



# ANNUAL STATEMENT

For the Year Ended December 31, 2018  
of the Condition and Affairs of the

## United Benefit Life Insurance Company

NAIC Group Code.....	0901, 0901	NAIC Company Code.....	65269	Employer's ID Number.....	75-2305400
(Current Period) (Prior Period)					
Organized under the Laws of OH			State of Domicile or Port of Entry OH		Country of Domicile US
Incorporated/Organized..... June 26, 1957			Commenced Business..... August 13, 1957		
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 (Street and Number) (City or Town, State, Country and Zip Code)		512-451-2224 (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 (Street and Number) (City or Town, State, Country and Zip Code)		512-451-2224 (Area Code) (Telephone Number)
Internet Web Site Address			www.CignaSupplementalBenefits.com		
Statutory Statement Contact			Renee Wilkins Feldman (Name)		(512) 531-1465 (Area Code) (Telephone Number) (Extension)
			CSBFinRpt@cigna.com (E-Mail Address)		512-467-1399 (Fax Number)

### OFFICERS

Name	Title	Name	Title
1. Stephen Burnett Jones	President	2. Byron Keith Buescher	Treasurer and Chief Accounting Officer
3. Anna Krishtul	Secretary	4. Susan Eadaoine Buck	Appointed Actuary
OTHER			
Timothy Andrew Bulat #	Vice President and Chief Actuary	Gregory John Czar	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	Scott Ronald Lambert	Vice President and Assistant Treasurer
Ryan Bruce McGroarty	Vice President	Kathleen Murphy O'Neil #	Vice President
Maureen Hardiman Ryan	Vice President and Assistant Treasurer		

### DIRECTORS OR TRUSTEES

Gregory John Czar	Brian Case Evanko	Stephen Burnett Jones	Ryan Bruce McGroarty
Frank Sataline, Jr.	James Yablecki		

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

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

(Signature) Stephen Burnett Jones	(Signature) Byron Keith Buescher	(Signature) Anna Krishtul
1. (Printed Name) President	2. (Printed Name) Treasurer and Chief Accounting Officer	3. (Printed Name) Secretary
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_ February 2019

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

Yes [X] No [ ]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	4 Net Admitted Assets
1. Bonds (Schedule D).....	2,585,288		2,585,288	2,588,568
2. Stocks (Schedule D):				
2.1 Preferred stocks.....			0	
2.2 Common stocks.....			0	
3. Mortgage loans on real estate (Schedule B):				
3.1 First liens.....			0	
3.2 Other than first liens.....			0	
4. Real estate (Schedule A):				
4.1 Properties occupied by the company (less \$.....0 encumbrances).....			0	
4.2 Properties held for the production of income (less \$.....0 encumbrances).....			0	
4.3 Properties held for sale (less \$.....0 encumbrances).....			0	
5. Cash (\$....291,840, Schedule E-Part 1), cash equivalents (\$.....0, Schedule E-Part 2) and short-term investments (\$....53,801, Schedule DA).....	345,641		345,641	598,795
6. Contract loans (including \$.....0 premium notes).....			0	
7. Derivatives (Schedule DB).....			0	
8. Other invested assets (Schedule BA).....			0	
9. Receivables for securities.....			0	
10. Securities lending reinvested collateral assets (Schedule DL).....			0	
11. Aggregate write-ins for invested assets.....	0	0	0	0
12. Subtotals, cash and invested assets (Lines 1 to 11).....	2,930,929	0	2,930,929	3,187,363
13. Title plants less \$.....0 charged off (for Title insurers only).....			0	
14. Investment income due and accrued.....	16,391		16,391	16,561
15. Premiums and considerations:				
15.1 Uncollected premiums and agents' balances in the course of collection.....			0	
15.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$.....0 earned but unbilled premiums).....			0	
15.3 Accrued retrospective premiums (\$.....0) and contracts subject to redetermination (\$.....0).....			0	
16. Reinsurance:				
16.1 Amounts recoverable from reinsurers.....			0	
16.2 Funds held by or deposited with reinsured companies.....			0	
16.3 Other amounts receivable under reinsurance contracts.....			0	
17. Amounts receivable relating to uninsured plans.....			0	
18.1 Current federal and foreign income tax recoverable and interest thereon.....	167,966		167,966	
18.2 Net deferred tax asset.....			0	
19. Guaranty funds receivable or on deposit.....	942		942	482
20. Electronic data processing equipment and software.....			0	
21. Furniture and equipment, including health care delivery assets (\$.....0).....			0	
22. Net adjustment in assets and liabilities due to foreign exchange rates.....			0	
23. Receivables from parent, subsidiaries and affiliates.....			0	
24. Health care (\$.....0) and other amounts receivable.....			0	
25. Aggregate write-ins for other-than-invested assets.....	0	0	0	0
26. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 12 to 25).....	3,116,228	0	3,116,228	3,204,406
27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....			0	
28. TOTAL (Lines 26 and 27).....	3,116,228	0	3,116,228	3,204,406

**DETAILS OF WRITE-INS**

1101. ....			0	
1102. ....			0	
1103. ....			0	
1198. Summary of remaining write-ins for Line 11 from overflow page.....	0	0	0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	0	0	0	0
2501. Premium Tax Refund.....			0	
2502. ....			0	
2503. ....			0	
2598. Summary of remaining write-ins for Line 25 from overflow page.....	0	0	0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	0	0	0	0

**LIABILITIES, SURPLUS AND OTHER FUNDS**

	1 Current Year	2 Prior Year
1. Aggregate reserve for life contracts \$.....0 (Exhibit 5, Line 9999999) less \$.....0 included in Line 6.3 (including \$.....0 Modco Reserve).....		
2. Aggregate reserve for accident and health contracts (including \$.....0 Modco Reserve).....		
3. Liability for deposit-type contracts (Exhibit 7, Line 14, Col. 1) (including \$.....0 Modco Reserve).....		
4. Contract claims:		
4.1 Life (Exhibit 8, Part 1, Line 4.4, Col. 1 less sum of Cols. 9, 10 and 11).....		
4.2 Accident and health (Exhibit 8, Part 1, Line 4.4, sum of Cols. 9, 10 and 11).....		
5. Policyholders' dividends \$.....0 and coupons \$.....0 due and unpaid (Exhibit 4, Line 10).....		
6. Provision for policyholders' dividends and coupons payable in following calendar year - estimated amounts:		
6.1 Dividends apportioned for payment (including \$.....0 Modco).....		
6.2 Dividends not yet apportioned (including \$.....0 Modco).....		
6.3 Coupons and similar benefits (including \$.....0 Modco).....		
7. Amount provisionally held for deferred dividend policies not included in Line 6.....		
8. Premiums and annuity considerations for life and accident and health contracts received in advance less \$.....0 discount; including \$.....0 accident and health premiums (Exhibit 1, Part 1, Col. 1, sum of Lines 4 and 14).....		
9. Contract liabilities not included elsewhere:		
9.1 Surrender values on canceled contracts.....		
9.2 Provision for experience rating refunds, including the liability of \$.....0 accident and health experience rating refunds of which \$.....0 is for medical loss ratio rebate per the Public Health Service Act.....		
9.3 Other amounts payable on reinsurance, including \$.....0 assumed and \$.....0 ceded.....		
9.4 Interest Maintenance Reserve (IMR, Line 6).....	34,808	38,354
10. Commissions to agents due or accrued - life and annuity contracts \$.....0, accident and health \$.....0 and deposit-type contract funds \$.....0.....		
11. Commissions and expense allowances payable on reinsurance assumed.....	.71	.857
12. General expenses due or accrued (Exhibit 2, Line 12, Col. 6).....		
13. Transfers to Separate Accounts due or accrued (net) (including \$.....0 accrued for expense allowances recognized in reserves, net of reinsured allowances).....		
14. Taxes, licenses and fees due or accrued, excluding federal income taxes (Exhibit 3, Line 9, Col. 5).....	3,187	3,200
15.1 Current federal and foreign income taxes, including \$.....0 on realized capital gains (losses).....		
15.2 Net deferred tax liability.....		
16. Unearned investment income.....		
17. Amounts withheld or retained by company as agent or trustee.....		
18. Amounts held for agents' account, including \$.....0 agents' credit balances.....		
19. Remittances and items not allocated.....		
20. Net adjustment in assets and liabilities due to foreign exchange rates.....		
21. Liability for benefits for employees and agents if not included above.....		
22. Borrowed money \$.....0 and interest thereon \$.....0.....		
23. Dividends to stockholders declared and unpaid.....		
24. Miscellaneous liabilities:		
24.01 Asset valuation reserve (AVR Line 16, Col. 7).....		
24.02 Reinsurance in unauthorized and certified (\$.....0) companies.....		
24.03 Funds held under reinsurance treaties with unauthorized and certified (\$.....0) reinsurers.....		
24.04 Payable to parent, subsidiaries and affiliates.....	7,330	239,765
24.05 Drafts outstanding.....		
24.06 Liability for amounts held under uninsured plans.....		
24.07 Funds held under coinsurance.....		
24.08 Derivatives.....		
24.09 Payable for securities.....		
24.10 Payable for securities lending.....		
24.11 Capital notes \$.....0 and interest thereon \$.....0.....		
25. Aggregate write-ins for liabilities.....	0	0
26. Total liabilities excluding Separate Accounts business (Lines 1 to 25).....	45,396	282,176
27. From Separate Accounts Statement.....		
28. Total liabilities (Line 26 and 27).....	45,396	282,176
29. Common capital stock.....	1,500,000	1,500,000
30. Preferred capital stock.....	0	0
31. Aggregate write-ins for other-than-special surplus funds.....	0	0
32. Surplus notes.....		
33. Gross paid in and contributed surplus (Page 3, Line 33, Col. 2 plus Page 4, Line 51.1, Col. 1).....	18,820,665	18,820,665
34. Aggregate write-ins for special surplus funds.....	0	0
35. Unassigned funds (surplus).....	(17,249,833)	(17,398,435)
36. Less treasury stock, at cost:		
36.1 ....0.000 shares common (value included in Line 29 \$.....0).....		
36.2 ....0.000 shares preferred (value included in Line 30 \$.....0).....		
37. Surplus (Total Lines 31 + 32 + 33 + 34 + 35 - 36) (including \$.....0 in Separate Accounts Statement).....	1,570,832	1,422,230
38. Totals of Lines 29, 30 and 37 (Page 4, Line 55).....	3,070,832	2,922,230
39. Totals of Lines 28 and 38 (Page 2, Line 28, Col. 3).....	3,116,228	3,204,406

