management, Inc. | - | - | - | - | 168,501,603 | - | | | 168,501,603 | |
| | 20-8064696 | Kronos Optimal Health Company | - | - | - | - | 756,634 | - | | | 756,634 | |
| 65498 | 23-1503749 | Life Insurance Company of North America | - | (4,376,188) | - | (1,642,804) | (28,474,614) | 69,807,940 | | | 35,314,334 | 669,673,856 |
| | 00-0000000 | Cigna & CMB Life Insurance Company Limited | - | - | - | - | - | - | | | 0 | |
| | 58-1136865 | Cigna Direct Marketing Company, Inc. | - | - | - | - | - | - | | | 0 | |
| | 46-0427127 | Tel-Drug, Inc. | (144,000,000) | - | - | - | (111,660) | - | | | (144,111,660) | |
| | 00-0000000 | Cigna Global Wellbeing Holdings Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Global Wellbeing Solutions Limited | - | - | - | - | - | - | | | 0 | |
| | 98-0463704 | Vielife Services, Inc. | - | - | - | - | - | - | | | 0 | |
| | 06-1332403 | CG Individual Tax Benefits Payments, Inc. | - | - | - | - | - | - | | | 0 | |
| | 06-1332405 | CG Life Pension Benefits Payments, Inc. | - | - | - | - | - | - | | | 0 | |
| | 06-1332401 | CG LINA Pension Benefits Payments, Inc. | - | - | - | - | - | - | | | 0 | |
| | 62-1724116 | Cigna Federal Benefits, Inc. | - | - | - | - | - | - | | | 0 | |
| | 23-2741293 | Cigna Healthcare Benefits, Inc. | - | - | - | - | - | - | | | 0 | |
| | 23-2924152 | Cigna Integratedcare, Inc. | - | - | - | - | - | - | | | 0 | |
| | 23-2741294 | Cigna Managed Care Benefits Company | - | - | - | - | - | - | | | 0 | |
| | 06-1071502 | Cigna RE Corporation | - | - | - | - | - | - | | | 0 | |
| | 06-1522976 | Blodget & Hazard Limited | - | - | - | - | - | - | | | 0 | |
| | 06-1567902 | Cigna Resource Manager, Inc. | - | - | - | - | - | - | | | 0 | |
| | 06-1252419 | Connecticut General Benefit Payments, Inc. | - | - | - | - | - | - | | | 0 | |
| | 06-1533555 | Healthsource Benefits, Inc. | - | - | - | - | - | - | | | 0 | |
| | 35-2041388 | IHN, Inc. | - | - | - | - | (4,567) | - | | | (4,567) | |
| | 06-1252418 | LINA Benefit Payments, Inc. | - | - | - | - | - | - | | | 0 | |
| | 88-0334401 | Mediversal, Inc. | - | - | - | - | - | - | | | 0 | |
| | 88-0344624 | Universal Claims Administration | - | - | - | - | - | - | | | 0 | |
| | 81-2760646 | CareAllies, Inc. | - | 17,901,000 | - | - | - | - | | | 17,901,000 | |
| | 51-0389196 | Cigna Global Holdings, Inc. | (55,400,000) | 135,184,000 | - | - | - | - | | | 79,784,000 | |
| | 51-0111677 | Cigna International Corporation, Inc. | - | - | - | - | (10,000,008) | - | | | (10,000,008) | |

# SCHEDULE Y

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

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 23-2610178 | Cigna International Services, Inc. | - | - | - | - | - | - | | | 0 | |
| | 30-3087621 | Cigna International Marketing (Thailand) Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | CGO PARTICIPATOS LTDA. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | YCFM Servicos LTDA. | - | - | - | - | - | - | | | 0 | |
| | AA-3190987 | Cigna Global Reinsurance Company, Ltd. | (155,500,000) | - | - | 1,642,804 | (8,751) | (106,649,298) | | | (260,515,245) | (99,309,124) |
| | 23-3009279 | Cigna Holdings Overseas, Inc. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Bellevue Alpha LLC | - | - | - | - | - | - | | | 0 | |
| | 46-4110289 | Cigna Linden Holdings, Inc. | - | - | - | - | - | - | | | 0 | |
| | 98-1146864 | Cigna Laurel Holdings, Ltd. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Palmetto Holdings, Ltd. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Apac Holdings Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Alder Holdings, LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Walnut Holdings, Ltd. | - | - | - | - | - | - | | | 0 | |
| | 98-1137759 | Cigna Chestnut Holdings, Ltd. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | LINA Life Insurance Company of Korea | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Korea Foundation | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna International Services Australia Pty Ltd | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Hong Kong Holdings Company Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Data Services (Shanghai) Company Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna HLA Technology Services Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Worldwide General Insurance Company Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Worldwide Life Insurance Company Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna International Health Services Sdn. Bhd. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Life Insurance New Zealand Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Grown Ups New Zealand Limited | - | - | - | - | - | - | | | 0 | |
| | AA-1560515 | Cigna Life Insurance Company of Canada | - | - | - | - | (19,562,727) | (799,188) | | | (20,361,915) | (47) |
| | 00-0000000 | Cigna Korea Chusik Heosa (English Translation: Cigna Korea Company | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | LINA Financial Service | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | RHP (Thailand) Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Brokerage & Marketing (Thailand) Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | KDM (Thailand) Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Insurance Public Company Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Taiwan Life Assurance Company Limited | - | - | - | - | - | - | | | 0 | |
| | 98-1154657 | Cigna Myrtle Holdings, Ltd. | - | - | - | - | - | - | | | 0 | |
| | 98-1155943 | Cigna Elmwood Holdings, SPRL | - | - | - | - | - | - | | | 0 | |
| | 98-1181787 | Cigna Beechwood Holdings | - | - | - | - | - | - | | | 0 | |
| | AA-1240009 | Cigna Life Insurance Company of Europe S.A.-N.V. | - | - | - | - | (22,856) | (400,358) | | | (423,214) | 46,954 |
| | 00-0000000 | Cigna Europe Insurance Company S.A.-N.V. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna European Services (UK) Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | CIGNA 2000 UK Pension LTD | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Oak Holdings, Ltd. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Willow Holdings, Ltd. | - | - | - | - | - | - | | | 0 | |