**DETAILS OF WRITE-INS**

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

# United Benefit Life Insurance Company

## SUMMARY OF OPERATIONS

	1 Current Year	2 Prior Year
1. Premiums and annuity considerations for life and accident and health contracts (Exhibit 1, Part 1, Line 20.4, Col. 1, less Col. 11)		
2. Considerations for supplementary contracts with life contingencies.....		
3. Net investment income (Exhibit of Net Investment Income, Line 17).....	49,156	50,011
4. Amortization of Interest Maintenance Reserve (IMR) (Line 5).....	3,546	3,240
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....		
6. Commissions and expense allowances on reinsurance ceded (Exhibit 1, Part 2, Line 26.1, Col. 1).....		
7. Reserve adjustments on reinsurance ceded.....		
8. Miscellaneous Income:		
8.1 Income from fees associated with investment management, administration and contract guarantees from Separate Accounts.....		
8.2 Charges and fees for deposit-type contracts.....		
8.3 Aggregate write-ins for miscellaneous income.....	6,736	8,514
9. Totals (Lines 1 to 8.3).....	59,438	61,765
10. Death benefits.....		
11. Matured endowments (excluding guaranteed annual pure endowments).....		
12. Annuity benefits (Exhibit 8, Part 2, Line 6.4, Cols. 4 + 8).....		
13. Disability benefits and benefits under accident and health contracts.....		
14. Coupons, guaranteed annual pure endowments and similar benefits.....		
15. Surrender benefits and withdrawals for life contracts.....		
16. Group conversions.....		
17. Interest and adjustments on contract or deposit-type contract funds.....		
18. Payments on supplementary contracts with life contingencies.....		
19. Increase in aggregate reserves for life and accident and health contracts.....		
20. Totals (Lines 10 to 19).....	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only) (Exhibit 1, Part 2, Line 31, Col. 1).....		
22. Commissions and expense allowances on reinsurance assumed (Exhibit 1, Part 2, Line 26.2, Col. 1).....		
23. General insurance expenses (Exhibit 2, Line 10, Columns 1, 2, 3 and 4).....	36,960	38,999
24. Insurance taxes, licenses and fees, excluding federal income taxes (Exhibit 3, Line 7, Cols. 1 + 2 + 3).....	41,794	46,551
25. Increase in loading on deferred and uncollected premiums.....		
26. Net transfers to or (from) Separate Accounts net of reinsurance.....		
27. Aggregate write-ins for deductions.....	.50	.281
28. Totals (Lines 20 to 27).....	78,804	85,831
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	(19,366)	(24,066)
30. Dividends to policyholders.....		
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	(19,366)	(24,066)
32. Federal and foreign income taxes incurred (excluding tax on capital gains).....		
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	(167,966)	
34. Net realized capital gains (losses) (excluding gains (losses) transferred to the IMR) less capital gains tax of \$.....0 (excluding taxes of \$.....0 transferred to the IMR).....	148,600	(24,066)
35. Net income (Line 33 plus Line 34).....	148,600	(24,066)
<b>CAPITAL AND SURPLUS ACCOUNT</b>		
36. Capital and surplus, December 31, prior year (Page 3, Line 38, Col. 2).....	2,922,230	2,945,947
37. Net income (Line 35).....	148,600	(24,066)
38. Change in net unrealized capital gains (losses) less capital gains tax of \$.....0.....		
39. Change in net unrealized foreign exchange capital gain (loss) .....		
40. Change in net deferred income tax.....		
41. Change in nonadmitted assets.....	2	(2)
42. Change in liability for reinsurance in unauthorized and certified companies.....		
43. Change in reserve on account of change in valuation basis, (increase) or decrease.....		
44. Change in asset valuation reserve .....		351
45. Change in treasury stock, (Page 3, Lines 36.1 and 36.2 Col. 2 minus Col. 1).....		
46. Surplus (contributed to) withdrawn from Separate Accounts during period.....		
47. Other changes in surplus in Separate Accounts Statement.....		
48. Change in surplus notes.....		
49. Cumulative effect of changes in accounting principles.....		
50. Capital changes:		
50.1 Paid in.....		
50.2 Transferred from surplus (Stock Dividend).....		
50.3 Transferred to surplus.....		
51. Surplus adjustment:		
51.1 Paid in.....		
51.2 Transferred to capital (Stock Dividend).....		
51.3 Transferred from capital.....		
51.4 Change in surplus as a result of reinsurance.....		
52. Dividends to stockholders.....		
53. Aggregate write-ins for gains and losses in surplus.....	0	0
54. Net change in capital and surplus for the year (Lines 37 through 53).....	148,602	(23,717)
55. Capital and surplus, December 31, current year (Lines 36 + 54) (Page 3, Line 38).....	3,070,832	2,922,230

### DETAILS OF WRITE-INS

08.301. Miscellaneous Income.....	6,736	8,514
08.302. .....		
08.303. .....		
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0
08.399. Totals (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	6,736	8,514
2701. Penalties.....	.50	.281
2702. .....		
2703. .....		
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0
2799. Totals (Lines 2701 through 2703 plus 2798) (Line 27 above).....	.50	.281
5301. .....		
5302. .....		
5303. .....		
5398. Summary of remaining write-ins for Line 53 from overflow page.....	0	0
5399. Totals (Lines 5301 through 5303 plus 5398) (Line 53 above).....	0	0

# United Benefit Life Insurance Company

## CASH FLOW

	1 Current Year	2 Prior Year
<b>CASH FROM OPERATIONS</b>		
1. Premiums collected net of reinsurance.....		
2. Net investment income.....	52,606	52,681
3. Miscellaneous income.....	6,736	8,514
4. Total (Lines 1 through 3).....	59,342	61,195
5. Benefit and loss related payments.....		
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....		
7. Commissions, expenses paid and aggregate write-ins for deductions.....	74,496	85,025
8. Dividends paid to policyholders.....		
9. Federal and foreign income taxes paid (recovered) net of \$.....0 tax on capital gains (losses).....		
10. Total (Lines 5 through 9).....	74,496	85,025
11. Net cash from operations (Line 4 minus Line 10).....	(15,154)	(23,830)
<b>CASH FROM INVESTMENTS</b>		
12. Proceeds from investments sold, matured or repaid:		
12.1 Bonds.....		
12.2 Stocks.....		
12.3 Mortgage loans.....		
12.4 Real estate.....		
12.5 Other invested assets.....		
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....		
12.7 Miscellaneous proceeds.....		
12.8 Total investment proceeds (Lines 12.1 to 12.7).....	0	0
13. Cost of investments acquired (long-term only):		
13.1 Bonds.....		55,926
13.2 Stocks.....		
13.3 Mortgage loans.....		
13.4 Real estate.....		
13.5 Other invested assets.....		
13.6 Miscellaneous applications.....		
13.7 Total investments acquired (Lines 13.1 to 13.6).....	0	55,926
14. Net increase (decrease) in contract loans and premium notes.....		
15. Net cash from investments (Line 12.8 minus Lines 13.7 minus Line 14).....	0	(55,926)
<b>CASH FROM FINANCING AND MISCELLANEOUS SOURCES</b>		
16. Cash provided (applied):		
16.1 Surplus notes, capital notes.....		
16.2 Capital and paid in surplus, less treasury stock.....		
16.3 Borrowed funds.....		
16.4 Net deposits on deposit-type contracts and other insurance liabilities.....		
16.5 Dividends to stockholders.....		
16.6 Other cash provided (applied).....	(238,000)	238,000
17. Net cash from financing and miscellaneous sources (Lines 16.1 to 16.4 minus Line 16.5 plus Line 16.6).....	(238,000)	238,000
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>		
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17).....	(253,154)	158,244
19. Cash, cash equivalents and short-term investments:		
19.1 Beginning of year.....	598,795	440,551
19.2 End of year (Line 18 plus Line 19.1).....	345,641	598,795

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

20.0001 .....	.....	.....
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**ANALYSIS OF OPERATIONS BY LINES OF BUSINESS**

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group		Accident and Health			12 Aggregate of All Other Lines of Business
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance(a)	8 Annuities	9 Group	10 Credit (Group and Individual)	11 Other	
1. Premiums and annuity considerations for life and accident and health contracts.....	0											
2. Considerations for supplementary contracts with life contingencies.....	0											
3. Net investment income.....	49,156											49,156
4. Amortization of Interest Maintenance Reserve (IMR).....	3,546											3,546
5. Separate Accounts net gain from operations excluding unrealized gains or losses.....	0											
6. Commissions and expense allowances on reinsurance ceded.....	0											
7. Reserve adjustments on reinsurance ceded.....	0											
8. Miscellaneous Income:												
8.1 Fees associated with income from investment management, administration and contract guarantees from S/A.....	0											
8.2 Charges and fees for deposit-type contracts.....	0											
8.3 Aggregate write-ins for miscellaneous income.....	6,736	0	0	0	0	0	0	0	0	0	0	6,736
9. Totals (Lines 1 to 8.3).....	59,438	0	0	0	0	0	0	0	0	0	0	59,438
10. Death benefits.....	0											
11. Matured endowments (excluding guaranteed annual pure endowments).....	0											
12. Annuity benefits.....	0											
13. Disability benefits and benefits under accident and health contracts.....	0											
14. Coupons, guaranteed annual pure endowments and similar benefits.....	0											
15. Surrender benefits and withdrawals for life contracts.....	0											
16. Group conversions.....	0											
17. Interest and adjustments on contract or deposit-type contract funds.....	0											
18. Payments on supplementary contracts with life contingencies.....	0											
19. Increase in aggregate reserves for life and accident and health contracts.....	0											
20. Totals (Lines 10 to 19).....	0	0	0	0	0	0	0	0	0	0	0	0
21. Commissions on premiums, annuity considerations and deposit-type contract funds (direct business only).....	0											
22. Commissions and expense allowances on reinsurance assumed.....	0											
23. General insurance expenses.....	36,960											36,960
24. Insurance taxes, licenses and fees, excluding federal income taxes.....	41,794											41,794
25. Increase in loading on deferred and uncollected premiums.....	0											
26. Net transfers to or (from) Separate Accounts net of reinsurance.....	0											
27. Aggregate write-ins for deductions.....	50	0	0	0	0	0	0	0	0	0	0	50
28. Totals (Lines 20 to 27).....	78,804	0	0	0	0	0	0	0	0	0	0	78,804
29. Net gain from operations before dividends to policyholders and federal income taxes (Line 9 minus Line 28).....	(19,366)	0	0	0	0	0	0	0	0	0	0	(19,366)
30. Dividends to policyholders.....	0											
31. Net gain from operations after dividends to policyholders and before federal income taxes (Line 29 minus Line 30).....	(19,366)	0	0	0	0	0	0	0	0	0	0	(19,366)
32. Federal income taxes incurred (excluding tax on capital gains).....	(167,966)											(167,966)
33. Net gain from operations after dividends to policyholders and federal income taxes and before realized capital gains or (losses) (Line 31 minus Line 32).....	148,600	0	0	0	0	0	0	0	0	0	0	148,600

**DETAILS OF WRITE-INS**

08.301. Miscellaneous Income.....	6,736											6,736
08.302. .....	0											
08.303. .....	0											
08.398. Summary of remaining write-ins for Line 8.3 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
08.399. Total (Lines 08.301 through 08.303 plus 08.398) (Line 8.3 above).....	6,736	0	0	0	0	0	0	0	0	0	0	6,736
2701. Penalties.....	50											50
2702. .....	0											
2703. .....	0											
2798. Summary of remaining write-ins for Line 27 from overflow page.....	0	0	0	0	0	0	0	0	0	0	0	0
2799. Total (Lines 2701 through 2703 plus 2798) (Line 27 above).....	50	0	0	0	0	0	0	0	0	0	0	50

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

**ANALYSIS OF INCREASE IN RESERVES DURING THE YEAR**

	1 Total	2 Industrial Life	Ordinary			6 Credit Life (Group and Individual)	Group	
			3 Life Insurance	4 Individual Annuities	5 Supplementary Contracts		7 Life Insurance	8 Annuities
<b>Involving Life or Disability Contingencies (Reserves)</b>								
(Net of Reinsurance Ceded)								
1. Reserve December 31, prior year.....	0							
2. Tabular net premiums or considerations.....	0							
3. Present value of disability claims incurred.....	0				XXX.....			
4. Tabular interest.....	0							
5. Tabular less actual reserve released.....	0							
6. Increase in reserve on account of change in valuation basis.....	0							
6.1 Change in excess of VM-20 deterministic/stochastic reserve over net premium reserve.....	0	XXX		XXX	XXX	XXX	XXX	XXX
7. Other increases (net).....	0							
8. Totals (Lines 1 to 7).....	0	0	0	0	0	0	0	0
9. Tabular cost.....	0				XXX.....			
10. Reserves released by death.....	0			XXX.....	XXX.....			XXX.....
11. Reserves released by other terminations (net).....	0							
12. Annuity, supplementary contract, and disability payments involving life contingencies.....	0							
13. Net transfers to or (from) Separate Accounts.....	0							
14. Total deductions (Lines 9 to 13).....	0	0	0	0	0	0	0	0
15. Reserve December 31, current year.....	0	0	0	0	0	0	0	0

**NONE**

**United Benefit Life Insurance Company**  
**EXHIBIT OF NET INVESTMENT INCOME**

	1 Collected During Year	2 Earned During Year
1. U.S. government bonds.....	(a).....50,414	.....50,414
1.1 Bonds exempt from U.S. tax.....	(a).....	.....
1.2 Other bonds (unaffiliated).....	(a).....	.....
1.3 Bonds of affiliates.....	(a).....	.....
2.1 Preferred stocks (unaffiliated).....	(b).....	.....
2.11 Preferred stocks of affiliates.....	(b).....	.....
2.2 Common stocks (unaffiliated).....	.....	.....
2.21 Common stocks of affiliates.....	.....	.....
3. Mortgage loans.....	(c).....	.....
4. Real estate.....	(d).....	.....
5. Contract loans.....	.....	.....
6. Cash, cash equivalents and short-term investments.....	(e).....1,834	.....1,834
7. Derivative instruments.....	(f).....	.....
8. Other invested assets.....	.....	.....
9. Aggregate write-ins for investment income.....	0.....	0.....
10. Total gross investment income.....	.....52,249	.....52,249
11. Investment expenses.....	(g).....3,094	.....
12. Investment taxes, licenses and fees, excluding federal income taxes.....	(g).....	.....
13. Interest expense.....	(h).....	.....
14. Depreciation on real estate and other invested assets.....	(i).....0	.....0
15. Aggregate write-ins for deductions from investment income.....	.....	.....
16. Total deductions (Lines 11 through 15).....	.....3,094	.....
17. Net investment income (Line 10 minus Line 16).....	.....49,155	.....