# SCHEDULE Y

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

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 00-0000000 | FirstAssist Administration Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Legal Protection Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Insurance Services (Europe) Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna International Health Services, BVBA | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna International Health Services, LLC | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna International Health Services Kenya Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Sequoia Holdings SPRL | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Cedar Holdings, Ltd | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Magnolia Holdings, Ltd | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Turkey Danismanlik Hizmetleri, A.S. (English translation: Cigna T | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Nederland Alpha Cooperatief U.A | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Nederland Beta B.V | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Nederland Gamma B.V | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Finans Emeklilik Ve Hayat A.S. | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Health Solution India Pvt. Ltd | - | - | - | - | - | - | | | 0 | |
| | 46-4099800 | Cigna Poplar Holdings, Inc | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | PT GAR Indonesia | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | PT PGU Indonesia | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Global Insurance Company Limited | - | - | - | - | (2,753,185) | (10,011) | | | (2,763,196) | |
| | 00-0000000 | CignaTTK Health Insurance Company Limited | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna SAICO Benefits Services W.L.L | - | - | - | - | - | - | | | 0 | |
| 90859 | 23-2088429 | Cigna Worldwide Insurance Company | - | - | - | - | 578,254 | 21,369 | | | 599,623 | 181,065 |
| | AA-5360003 | PT. Asuransi Cigna | - | - | - | - | - | - | | | 0 | |
| | 00-0000000 | Cigna Teak Holdings, LLC | - | - | - | - | - | - | | | 0 | |
| 9999999 | Control Totals | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

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

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

| | | |
|---|---|---|
| | **MARCH FILING** | |
| 12. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 13. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | YES |
| 14. | Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? | NO |
| 15. | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 16. | Will the actuarial opinion on non-guaranteed elements as required in interrogatory #3 to Exhibit 5 be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 17. | Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 18. | Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 19. | Will the actuarial opinion on Synthetic Guaranteed Investment Contracts be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 20. | Will the Reasonableness of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 21. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXV be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 22. | Will the Reasonableness of Assumptions Certification for Implied Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 23. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Average Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 24. | Will the Reasonableness and Consistency of Assumptions Certification required by Actuarial Guideline XXXVI (Updated Market Value) be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 25. | Will the C-3 RBC Certifications required under C-3 Phase I be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 26. | Will the C-3 RBC Certifications required under C-3 Phase II be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 27. | Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 28. | Will the actuarial opinion required by the Modified Guaranteed Annuity Model Regulation be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 29. | Will the Actuarial Certifications Related to Hedging required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 30. | Will the Financial Officer Certification Related to Clearly Defined Hedging Strategy required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 31. | Will the Management Certification That the Valuation Reflects Management's Intent required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 32. | Will the Actuarial Certification Related to the Reserves required by Actuarial Guideline XLIII be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 33. | Will the Actuarial Certification regarding the use of 2001 Preferred Class Tables required by the Model Regulation Permitting the Recognition of Preferred Mortality Tables for Use in Determining Minimum Reserve Liabilities be filed with the state of domicile and electronically with the NAIC by March 1? | NO |
| 34. | Will the Workers' Compensation Carve-Out Supplement be filed by March 1? | NO |
| 35. | Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? | YES |
| 36. | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | NO |
| 37. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? | NO |
| 38. | Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? | NO |
| 39. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? | NO |
| 40. | Will the confidential Regulatory Asset Adequacy Issues Summary (RAAIS) required by Actuarial Opinion and Memorandum Regulation (Model 822), Section 7A(5), be filed with the state of domicile by March 15? | YES |
| | **APRIL FILING** | |
| 41. | Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 42. | Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC by April 1? | YES |
| 43. | Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| 44. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| 45. | Will the Analysis of Annuity Operations by Lines of Business be filed with the state of domicile and the NAIC by April 1? | NO |
| 46. | Will the Analysis of Increase in Annuity Reserves During the Year be filed with the state of domicile and the NAIC by April 1? | NO |
| 47. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | NO |
| 48. | Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1? | NO |
| 49. | Will the confidential Actuarial Memorandum required by Actuarial Guideline XXXVIII 8D be filed with the state of domicile by April 30? | NO |
| 50. | Will the Supplemental XXX/AXXX Reinsurance Exhibit be filed with the state of domicile and the NAIC by April 1? | NO |
| | **AUGUST FILING** | |
| 51. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | NO |

# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

**EXPLANATIONS:**

1.
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3.
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10.
11.
12. The data for this supplement is not required to be filed.
13.
14. The data for this supplement is not required to be filed.
15. The data for this supplement is not required to be filed.
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30. The data for this supplement is not required to be filed.
31. The data for this supplement is not required to be filed.
32. The data for this supplement is not required to be filed.
33. The data for this supplement is not required to be filed.
34. The data for this supplement is not required to be filed.

**BAR CODE:**






















# SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

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

35.

36. The data for this supplement is not required to be filed.


37. The data for this supplement is not required to be filed.


38. The data for this supplement is not required to be filed.


39. The data for this supplement is not required to be filed.


40.

41. The data for this supplement is not required to be filed.


42.

43. The data for this supplement is not required to be filed.


44.

45. The data for this supplement is not required to be filed.


46. The data for this supplement is not required to be filed.


47. The data for this supplement is not required to be filed.


48. The data for this supplement is not required to be filed.


49. The data for this supplement is not required to be filed.


50. The data for this supplement is not required to be filed.


51. The data for this supplement is not required to be filed.

# Overflow Page
# NONE

# Overflow Page
# NONE

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Arizona

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3LF(AZ)..... | F..... | .....NO..... | ....34000..... | .12/22/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....(4,492) | .....(362) | .....8.1 | ..... | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3LK(AZ)..... | F..... | .....NO..... | ....34000..... | .12/22/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | .....793 | .....(3) | .....(0.4) | .....1 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....(3,699) | .....(365) | .....9.9 | .....1 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Provident American Life and Health Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Colorado

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

NAIC Group Code.....901
NAIC Company Code.....67903
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PF(CO)..... | F..... | .....NO..... | ....34000..... | .07/22/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....4,865 | .....1,100 | .....22.6 | .....1 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PH(CO)..... | H..... | .....NO..... | ....34000..... | .12/11/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....2,868 | .....157 | .....5.5 | .....1 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PJ(CO)..... | J..... | .....NO..... | ....34000..... | .12/11/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....65,224 | .....73,489 | .....112.7 | .....16 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PK(CO)..... | F..... | .....NO..... | ....34000..... | .07/22/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | .....664 | .....(1) | .....(0.2) | .....1 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....73,621 | .....74,744 | .....101.5 | .....19 | .....0 | .....0 | .....0.0 | .....0 |

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**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Georgia

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3LD(GA)..... | D..... | .....NO..... | ....34000..... | .05/18/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....3,649 | .....115 | .....3.2 | .....1 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3LF(GA)..... | F..... | .....NO..... | ....34000..... | .05/18/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....23,033 | .....5,548 | .....24.1 | .....7 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3LK(GA)..... | F..... | .....NO..... | ....34000..... | .05/18/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | .....1,630 | .....(46) | .....(2.8) | .....2 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....28,313 | .....5,618 | .....19.8 | .....10 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Iowa

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | 3PF(IA) | F | NO | 34000 | 05/09/2005 | 06/01/2010 | | | MEDICARE SUPPLEMENT | 102,114 | 82,252 | 80.5 | 27 | | | 0.0 | |
| YES | 3PG(IA) | G | NO | 34000 | 11/09/2007 | 10/11/2009 | | | MEDICARE SUPPLEMENT | 2,819 | 2,484 | 88.1 | 1 | | | 0.0 | |
| YES | 3PH(IA) | H | NO | 34000 | 11/09/2006 | 10/11/2009 | | | MEDICARE SUPPLEMENT | 3,421 | 8,362 | 244.4 | 1 | | | 0.0 | |
| YES | 3PI(IA) | I | NO | 34000 | 11/09/2006 | 10/11/2009 | | | MEDICARE SUPPLEMENT | 2,938 | 197 | 6.7 | 1 | | | 0.0 | |
| YES | 3PJ(IA) | J | NO | 34000 | 11/09/2006 | 10/11/2009 | | | MEDICARE SUPPLEMENT | 317,071 | 273,915 | 86.4 | 97 | | | 0.0 | |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 428,363 | 367,210 | 85.7 | 127 | 0 | 0 | 0.0 | 0 |

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**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Idaho

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3LF..... | F..... | .....NO..... | ....34000..... | .05/03/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....14,528 | .....1,976 | .....13.6 | .....4 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....14,528 | .....1,976 | .....13.6 | .....4 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Illinois