**DETAILS OF WRITE-INS**

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

- (a) Includes \$.....0 accrual of discount less \$.....3,280 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (b) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued dividends on purchases.
- (c) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (d) Includes \$.....0 for company's occupancy of its own buildings; and excludes \$.....0 interest on encumbrances.
- (e) Includes \$.....0 accrual of discount less \$.....0 amortization of premium and less \$.....0 paid for accrued interest on purchases.
- (f) Includes \$.....0 accrual of discount less \$.....0 amortization of premium.
- (g) Includes \$.....0 investment expenses and \$.....0 investment taxes, licenses and fees, excluding federal income taxes, attributable to segregated and Separate Accounts.
- (h) Includes \$.....0 interest on surplus notes and \$.....0 interest on capital notes.
- (i) Includes \$.....0 depreciation on real estate and \$.....0 depreciation on other invested assets.

**EXHIBIT OF CAPITAL GAINS (LOSSES)**

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

**DETAILS OF WRITE-INS**

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

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

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

**United Benefit Life Insurance Company**  
**EXHIBIT 2 - GENERAL EXPENSES**

	Insurance				5	6		
	1 Life	Accident and Health		4 All Other Lines of Business				
		2 Cost Containment	3 All Other					
1. Rent.....				17,208		0		
2. Salaries and wages.....				2,785		17,208		
3.11 Contributions for benefit plans for employees.....						2,785		
3.12 Contributions for benefit plans for agents.....						0		
3.21 Payments to employees under non-funded benefit plans.....						0		
3.22 Payments to agents under non-funded benefit plans.....						0		
3.31 Other employee welfare.....				193		193		
3.32 Other agent welfare.....						0		
4.1 Legal fees and expenses.....						0		
4.2 Medical examination fees.....						0		
4.3 Inspection report fees.....						0		
4.4 Fees of public accountants and consulting actuaries.....				9,996		9,996		
4.5 Expense of investigation and settlement of policy claims.....						0		
5.1 Traveling expenses.....				121		121		
5.2 Advertising.....				1,869		1,869		
5.3 Postage, express, telegraph and telephone.....				.63		.63		
5.4 Printing and stationery.....						0		
5.5 Cost or depreciation of furniture and equipment.....				.2		.2		
5.6 Rental of equipment.....						0		
5.7 Cost or depreciation of EDP equipment and software.....				3,931		3,931		
6.1 Books and periodicals.....						0		
6.2 Bureau and association fees.....						0		
6.3 Insurance, except on real estate.....						0		
6.4 Miscellaneous losses.....						0		
6.5 Collection and bank service charges.....				391		391		
6.6 Sundry general expenses.....				401		401		
6.7 Group service and administration fees.....						0		
6.8 Reimbursements by uninsured plans.....						0		
7.1 Agency expense allowance.....						0		
7.2 Agents' balances charged off (less \$..... 0 recovered).....						0		
7.3 Agency conferences other than local meetings.....						0		
9.1 Real estate expenses.....						0		
9.2 Investment expenses not included elsewhere.....					3,094	3,094		
9.3 Aggregate write-ins for expenses.....	0	0	0		0	0		
10. General expenses Incurred.....	0	0	0	36,960	3,094	(a) 40,054		
11. General expenses unpaid December 31, prior year.....				.857		.857		
12. General expenses unpaid December 31, current year.....				71		.71		
13. Amounts receivable relating to uninsured plans, prior year.....						0		
14. Amounts receivable relating to uninsured plans, current year.....						0		
15. General expenses paid during year (Lines 10+11-12-13+14).....	0	0	0	37,746	3,094	40,840		

**DETAILS OF WRITE-INS**

09.301.....						0
09.302.....						0
09.303.....						0
09.398. Summary of remaining write-ins for Line 9.3 from overflow page.....	0	0	0	0	0	0
09.399. Totals (Lines 09.301 through 09.303 plus 09.398)(Line 9.3 above).....	0	0	0	0	0	0

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

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

	Insurance			4	5
	1 Life	2 Accident and Health	3 All Other Lines of Business		
1. Real estate taxes.....					0
2. State insurance department licenses and fees.....				34,245	34,245
3. State taxes on premiums.....				3,952	3,952
4. Other state taxes, including \$..... 0 for employee benefits.....				110	110
5. U.S. Social Security taxes.....				1,137	1,137
6. All other taxes.....				2,350	2,350
7. Taxes, licenses and fees incurred.....	0	0		41,794	41,794
8. Taxes, licenses and fees unpaid December 31, prior year.....				3,200	3,200
9. Taxes, licenses and fees unpaid December 31, current year.....				3,187	3,187
10. Taxes, licenses and fees paid during year (Lines 7 + 8 - 9).....	0	0	41,807	0	41,807

**EXHIBIT 4 - DIVIDENDS OR REFUNDS**

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

**DETAILS OF WRITE-INS**

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

**NONE**

**EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS**

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

**NONE**

**United Benefit Life Insurance Company**  
**EXHIBIT 5 - INTERROGATORIES**

1.1 Has the reporting entity ever issued both participating and non-participating contracts?  
 1.2 If not, state which kind is issued

Yes [ ] No [X]

2.1 Does the reporting entity at present issue both participating and non-participating contracts?  
 2.2 If not, state which kind is issued

Yes [ ] No [X]

3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements?  
 If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.

Yes [ ] No [X]



4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:  
 4.1 Amount of insurance: \$.....  
 4.2 Amount of reserve: \$.....  
 4.3 Basis of reserve:

4.4 Basis of regular assessments:

4.5 Basis of special assessments:

4.6 Assessments collected during year: \$.....

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

6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis?  
 6.1 If so, state the amount of reserve on such contracts on the basis actually held: \$.....

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

7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year?  
 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements: \$.....  
 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount:

7.3 State the amount of reserves established for this business: \$.....  
 7.4 Identify where the reserves are reported in the blank.

8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December of the current year?  
 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: \$.....  
 8.2 State the amount of reserves established for this business: \$.....  
 8.3 Identify where the reserves are reported in the blank:

9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year?  
 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: \$.....  
 9.2 State the amount of reserves established for this business: \$.....  
 9.3 Identify where the reserves are reported in the blank:

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

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

**NONE**

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

**Ex. 7 - Deposit-Type Contracts**  
**NONE**

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

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

**United Benefit Life Insurance Company**  
**EXHIBIT OF NONADMITTED ASSETS**

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

**DETAILS OF WRITE-INS**

1101.....			0
1102.....			0
1103.....			0
1198. Summary of remaining write-ins for Line 11 from overflow page.....	.0	.0	0
1199. Totals (Lines 1101 through 1103 plus 1198) (Line 11 above).....	.0	.0	0
2501. Premium Tax Refund.....		.2	.2
2502.....			0
2503.....			0
2598. Summary of remaining write-ins for Line 25 from overflow page.....	.0	.0	0
2599. Totals (Lines 2501 through 2503 plus 2598) (Line 25 above).....	.0	.2	.2

**NOTES TO FINANCIAL STATEMENTS****Note 1 – Summary of Significant Accounting Policies and Going Concern****A. Accounting Practices**

The financial statements of United Benefit Life Insurance Company ("UBLIC" or "the Company") are presented on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance.