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PF(IL)..... | F..... | .....NO..... | ....34000..... | .06/09/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....22,948 | .....14,006 | .....61.0 | .....3 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PH(IL)..... | H..... | .....NO..... | ....34000..... | .04/26/2007 | .10/15/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....12,255 | .....7,711 | .....62.9 | .....3 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PJ(IL)..... | J..... | .....NO..... | ....34000..... | .04/26/2007 | .10/15/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....209,607 | .....180,781 | .....86.2 | .....44 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....244,811 | .....202,498 | .....82.7 | .....50 | .....0 | .....0 | .....0.0 | .....0 |



## GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Provident American Life and Health Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Indiana

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

NAIC Group Code.....901
NAIC Company Code.....67903
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PD..... | D..... | .....NO..... | ....34000..... | .11/01/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....13,905 | .....19,634 | .....141.2 | .....1 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PF..... | F..... | .....NO..... | ....34000..... | .11/01/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....67,061 | .....63,745 | .....95.1 | .....12 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PH(IN)..... | H..... | .....NO..... | ....34000..... | .04/10/2007 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....8,625 | .....4,983 | .....57.8 | .....3 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PJ(IN)..... | J..... | .....NO..... | ....34000..... | .04/10/2007 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....53,380 | .....46,321 | .....86.8 | .....11 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PK..... | F..... | .....NO..... | ....34000..... | .11/01/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | .....783 | .....(0) | .....(0.0) | .....1 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....143,754 | .....134,683 | .....93.7 | .....28 | .....0 | .....0 | .....0.0 | .....0 |

360

**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Provident American Life and Health Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Kentucky

NAIC Group Code.....901
NAIC Company Code.....67903
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | 3PD(KY) | D | NO | 34000 | .05/25/2005 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 4,447 | 428 | 9.6 | 1 | | | 0.0 | |
| YES | 3PF(KY) | F | NO | 34000 | .05/25/2005 | .06/01/2010 | | | MEDICARE SUPPLEMENT | 16,531 | 30,843 | 186.6 | 3 | | | 0.0 | |
| YES | 3PG(KY) | G | NO | 34000 | .12/17/2007 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 3,666 | 3,686 | 100.6 | 1 | | | 0.0 | |
| YES | 3PH(KY) | H | NO | 34000 | .01/09/2007 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 14,501 | 8,207 | 56.6 | 4 | | | 0.0 | |
| YES | 3PI(KY) | I | NO | 34000 | .01/09/2007 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 4,206 | 15,346 | 364.8 | 1 | | | 0.0 | |
| YES | 3PJ(KY) | J | NO | 34000 | .01/09/2007 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 38,671 | 25,620 | 66.2 | 8 | | | 0.0 | |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 82,023 | 84,130 | 102.6 | 18 | 0 | 0 | 0.0 | 0 |

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**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Louisiana

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PF(LA) R7/05..... | F..... | .....NO..... | ....34000..... | .08/10/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....19,267 | .....18,442 | .....95.7 | .....3 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PH(LA)..... | H..... | .....NO..... | ....34000..... | .12/22/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....22,191 | .....17,424 | .....78.5 | .....6 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PJ(LA)..... | J..... | .....NO..... | ....34000..... | .12/22/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....56,363 | .....35,358 | .....62.7 | .....12 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....97,821 | .....71,224 | .....72.8 | .....21 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Missouri

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3LF(MO)..... | F..... | .....NO..... | ....34000..... | .06/14/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....31,732 | .....6,767 | .....21.3 | .....7 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3LK(MO)..... | F..... | .....NO..... | ....34000..... | .06/14/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | .....3,381 | .....3,825 | .....113.1 | .....5 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....35,112 | .....10,592 | .....30.2 | .....12 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Mississippi

NAIC Group Code.....901
NAIC Company Code.....67903
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PF(MS)..... | F..... | .....NO..... | ....34000..... | .04/07/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....62,616 | .....21,230 | .....33.9 | .....12 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PH(MS)..... | H..... | .....NO..... | ....34000..... | .03/22/2007 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....10,846 | .....2,570 | .....23.7 | .....3 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PJ(MS)..... | J..... | .....NO..... | ....34000..... | .03/22/2007 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....174,773 | .....167,273 | .....95.7 | .....44 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....248,235 | .....191,073 | .....77.0 | .....59 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Montana

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PF(MT)..... | F..... | .....NO..... | ....34000..... | .05/10/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....69,272 | .....43,140 | .....62.3 | .....19 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PH(MT)..... | H..... | .....NO..... | ....34000..... | .11/15/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....10,767 | .....9,261 | .....86.0 | .....4 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PI(MT)..... | I..... | .....NO..... | ....34000..... | .11/15/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....5,793 | .....206 | .....3.5 | .....2 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PJ(MT)..... | J..... | .....NO..... | ....34000..... | .11/15/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....106,664 | .....70,159 | .....65.8 | .....36 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....192,497 | .....122,765 | .....63.8 | .....61 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....North Dakota