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

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

	SSAP #	F/S Page	F/S Line #	2018	2017
<b>NET INCOME</b>					
(1) Company state basis (Page 4, Line 35, Columns 1 & 2)	XXX	XXX	XXX	\$ 148,600	\$ (24,066)
(2) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(3) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(4) NAIC SAP (1 – 2 – 3 = 4)	XXX	XXX	XXX	\$ 148,600	\$ (24,066)
<b>SURPLUS</b>					
(5) Company state basis (Page 3, Line 38, Columns 1 & 2)	XXX	XXX	XXX	\$ 3,070,832	\$ 2,922,230
(6) State Prescribed Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(7) State Permitted Practices that are an increase/(decrease) from NAIC SAP					
				\$	\$
(8) NAIC SAP (5 – 6 – 7 = 8)	XXX	XXX	XXX	\$ 3,070,832	\$ 2,922,230

**B. Use of Estimates in the Preparation of the Financial Statement**

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

**C. Accounting Policy**

The Company uses the following accounting policies:

## (1) Basis for Short-Term Investments

Short-term investments are stated at amortized cost.

## (2) Basis for Bonds and Amortization Schedule

Bonds not backed by other loans, rated 1 through 5 are stated at amortized cost using the interest method; those rated 6 are stated at lower of cost or market.

## (3) - (5)

Not applicable

## (6) Basis for Loan-Backed Securities and Adjustment Methodology

Loan-backed and Other Structured Securities. Loan-backed bonds and structured securities are valued at amortized cost using the constant level yield method. Significant changes in estimated cash flows from the original purchase assumptions are accounted for generally using the retrospective adjustment method. For loan-backed and structured securities that have potential for loss of a significant portion of the original investment, significant changes in estimated cash flows from the original purchase assumptions are accounted for using the prospective method. These securities are presented on the balance sheet as bonds.

Prepayment assumptions for loan-backed securities and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.

When the Company determines it does not expect to recover the amortized cost basis of loan-backed or structured securities with declines in fair value (even if it does not intend to sell and has the intent and ability to hold), the non-interest portion of the impairment loss is recognized in realized investment losses. The non-interest portion is the difference between the amortized cost basis of the loan-backed or structured security and the net present value of its expected future cash flows. Expected future cash flows are based on assumptions about the collateral attributes, including prepayment speeds, default rates and changes in value.

## (7) - (13)

Not applicable

**D. Going Concern**

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

**Note 2 – Accounting Changes and Correction of Errors**

Not applicable

**NOTES TO FINANCIAL STATEMENTS****Note 3 – Business Combinations and Goodwill**

Not applicable.

**Note 4 – Discontinued Operations**

Not applicable.

**Note 5 – Investments**

A. - C. Not applicable.

**D. Loan-Backed Securities****(1) Description of Sources Used to Determine Prepayment Assumptions**

Prepayment assumptions for loan-backed securities and other structured securities were obtained from external financial data sources. These assumptions are consistent with the current interest rate and economic environment.

**(2) Securities with Recognized Other-Than-Temporary Impairment**

The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the Company had the intent to sell or does not have the intent and ability to retain the investment for a period of time sufficient to recover the amortized cost basis as of December 31, 2018.

**(3) Recognized OTTI securities**

The Company had no loan-backed and structured securities with recognized other-than-temporary impairments where the present value of cash flow expected to be collected is less than the amortized cost basis as of December 31, 2018.

**(4) All impaired securities (fair value is less than cost or amortized cost) for which an other-than-temporary impairment has not been recognized in earnings as a realized loss (including securities with a recognized other-than-temporary impairment for non-interest related declines when a non-recognized interest related impairment remains):**

There were no loan-backed and structured securities with a fair value lower than amortized cost as of December 31, 2018.

**(5) Information Considered in Reaching Conclusion that Impairments are Not Other-Than-Temporary**

Management reviews loan-backed and structured securities with a decline in fair value from cost for impairment based on criteria that include:

- Length of time and severity of decline.
- Financial and specific near term prospects of the issuer.
- Changes in the regulatory, economic or general market environment of the issuer's industry or geographic region.
- The Company's intent to sell or the inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost.

E. - K Not applicable.

**L. Restricted Assets****(1) Restricted Assets (Including Pledged)**

Restricted Asset Category	Gross (Admitted & Nonadmitted) Restricted					Current Year					
	Current Year		3 Total Separate Account (S/A) Restricted Assets	4 S/A Assets Supporting G/A Activity (b)	5 Total (1 plus 3)	6 Total From Prior Year	7 Increase/ (Decrease) (5 minus 6)	8 Total Nonadmitted Restricted	9 Total Admitted Restricted (5 minus 8)	10 Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)	11 Admitted Restricted to Total Admitted Assets (d)
	1 Total General Account (G/A)	2 G/A Supporting S/A Activity (a)									
a. Subject to contractual obligation for which liability is not shown	\$	\$	\$	\$	\$	\$	\$	\$	\$	%	
b. Collateral held under security lending arrangements										%	
c. Subject to repurchase agreements										%	
d. Subject to reverse repurchase agreements										%	
e. Subject to dollar repurchase agreements										%	
f. Subject to dollar reverse repurchase agreements										%	
g. Placed under option contracts										%	
h. Letter stock or securities restricted as to sale – excluding FHLB capital stock										%	
i. FHLB capital stock										%	
j. On deposit with states	1,776,227				1,776,227	1,778,419	(2,192)		1,776,227	57.0%	
k. On deposit with other regulatory bodies										%	
l. Pledged as collateral to FHLB (including assets backing funding agreements)										%	
m. Pledged as collateral not captured in other										%	

**NOTES TO FINANCIAL STATEMENTS**

Restricted Asset Category	Gross		(Admitted & Nonadmitted)		Restricted		6	7	8	Current Year				
	Current Year		Nonadmitted		Restricted					Percentage				
	1	2	3	Total Separate Account (S/A) Restricted Assets	4	5				10	11			
Total General Account (G/A)		G/A Supporting S/A Activity (a)					Total From Prior Year	Increase/(Decrease) (5 minus 6)	Total Nonadmitted Restricted	Total Admitted Restricted (5 minus 8)	Gross (Admitted & Nonadmitted) Restricted to Total Assets (c)			
categories											Admitted Restricted to Total Admitted Assets (d)			
n. Other restricted assets											%			
o. Total Restricted Assets	\$ 1,776,227		\$	\$	\$ 1,776,227	\$ 1,778,419	\$ (2,192)	\$	\$ 1,776,227	57.0%	57.0%			

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

(2) - (4) Not applicable

M. - R Not applicable

#### Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable.

#### Note 7 – Investment Income

- A. The bases, by category of investment income, for excluding (nonadmitting) any investment income due and accrued: Bonds - When investment income due and accrued exceeds 90 days past due.
- B. The total amount excluded: No income was excluded for the years ended December 31, 2018 and 2017.

#### Note 8 – Derivative Instruments

Not applicable.

#### Note 9 – Income Taxes

- A. Deferred Tax Assets/(Liabilities)

##### 1. Components of Net Deferred Tax Asset/(Liability)

	2018			2017			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Gross deferred tax assets	\$ 178,071	\$	\$ 178,071	\$ 341,238	\$	\$ 341,238	\$ (163,167)	\$	\$ (163,167)
b. Statutory valuation allowance adjustment	178,071		178,071	341,238		341,238	(163,167)		(163,167)
c. Adjusted gross deferred tax assets (1a-1b)	\$	\$	\$	\$	\$	\$	\$	\$	\$
d. Deferred tax assets nonadmitted									
e. Subtotal net admitted deferred tax asset (1c-1d)	\$	\$	\$	\$	\$	\$	\$	\$	\$
f. Deferred tax liabilities									
g. Net admitted deferred tax assets/(net deferred tax liability) (1e-1f)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

##### 2. Admission Calculation Components SSAP No. 101

	2018			2017			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
a. Federal income taxes paid in prior years recoverable through loss carrybacks	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Adjusted gross deferred tax assets expected to be realized (excluding the amount of deferred tax assets from 2(a) above) after application of the threshold limitation. (The lesser of 2(b)1 and 2(b)2 below:									

**NOTES TO FINANCIAL STATEMENTS**

	2018			2017			Change		
	1 Ordinary	2 Capital	3 (Col 1+2) Total	4 Ordinary	5 Capital	6 (Col 4+5) Total	7 (Col 1-4) Ordinary	8 (Col 2-5) Capital	9 (Col 7+8) Total
Adjusted gross deferred tax assets expected to be realized following the balance sheet date									
Adjusted gross deferred tax assets allowed per limitation threshold			460,625			438,335			22,290
c. Adjusted gross deferred tax assets (excluding the amount of deferred tax assets from 2(a) and 2(b) above) offset by gross deferred tax liabilities									
d. Deferred tax assets admitted as the result of application of SSAP 101. Total (2(a)+2(b)+2(c)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

## 3. Other Admissibility Criteria

		2018	2017
a. Ratio percentage used to determine recovery period and threshold limitation amount		30,094.0%	32,336.0%
b. Amount of adjusted capital and surplus used to determine recovery period and threshold limitation in 2(b)2 above	\$ 3,070,832	\$ 2,922,230	

## 4. Impact of Tax Planning Strategies

## (a) Determination of adjusted gross deferred tax assets and net admitted deferred tax assets, by tax character as a percentage.