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PD(ND)..... | D..... | .....NO..... | ....34000..... | .05/13/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....3,715 | .....854 | .....23.0 | .....1 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PF(ND)..... | F..... | .....NO..... | ....34000..... | .05/13/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....11,401 | .....4,513 | .....39.6 | .....2 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....15,116 | .....5,366 | .....35.5 | .....3 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Provident American Life and Health Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Nebraska

6 7 9 0 3 2 0 1 6 3 6 0 2 8 1 0 0 *

NAIC Group Code.....901
NAIC Company Code.....67903
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PF(NE)..... | F..... | .....NO..... | ....34000..... | .05/09/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....94,796 | .....73,473 | .....77.5 | .....17 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PG(NE)..... | G..... | .....NO..... | ....34000..... | .10/01/2007 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....6,476 | .....627 | .....9.7 | .....2 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PH(NE)..... | H..... | .....NO..... | ....34000..... | .10/24/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....4,011 | .....5,216 | .....130.0 | .....1 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PJ(NE)..... | J..... | .....NO..... | ....34000..... | .10/24/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....68,022 | .....54,856 | .....80.6 | .....17 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PK(NE)..... | F..... | .....NO..... | ....34000..... | .05/09/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | .....3,954 | .....(2) | .....(0.0) | .....5 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....177,259 | .....134,170 | .....75.7 | .....42 | .....0 | .....0 | .....0.0 | .....0 |

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**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Nevada

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PH(NV)..... | H..... | .....NO..... | ....34000..... | .11/06/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....322 | .....(244) | .....(75.8) | ..... | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PI(NV)..... | I..... | .....NO..... | ....34000..... | .11/06/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....7,417 | .....781 | .....10.5 | .....2 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PJ(NV)..... | J..... | .....NO..... | ....34000..... | .11/06/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....2,123 | .....14,546 | .....685.0 | ..... | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....9,862 | .....15,083 | .....152.9 | .....2 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Provident American Life and Health Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Ohio

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PD(OH)..... | D..... | .....NO..... | ....34000..... | .04/18/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....32,889 | .....3,552 | .....10.8 | .....6 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PF(OH)..... | F..... | .....NO..... | ....34000..... | .04/18/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....64,911 | .....24,314 | .....37.5 | .....11 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PH(OH)..... | H..... | .....NO..... | ....34000..... | .10/19/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....34,757 | .....14,173 | .....40.8 | .....9 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PJ(OH)..... | J..... | .....NO..... | ....34000..... | .10/19/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....102,951 | .....57,888 | .....56.2 | .....19 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PK(OH)..... | F..... | .....NO..... | ....34000..... | .04/18/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | .....3,315 | .....43 | .....1.3 | .....4 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....238,824 | .....99,970 | .....41.9 | .....49 | .....0 | .....0 | .....0.0 | .....0 |

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**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Provident American Life and Health Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Oklahoma

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

NAIC Group Code.....901
NAIC Company Code.....67903
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | 3PA(OK) | A | NO | 34000 | .04/15/2005 | .06/01/2010 | | | MEDICARE SUPPLEMENT | 4,100 | 2,010 | 49.0 | 1 | | | 0.0 | |
| YES | 3PD(OK) | D | NO | 34000 | .04/15/2005 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 22,036 | 12,048 | 54.7 | 5 | | | 0.0 | |
| YES | 3PF(OK) | F | NO | 34000 | .04/15/2005 | .06/01/2010 | | | MEDICARE SUPPLEMENT | 114,215 | 56,073 | 49.1 | 26 | | | 0.0 | |
| YES | 3PH(OK) | H | NO | 34000 | .10/25/2006 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 48,560 | 14,605 | 30.1 | 15 | | | 0.0 | |
| YES | 3PI(OK) | I | NO | 34000 | .10/25/2006 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 3,173 | 665 | 21.0 | 1 | | | 0.0 | |
| YES | 3PJ(OK) | J | NO | 34000 | .10/25/2006 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 235,715 | 156,313 | 66.3 | 56 | | | 0.0 | |
| YES | 3PK(OK) | F | NO | 34000 | .04/15/2005 | .10/11/2009 | | | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | 820 | (2) | (0.2) | 1 | | | 0.0 | |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 428,618 | 241,712 | 56.4 | 105 | 0 | 0 | 0.0 | 0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Provident American Life and Health Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Oregon

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | 3PD(OR) | D | NO | 34000 | .04/21/2005 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 4,094 | 12,420 | 303.4 | | | | 0.0 | |
| YES | 3PF(OR) | F | NO | 34000 | .04/21/2005 | .06/01/2010 | | | MEDICARE SUPPLEMENT | 144,237 | 100,854 | 69.9 | 36 | | | 0.0 | |
| YES | 3PH(OR) | H | NO | 34000 | .01/19/2007 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 2,637 | 4,791 | 181.7 | 1 | | | 0.0 | |
| YES | 3PI(OR) | I | NO | 34000 | .01/19/2007 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 6,620 | 5,052 | 76.3 | 2 | | | 0.0 | |
| YES | 3PJ(OR) | J | NO | 34000 | .01/19/2007 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 279,452 | 155,910 | 55.8 | 78 | | | 0.0 | |
| YES | 3PK(OR) | F | NO | 34000 | .04/21/2005 | .10/11/2009 | | | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | 4,410 | 151 | 3.4 | 6 | | | 0.0 | |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 441,450 | 279,177 | 63.2 | 123 | 0 | 0 | 0.0 | 0 |