	2018		2017		Change	
	1 Ordinary	2 Capital	3 Ordinary	4 Capital	5 (Col. 1-3) Ordinary	6 (Col. 2-4) Capital
1. Adjusted gross DTAs amount from Note 9A1(c)	\$	\$	\$	\$	\$	\$
2. Percentage of adjusted gross DTAs by tax character attributable to the impact of tax planning strategies	0 %	0 %	0 %	0 %	0 %	0 %
3. Net Admitted Adjusted Gross DTAs amount from Note 9A1(e)	\$	\$	\$	\$	\$	\$
4. Percentage of net admitted adjusted gross DTAs by tax character admitted because of the impact of tax planning strategies	%	%	%	%	%	%

(b) Does the company's tax planning strategies include the use of reinsurance? NO

## B. Deferred Tax Liabilities Not Recognized

All deferred tax liabilities have been properly recognized.

## C. Current and Deferred Income Taxes

## 1. Current Income Tax

	1 2018	2 2017	3 (Col 1-2) Change
a. Federal	\$ (167,966)	\$	\$ (167,966)
b. Foreign			
c. Subtotal	(167,966)		(167,966)
d. Federal income tax on net capital gains			
e. Utilization of capital loss carry-forwards			
f. Other			
g. Federal and Foreign income taxes incurred	\$ (167,966)	\$	\$ (167,966)

**NOTES TO FINANCIAL STATEMENTS**

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

## 2. Deferred Tax Assets

	1 2018	2 2017	3 (Col 1-2) Change
a. Ordinary:			
1. Discounting of unpaid losses	\$	\$	\$
2. Unearned premium reserve			
3. Policyholder reserves			
4. Investments			
5. Deferred acquisition costs			
6. Policyholder dividends accrual			
7. Fixed assets			
8. Compensation and benefits accrual			
9. Pension accrual			
10. Receivables - nonadmitted			
11. Net operating loss carry-forward	8,204	151,771	(143,567)
12. Tax credit carry-forward			
13. Other (items <=5% and >5% of total ordinary tax assets)	169,867	189,467	(19,600)
Other (items listed individually >5% of total ordinary tax assets)			
Goodwill and Intangibles	169,867	189,467	(19,600)
99. Subtotal	178,071	341,238	(163,167)
b. Statutory valuation allowance adjustment	178,071	341,238	(163,167)
c. Nonadmitted			
d. Admitted ordinary deferred tax assets (2a99-2b-2c)	0	0	0
e. Capital:			
1. Investments			
2. Net capital loss carry-forward			
3. Real estate			
4. Other (items <=5% and >5% of total capital tax assets)			
Other (items listed individually >5% of total capital tax assets)			
99. Subtotal			
f. Statutory valuation allowance adjustment			
g. Nonadmitted			
h. Admitted capital deferred tax assets (2e99-2f-2g)			
i. Admitted deferred tax assets (2d+2h)	\$ 0	\$ 0	\$ 0

## 3. Deferred Tax Liabilities

	1 2018	2 2017	3 (Col 1-2) Change
a. Ordinary:			
1. Investments	\$ 0	\$ 0	\$ 0
2. Fixed assets			
3. Deferred and uncollected premium			
4. Policyholder reserves			
5. Other (items <=5% and >5% of total ordinary tax liabilities)			
Other (items listed individually >5% of total ordinary tax liabilities)			
99. Subtotal			
b. Capital:			
1. Investments			
2. Real estate			
3. Other (Items <=5% and >5% of total capital tax liabilities)			
Other (items listed individually >5% of total capital tax liabilities)			
99. Subtotal			
c. Deferred tax liabilities (3a99+3b99)	\$ 0	\$ 0	\$ 0
4. Net Deferred Tax Assets (2i - 3c)	\$ 0	\$ 0	\$ 0

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

	1 2018	2 2017	3 (Col 1-2) Change
Total deferred tax assets	\$ 178,071	\$ 341,238	\$ (163,167)
Total deferred tax liabilities	0	0	0
Net deferred tax asset/liabilities	178,071	341,238	(163,167)
Statutory valuation allowance adjustment	(178,071)	(341,238)	163,167
Net deferred tax assets/liabilities after SVA	(0)	0	(0)
Tax effect of unrealized gains (losses)			
Statutory valuation allowance adjustment allocated to unrealized			
Other intraperiod allocation of deferred tax movement			

**NOTES TO FINANCIAL STATEMENTS**

	1 2018	2 2017	3 (Col 1-2) Change
Change in net deferred income tax			(0)

## D. Reconciliation of Federal Income Tax Rate to Actual Effective Rate Among the more significant book to tax adjustments were the following:

	Amount	Effective Tax Rate (%)
<b>Permanent Differences:</b>		
Provision computed at statutory rate	\$ (4,067)	21.0%
Statutory valuation allowance adjustment	(163,167)	842.5%
Amortization of interest maintenance reserve	(745)	3.8%
Other, net	13	0.1%
<b>Total</b>	<b>(167,966)</b>	<b>867.4 %</b>
Federal and foreign income taxes incurred	(167,966)	867.4 %
Change in deferred income taxes	0	0.0 %
<b>Total statutory income taxes</b>	<b>(167,966)</b>	<b>867.4 %</b>

## E. Operating Loss Carryfowards and Income Taxes Available for Recoupment

1. The amounts, origination dates and expiration dates of operating loss and tax credit carry forwards available for tax purposes:  
At December 31, 2018, the Company has no net operating loss carry forward and no capital loss carry forward.
2. With the signing of tax reform legislation on December 22, 2017, life insurance companies are no longer able to carryback future net operating losses effective with tax years beginning 1/1/2018. Capital losses were not impacted as a result of tax reform and may still be carried back. Capital taxes available for recoupment in the event of future losses include:

Year	Amounts
2016	\$0
2017	\$0
2018	\$0

3. The Company's aggregate amount of deposits admitted under Section 6603 of the Internal Revenue Service Code

Not applicable

## F. Consolidated Federal Income Tax Return

1. Prior to 2018, the Company's federal income tax return was filed on a stand-alone basis. Effective for the 2018 tax year, the Company will be included in the Cigna consolidated federal income tax return with the following subsidiaries of Cigna:

Accredo Health Group, Inc.	CIGNA Healthcare of California Inc	Express Scripts Sales Operations, Inc.
Accredo Health, Inc.	CIGNA Healthcare of Colorado Inc	Express Scripts Senior Care Holdings, Inc.
AHG of New York, Inc.	CIGNA Healthcare of Connecticut Inc	Express Scripts Senior Care, Inc.
Allegiance Benefit Plan Management Inc	CIGNA Healthcare of Florida Inc	Express Scripts Services Company, Inc.
Allegiance Cobra Services Inc	CIGNA Healthcare of Georgia Inc	Express Scripts Specialty Distribution Services, Inc.
Allegiance Life & Health Insurance Co	CIGNA Healthcare of Illinois Inc	Express Scripts Strategic Development, Inc.
Allegiance Re Inc	CIGNA Healthcare of Indiana Inc	Express Scripts Utilization Management, Inc.
American Retirement Life Insurance Company	CIGNA Healthcare of Maine Inc	Express Scripts, Inc.
Arizona Healthplan Inc	CIGNA Healthcare of Massachusetts Inc	Former CIGNA Investments Inc
Benefit Management Corp	CIGNA Healthcare of New Hampshire Inc	Freco, Inc.
BioPartners in Care, Inc.	CIGNA Healthcare of New Jersey Inc	GreatWest Healthcare of Illinois Inc
Bravo Health Mid-Atlantic, Inc.	CIGNA Healthcare of North Carolina Inc	Hazard Center Investment Co LLC
Bravo Health Pennsylvania, Inc.	CIGNA Healthcare of Pennsylvania Inc	Healthbridge Reimbursement & Product Support, Inc.
Brighter, Inc.	CIGNA Healthcare of South Carolina	Healthbridge, Inc.
Care Continuum, Inc.	CIGNA Healthcare of St Louis Inc	Healthsource Benefits Inc
CareAllies, Inc.	CIGNA Healthcare of Tennessee Inc	Healthsource Inc
CG Individual Tax Benefit Payments Inc	CIGNA Healthcare of Texas Inc	Healthsource Properties Inc
CG Life Pension Benefit Payments Inc	CIGNA Healthcare of Utah Inc	Healthspring Life & Health Insurance Company
CG LINA Pension Benefit Payments Inc	Cigna Holding Company	Healthspring of Florida, Inc.
CIGNA Arbor Life Insurance Company	CIGNA Holdings Inc	Healthspring, Inc.
CIGNA Behavioral Health Inc	CIGNA Holdings Overseas Inc	IHN Inc.
CIGNA Behavioral Health of California Inc	CIGNA Integrated Care Inc	Intermountain Underwriters Inc
CIGNA Behavioral Health of Texas	CIGNA Intellectual Property Inc	Kronos Optimal Health Company
Cigna Benefit Technology Solutions, Inc.	CIGNA International Corporation	Life Ins Co of North America
CIGNA Benefits Financing, Inc.	CIGNA International Finance Inc	LINA Benefit Payments Inc
CIGNA Dental Health Inc	CIGNA International Services Inc	Loyal American Life Insurance Company
CIGNA Dental Health of California Inc	CIGNA Investment Group Inc	Lynnfield Compounding Center, Inc.
CIGNA Dental Health of Colorado Inc	CIGNA Investments Inc	Lynnfield Drug, Inc.
CIGNA Dental Health of Delaware Inc	CIGNA Life Insurance Company of New York	MAH Pharmacy, LLC
CIGNA Dental Health of Florida Inc	Cigna Linden Holdings Inc	Managed Care Consultants Inc

**NOTES TO FINANCIAL STATEMENTS**

CIGNA Dental Health of Illinois Inc	CIGNA Managed Care Benefits Company	Matrix Healthcare Services, Inc.
CIGNA Dental Health of Kansas Inc	Cigna National Health Insurance Company	MCC Independent Practice Assoc of New York Inc
CIGNA Dental Health of Kentucky Inc	Cigna Poplar Holdings Inc	Medco Containment Insurance Company of New York
CIGNA Dental Health of Maryland Inc	CIGNA RE Corporation	Medco Containment Life Insurance Company
CIGNA Dental Health of Missouri Inc	CIGNA Resource Manager Inc	Medco Health Puerto Rico, LLC
CIGNA Dental Health of New Jersey Inc	CIGNA Worldwide Insurance Company	Medco Health Services, Inc.
CIGNA Dental Health of North Carolina Inc	Connecticut General Benefit Payments Inc.	Medco Health Solutions, Inc.
CIGNA Dental Health of Ohio Inc	Connecticut General Corporation	Medco of Willingboro Urban Renewal, LLC
CIGNA Dental Health of Pennsylvania Inc	Connecticut General Life Insurance Company	Mediversal Inc
CIGNA Dental Health of Texas Inc	Curascript, Inc.	Oz Parent, Inc.
CIGNA Dental Health of Virginia Inc	Diversified NY IPA, Inc.	Priority Healthcare Corporation
CIGNA Dental Healthplan of Arizona Inc	Diversified Pharmaceutical Services, Inc.	Priority Healthcare Distribution, Inc.
CIGNA Direct Marketing Company Inc.	ESI GP Holdings, Inc.	Provident American Life and Health Insurance Company
CIGNA Federal Benefits Inc	ESI Mail Order Processing, Inc.	QUALCARE ALLIANCE NETWORKS, INC.
CIGNA Global Holdings Inc	ESI Mail Pharmacy Service, Inc.	QUALCARE CAPTIVE INSURANCE COMPANY INC., PCC
CIGNA Global Insurance Compay Limited	eviCore 1, Inc.	QUALCARE, INC.
CIGNA Global Reinsurance Company LTD	eviCore 2, Inc.	Sagamore Health Network Inc
CIGNA Health and Life Insurance Company	eviCore 3, Inc.	SCIBAL ASSOCIATES, INC.
CIGNA Health Corporation	eviCore 4, Inc.	Spectracare Health Care Ventures, Inc.
CIGNA Health Management Inc	Express Reinsurance Company	SpectraCare, Inc.
CIGNA Healthcare Benefits Inc	Express Scripts Administrators, LLC	Tel-Drug Inc
CIGNA Healthcare Holdings Inc	Express Scripts Canada Holding Company	UBC Late Stage, Inc.
CIGNA Healthcare Inc	Express Scripts Holding Company, Inc.	United Benefit Life Insurance Company
CIGNA Healthcare Mid-Atlantic Inc	Express Scripts Pharmaceutical Procurement, LLC	United BioSource Patient Solutions, Inc.
CIGNA Healthcare of Arizona Inc	Express Scripts Pharmacy, Inc.	Universal Claims Administration

## 2. The manner in which the Board of Directors sets forth for allocating the consolidated federal income tax:

Effective for the tax year ending in 2018, the Company became party to Cigna's Consolidated Federal Income Tax Agreement (the Agreement). The Agreement sets forth the method of allocation of Cigna's federal income taxes to its wholly-owned domestic subsidiaries subject to the Agreement. The Agreement provides for immediate reimbursement to companies with net operating losses to the extent that their losses are utilized to reduce consolidated taxable income; while those companies with current taxable income as calculated under federal separate return provisions, are liable for payments determined as if they had each filed a separate return. However, current credit is given for any foreign tax credit, operating loss, or investment tax credit carryovers actually utilized in the current consolidated return.

## G.

## Federal or Foreign Federal Income Tax Loss Contingencies:

(1) The statute of limitations for the Company's income tax returns through 2014 have closed, and there are no pending examinations.

(2) In management's opinion the Company has adequate tax liabilities to address potential exposures involving tax positions the Company has taken that may be challenged by the IRS upon audit. These liabilities could be revised in the near term if estimates of the Company's ultimate liability change as a result of new developments or change in circumstances. No material contingent tax liability is included in the Company's current federal income tax payable. The Company does not expect a significant increase in federal contingent tax liability within the next twelve months.

## H - I. Not applicable

**Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties**

## A. - C.

On February 19, 2013, the Company entered into a line of credit agreement with Cigna Holdings, Inc. ("CHI") under which UBLIC can borrow up to \$10,000,000 from CHI. The agreement provides for two rate/maturity options; a) a variable rate payable on demand or b) a fixed rate with a stated maturity not to exceed 270 days. UBLIC did not borrow under this agreement in 2018.

On February 19, 2013, the Company also entered into a line of credit agreement with Cigna under which Cigna can borrow up to \$10,000,000 from UBLIC. Borrowing terms under this agreement are identical to the terms under the UBLIC/CHI agreement discussed above. Cigna did not borrow under this agreement in 2018.

## D. Amounts Due From or To Related Parties

At December 31, 2018, the Company reported \$7,330 due to affiliated companies. The terms of the agreements require that these amounts be settled within 90 days.

## E. Guarantees or Undertakings

Not Applicable

## F. Material Management or Service Contracts and Cost-Sharing Arrangements

(1) The Company's investment portfolio is managed by Cigna Investments, Inc. ("CII"). The Company paid \$3,094 in 2018, related to those services.

(2) The Company and certain related parties have entered into service contracts and cost-sharing arrangements, including an expense sharing agreement in

**NOTES TO FINANCIAL STATEMENTS**

which the parties share expenses for certain shared services. These arrangements include management services, computers, data processing and other services, as well as equipment, supplies and office space. Expenses incurred under these arrangements were \$ 21,966 in 2018.

## G. Nature of the Control Relationship

All of The Company's outstanding shares are owned by Provident American Life & Health Insurance Company, an Ohio domiciled insurance company, whose ultimate parent is Cigna Corporation, a Delaware domiciled insurance holding company.