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**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Pennsylvania

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PB(PA)..... | B..... | .....NO..... | ....34000..... | .03/16/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....3,941 | .....385 | .....9.8 | .....1 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PD(PA)..... | D..... | .....NO..... | ....34000..... | .03/16/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....18,293 | .....17,695 | .....96.7 | .....4 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PF(PA)..... | F..... | .....NO..... | ....34000..... | .03/16/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....4,438 | .....2,470 | .....55.7 | .....1 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....26,673 | .....20,550 | .....77.0 | .....6 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Provident American Life and Health Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....South Carolina

6 7 9 0 3 2 0 1 6 3 6 0 4 1 1 0 0 *

NAIC Group Code.....901
NAIC Company Code.....67903
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | 3PD | D | NO | 34000 | .06/03/2005 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 16,556 | 2,875 | 17.4 | 4 | | | 0.0 | |
| YES | 3PF | F | NO | 34000 | .06/03/2005 | .06/01/2010 | | | MEDICARE SUPPLEMENT | 251,477 | 149,323 | 59.4 | 52 | | | 0.0 | |
| YES | 3PG | G | NO | 34000 | .10/24/2007 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 7,100 | 9,953 | 140.2 | 2 | | | 0.0 | |
| YES | 3PH | H | NO | 34000 | .11/13/2006 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 72,585 | 90,464 | 124.6 | 22 | | | 0.0 | |
| YES | 3PJ | J | NO | 34000 | .11/13/2006 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 496,355 | 277,768 | 56.0 | 123 | | | 0.0 | |
| YES | 3PK | F | NO | 34000 | .06/03/2005 | .10/11/2009 | | | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | 4,648 | (103) | (2.2) | 6 | | | 0.0 | |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 848,720 | 530,280 | 62.5 | 209 | 0 | 0 | 0.0 | 0 |

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**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

Supplement for the year 2016 of the **Provident American Life and Health Insurance Company**

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Texas

6 7 9 0 3 2 0 1 6 3 6 0 4 4 1 0 0 *

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| YES | 3PA(TX) | A | NO | 34000 | .06/21/2005 | .06/01/2010 | | | MEDICARE SUPPLEMENT | 23,571 | 12,429 | 52.7 | 7 | | | 0.0 | |
| YES | 3PD(TX) | D | NO | 34000 | .06/21/2005 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 84,987 | 77,519 | 91.2 | 17 | | | 0.0 | |
| YES | 3PF(TX) | F | NO | 34000 | .06/21/2005 | .06/01/2010 | | | MEDICARE SUPPLEMENT | 488,087 | 338,937 | 69.4 | 95 | | | 0.0 | |
| YES | 3PG(TX) | G | NO | 34000 | .11/08/2007 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 60,498 | 58,573 | 96.8 | 18 | | | 0.0 | |
| YES | 3PH(TX) | H | NO | 34000 | .12/04/2006 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 1,170,106 | 976,304 | 83.4 | 313 | | | 0.0 | |
| YES | 3PI(TX) | I | NO | 34000 | .12/04/2006 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 83,008 | 61,097 | 73.6 | 24 | | | 0.0 | |
| YES | 3PJ(TX) | J | NO | 34000 | .12/04/2006 | .10/11/2009 | | | MEDICARE SUPPLEMENT | 3,827,119 | 2,419,130 | 63.2 | 859 | | | 0.0 | |
| YES | 3PK(TX) | F | NO | 34000 | .06/21/2005 | .10/11/2009 | | | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | 31,300 | 2,825 | 9.0 | 31 | | | 0.0 | |
| 0199999. | Total Policy Experience on Individual Policies | | | | | | | | | 5,768,675 | 3,946,813 | 68.4 | 1,364 | 0 | 0 | 0.0 | 0 |

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**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Utah

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903

Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PF(UT)..... | F..... | .....NO..... | ....34000..... | .09/09/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....14,674 | .....6,625 | .....45.2 | .....3 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PH(UT)..... | H..... | .....NO..... | ....34000..... | .12/08/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....6,602 | .....1,152 | .....17.4 | .....2 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PJ(UT)..... | J..... | .....NO..... | ....34000..... | .12/08/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....48,444 | .....24,783 | .....51.2 | .....11 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....69,720 | .....32,561 | .....46.7 | .....16 | .....0 | .....0 | .....0.0 | .....0 |



## GENERAL INTERROGATORIES

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....West Virginia

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PD..... | D..... | .....NO..... | ....34000..... | .05/20/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....4,224 | .....1,602 | .....37.9 | .....1 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PF..... | F..... | .....NO..... | ....34000..... | .05/20/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....36,283 | .....20,480 | .....56.4 | .....6 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PG..... | G..... | .....NO..... | ....34000..... | .10/15/2007 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....15,702 | .....8,198 | .....52.2 | .....4 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PH..... | H..... | .....NO..... | ....34000..... | .12/12/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....3,076 | .....5,433 | .....176.7 | .....1 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PJ..... | J..... | .....NO..... | ....34000..... | .12/12/2006 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....26,107 | .....6,160 | .....23.6 | .....6 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....85,392 | .....41,873 | .....49.0 | .....18 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

# MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For the Year Ended December 31, 2016
(To Be Filed by March 1)
FOR THE STATE OF.....Wyoming

NAIC Group Code.....901
Address (City, State and Zip Code).....11200 Lakeline Blvd, Suite 100 Austin TX 78717
Person Completing This Exhibit.....Marilyn McGaffin

NAIC Company Code.....67903
Title.....Director, Actuarial Rate Maintenance.....Telephone Number.....1-800-880-8824

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2013 | | | | Policies Issued in 2014, 2015 & 2016 | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | 11 | Incurred Claims | | 14 | 15 | Incurred Claims | | 18 |
| | | | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance with OBRA | Policy Form Number | Standardized Medicare Supplement Benefit Plan | Medicare Select | Plan Characteristics | Date Approved | Date Approval Withdrawn | Date Last Amended | Date Closed | Policy Marketing Trade Name | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives | Premiums Earned | Amount | Percent of Premiums Earned | Number of Covered Lives |
| **Individual Policies** | | | | | | | | | | | | | | | | | |
| .....YES..... | 3PF(WY)..... | F..... | .....NO..... | ....34000..... | .04/13/2005 | .06/01/2010 | ..... | ..... | MEDICARE SUPPLEMENT..... | .....4,940 | .....4,177 | .....84.6 | .....1 | ..... | ..... | .....0.0 | ..... |
| .....YES..... | 3PK(WY)..... | F..... | .....NO..... | ....34000..... | .04/13/2005 | .10/11/2009 | ..... | ..... | MEDICARE SUPPLEMENT - HIGH DEDUCTIBLE | .....1,692 | .....11,759 | .....695.1 | .....2 | ..... | ..... | .....0.0 | ..... |
| 0199999. | Total Policy Experience on Individual Policies..... | | | | | | | | | .....6,632 | .....15,936 | .....240.3 | .....3 | .....0 | .....0 | .....0.0 | .....0 |



**GENERAL INTERROGATORIES**

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

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
   2.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   2.2 Contact person and phone number..... David Brosig 1-800-888-8824
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).
   3.1 Address..... 11200 Lakeline Blvd, Suite 100 Austin TX 78717
   3.2 Contact person and phone number..... David Brosig 1-800-888-8824
4. Explain any policies identified as policy type "O".

* 6 7 9 0 3 2 0 1 6 4 6 5 0 0 0 0 0 *

# SCHEDULE O SUPPLEMENT

For the year ended December 31, 2016

(To Be Filed March 1)

NONE

Of The.....Provident American Life and Health Insurance Company

Address (City, State, Zip Code).....Cleveland, OH 44114

NAIC Group Code.....901 NAIC Company Code.....67903 Employer's ID Number.....23-1335885

## SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses

($000 OMITTED)

**Section A - Group Accident and Health**

| Year in Which Losses Were Incurred | Net Amounts Paid Policyholders | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| | 2012 | 2013 | 2014 | 2015 | 2016 (a) |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

NONE

**Section B - Other Accident and Health**

| | | | | | |
|---|---|---|---|---|---|
| 1. Prior | 96,664 | 96,654 | 96,632 | 96,628 | 96,628 |
| 2. 2012 | 10,444 | 11,522 | 11,550 | 11,543 | 11,542 |
| 3. 2013 | XXX | 8,614 | 9,573 | 9,587 | 9,586 |
| 4. 2014 | XXX | XXX | 7,387 | 8,149 | 8,157 |
| 5. 2015 | XXX | XXX | XXX | 6,548 | 7,180 |
| 6. 2016 | XXX | XXX | XXX | XXX | 5,510 |

**Section C - Credit Accident and Health**

| | | | | | |
|---|---|---|---|---|---|
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

NONE

(a) See the Annual Audited Financial Reports section of the Annual Statement Instructions.

# SCHEDULE O SUPPLEMENT

# SUPPLEMENTAL SCHEDULE O - PART 2

Development of Incurred Losses

($000 OMITTED)

**Section A - Group Accident and Health**

| Year in Which Losses Were Incurred | Net Amounts Paid for Cost Containment Expenses | | | | |
|---|---|---|---|---|---|
| | 1<br>2012 | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

NONE

**Section B - Other Accident and Health**

| | | | | | |
|---|---|---|---|---|---|
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | 40 | |
| 6. 2016 | XXX | XXX | XXX | XXX | 38 |

**Section C - Credit Accident and Health**

| | | | | | |
|---|---|---|---|---|---|
| 1. Prior | | | | | |
| 2. 2012 | | | | | |
| 3. 2013 | XXX | | | | |
| 4. 2014 | XXX | XXX | | | |
| 5. 2015 | XXX | XXX | XXX | | |
| 6. 2016 | XXX | XXX | XXX | XXX | |

NONE

# SCHEDULE O SUPPLEMENT

# SUPPLEMENTAL SCHEDULE O - PART 3

Development of Incurred Losses

($000 OMITTED)

**Section A - Group Accident and Health**

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year | | | | |
|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 |
| | 2012 | 2013 | 2014 | 2015 | 2016 |
| 1. 2012 | | | | XXX | XXX |
| 2. 2013 | XXX | | | | XXX |
| 3. 2014 | XXX | XXX | | | |
| 4. 2015 | XXX | XXX | XXX | | |
| 5. 2016 | XXX | XXX | XXX | XXX | |

NONE

**Section B - Other Accident and Health**

| | | | | | |
|---|---|---|---|---|---|
| 1. 2012 | 11,638 | 11,525 | 11,550 | XXX | XXX |
| 2. 2013 | XXX | 9,581 | 9,576 | 9,587 | XXX |
| 3. 2014 | XXX | XXX | 8,365 | 8,156 | 8,157 |
| 4. 2015 | XXX | XXX | XXX | 7,248 | 7,185 |
| 5. 2016 | XXX | XXX | XXX | XXX | 6,101 |

**Section C - Credit Accident and Health**

| | | | | | |
|---|---|---|---|---|---|
| 1. 2012 | | | | XXX | XXX |
| 2. 2013 | XXX | | | | XXX |
| 3. 2014 | XXX | XXX | | | |
| 4. 2015 | XXX | XXX | XXX | | |
| 5. 2016 | XXX | XXX | XXX | XXX | |

NONE

# SCHEDULE O SUPPLEMENT

# SUPPLEMENTAL SCHEDULE O - PART 4

Development of Incurred Losses

($000 OMITTED)

**Section A - Group Accident and Health**

| Year in Which Losses Were Incurred | Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year | | | | |
|---|---|---|---|---|---|
| | 1<br>2012 | 2<br>2013 | 3<br>2014 | 4<br>2015 | 5<br>2016 |
| 1. 2012 | | | | | |
| 2. 2013 | XXX | | | | |
| 3. 2014 | XXX | XXX | | | |
| 4. 2015 | XXX | XXX | XXX | | |
| 5. 2016 | XXX | XXX | XXX | XXX | |

NONE

**Section B - Other Accident and Health**

| | | | | | |
|---|---|---|---|---|---|
| 1. 2012 | 11,638 | 11,525 | 11,550 | | |
| 2. 2013 | XXX | 9,581 | 9,576 | 9,587 | |
| 3. 2014 | XXX | XXX | 8,365 | 8,156 | 8,157 |
| 4. 2015 | XXX | XXX | XXX | 7,289 | 7,185 |
| 5. 2016 | XXX | XXX | XXX | XXX | 6,139 |

**Section C - Credit Accident and Health**

| | | | | | |
|---|---|---|---|---|---|
| 1. 2012 | | | | | |
| 2. 2013 | XXX | | | | |
| 3. 2014 | XXX | XXX | | | |
| 4. 2015 | XXX | XXX | XXX | | |
| 5. 2016 | XXX | XXX | XXX | XXX | |

NONE

# SUPPLEMENTAL SCHEDULE O - PART 5

($000 OMITTED)

Reserve and Liability Methodology - Exhibits 6 and 8

| Line of Business | 1<br>Methodology | 2<br>Amount |
|---|---|---|
| 1. Industrial life | None | |
| 2. Ordinary life | Standard Factor | |
| 3. Individual annuity | None | |
| 4. Supplementary contracts | None | |
| 5. Credit life | None | |
| 6. Group life | None | |
| 7. Group annuities | None | |
| 8. Group accident and health | None | |
| 9. Credit accident and health | None | |
| 10. Other accident and health | Development | 596 |
| 11. Total | | 596 |

## Sch. O - Pt. 1 - Sn. D
NONE

## Sch. O - Pt. 1 - Sn. E
NONE

## Sch. O - Pt. 1 - Sn. F
NONE

## Sch. O - Pt. 1 - Sn. G
NONE

## Sch. O - Pt. 2 - Sn. D
NONE

## Sch. O - Pt. 2 - Sn. E
NONE

## Sch. O - Pt. 2 - Sn. F
NONE

## Sch. O - Pt. 2 - Sn. G
NONE

## Sch. O - Pt. 3 - Sn. D
NONE

## Sch. O - Pt. 3 - Sn. E
NONE

## Sch. O - Pt. 3 - Sn. F
NONE

## Sch. O - Pt. 3 - Sn. G
NONE

## Sch. O - Pt. 4 - Sn. D
NONE

## Sch. O - Pt. 4 - Sn. E
NONE

## Sch. O - Pt. 4 - Sn. F
NONE

## Sch. O - Pt. 4 - Sn. G
NONE

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# LIFE ANNUAL STATEMENT BLANK


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