## H. - O. Not applicable

**Note 11 – Debt**

Not applicable

**Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

## A. - F. Not applicable

## G. Consolidated/Holding Company Plans

## (1) Employees' Retirement Plan:

a) Effective January 1, 2013, the Company participates in the Cigna 401(k) Plan (the Savings Plan) that is sponsored by Cigna. Employees are eligible to participate in the Savings Plan immediately upon hire; however, a one-year service requirement must be met to receive company contributions. Expense allocated to the Company was \$ 552 in 2018.

b) Salaried officers and other key employees of the Company are eligible to be awarded shares of Cigna Common Stock in the form of stock options, restricted stock grants, dividend equivalent rights and grants of Cigna Common Stock in lieu of cash payable under various plans.

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

In 2013, the Committee awarded restricted stock and strategic performance shares to eligible officers and employees under various plans. There was \$ 196 cost allocated to the Company under these plans in 2018.

## (2) Deferred Compensation Plans:

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

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

The Company has not incurred any obligation under the Plan as of December 31, 2018.

## H. - I. Not applicable

**Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations**

## (1) Number of Share and Par or State Value of Each Class

The Company has 1,000 shares authorized and 1,000 shares issued and outstanding which are Class A shares.

## (2) Dividend Rate, Liquidation Value and Redemption Schedule of Preferred Stock Issues

Not applicable

## (3) Dividend Restrictions

The maximum amount of dividends which can be paid to stockholders by life insurance companies domiciled in the State of Ohio without prior approval of the Insurance Commissioner is the greater of 10% of surplus as regards to policyholders or net income as of the preceding December 31, but only to the extent of earned surplus as of the preceding December 31.

## (4) Dates and Amounts of Dividends Paid

Not applicable

## (5) Profits that may be Paid as Ordinary Dividends to Stockholders

The amount available to dividend in 2019 without prior approval of the Ohio Department of Insurance is \$0 based on earned surplus.

## (6) - (13) Not applicable

**Note 14 – Liabilities, Contingencies and Assessments**

## A. Not applicable

## B. Assessments

**NOTES TO FINANCIAL STATEMENTS****(1) Assessments Where Amount is Known or Unknown**

The Company operates in a regulatory environment that may result in it being assessed by various state insurance guaranty funds to help pay for the cost of other insurance companies' insolvencies. These assessments are generally recoverable in most states over a 3 to 10 year period through reduction in future premium tax liabilities. At December 31, 2018, the Company had a \$942 guaranty fund receivable.

**(2) - (3) Not applicable****C. - E. Not applicable****F. All Other Contingencies  
Other Legal Matters**

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

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

Litigation with Anthem. In February 2017, Cigna delivered a notice to Anthem terminating the 2015 merger agreement, and notifying Anthem that it must pay Cigna the \$1.85 billion reverse termination fee pursuant to the terms of the merger agreement. Also in February 2017, Cigna filed suit against Anthem in the Delaware Court of Chancery (the "Chancery Court"). Seeking declaratory judgments that Cigna's termination of the merger agreement was valid and that Anthem was not permitted to extend the termination date. The complaint sought payment of the reverse termination fee and additional damages in an amount exceeding \$13 billion, including the lost premium value to Cigna's shareholders caused by Anthem's willful breaches of the merger agreement.

Also in February 2017, Anthem filed a lawsuit in the Chancery Court against Cigna seeking (i) a temporary restraining order to enjoin Cigna from terminating and taking any action contrary to the terms of the merger agreement, (ii) specific performance compelling Cigna to comply with the merger agreement and (iii) damages.

On February 15, 2017, the Chancery Court granted Anthem's motion for a temporary restraining order and temporarily enjoined Cigna from terminating the merger agreement. In May 2017, the Chancery Court denied Anthem's motion for a preliminary injunction to enjoin Cigna from terminating the merger agreement but stayed its ruling pending Anthem's determination as to whether to seek an appeal. Anthem subsequently notified Cigna and the Chancery Court that it did not intend to appeal the Chancery Court's decision. As a result, the merger agreement was terminated.

The litigation between the parties remains pending. Trial is scheduled for February 2019. Cigna believes in the merits of their claims and disputes Anthem's claims, and intends to vigorously defend themselves and pursue its claims. The outcomes of lawsuits are inherently unpredictable, and Cigna may be unsuccessful in the ongoing litigation or any future claims or litigation.

**Note 15 – Leases**

Not applicable

**Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk**

Not applicable

**Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

Not applicable

**Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

Not applicable

**Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

Not applicable

**Note 20 – Fair Value Measurements****A. Fair Value Measurements**

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

Updates to SSAP 100 that became effective on January 1, 2018 allow the use of net asset value (NAV) as a practical expedient to fair value for investments in investment companies where there is no readily determinable fair value. There were no such investments owned by the Company for either period presented.

**Level 1** Inputs for instruments classified in Level 1 include unadjusted quoted prices for identical assets in active markets accessible at the measurement date. Active markets provide pricing data for trades occurring at least weekly and include exchanges and dealer markets.

**Level 2** Inputs for instruments classified in Level 2 include quoted prices for similar assets in active markets, quoted prices from those

**NOTES TO FINANCIAL STATEMENTS**

willing to trade in markets that are not active, or other inputs that are market observable or can be corroborated by market data for the term of the instrument. Such other inputs include market interest rates and volatilities, spreads and yield curves. An instrument is classified in Level 2 if the Company determines that unobservable inputs are insignificant. Level 2 assets primarily include corporate bonds valued using recent trades of similar securities or pricing models that discount future cash flows at estimated market interest rates.

Level 3      Certain inputs for instruments classified in Level 3 are unobservable (supported by little or no market activity) and significant to their resulting fair value measurement. Unobservable inputs reflect the Company's best estimate of what hypothetical market participants would use to determine a transaction price for the asset or liability at the reporting date.

- (1) Fair Value Measurements at Reporting Date  
None
- (2) Fair Value Measurements in (Level 3) of the Fair Value Hierarchy  
None
- (3) Policies when Transfers Between Levels are Recognized  
None
- (4) Description of Valuation Techniques and Inputs Used in Fair Value Measurement  
No financial instruments at fair value
- (5) Fair Value Disclosures  
None.

**B. Fair Value Reporting under SSAP 100 and Other Accounting Pronouncements**

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

**C. Fair Value Level**

The following tables provide the fair value, carrying value, and classification in the fair value hierarchy of the Company's financial instruments as of December 31, 2018 and 2017.

Type of Financial Instrument	Aggregate Fair Value	Admitted Assets	(Level 1)	(Level 2)	(Level 3)	Net Asset Value (NAV)	Not Practicable (Carrying Value)
December 31, 2018	\$ 2,545,094	\$ 2,586,288	\$ 2,545,094	\$	\$	\$	\$
Bonds	\$ 2,545,094	\$ 2,586,288	\$ 2,545,094	\$	\$	\$	\$
Cash, Cash Equivalents, and Short-Term Investments	\$ 345,641	\$ 345,641	\$ 291,840	\$ 53,801	\$	\$	\$
Total	\$ 2,890,735	\$ 2,931,929	\$ 2,836,934	\$ 53,801	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
December 31, 2017	\$	\$	\$	\$	\$	\$	\$
Bonds	\$ 2,569,545	\$ 2,588,568	\$ 2,569,545	\$	\$	\$	\$
Cash, Cash Equivalents, and Short-Term Investments	\$ 598,795	\$ 598,795	\$ 346,828	\$ 251,967	\$	\$	\$
Total	\$ 3,168,340	\$ 3,187,363	\$ 2,916,373	\$ 251,967	\$	\$	\$

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

**Bonds**

The Company estimates fair values using prices from third parties or internal pricing methods. Fair value estimates received from third-party pricing services are based on reported trade activity and quoted market prices when available, and other market information that a market participant may use to estimate fair value. Such other inputs include market interest rates and volatilities, spreads, and yield curves. The internal pricing methods are performed by the Company's investment professionals and generally involve using discounted cash flow analyses, incorporating current market inputs for similar financial instruments with comparable terms and credit quality, as well as other qualitative factors. In instances where there is little or no market activity for the same or similar instruments, the fair value is estimated using methods, models, and assumptions that the Company believes a hypothetical market participant would use to determine a current transaction price.

**Short-Term Investments, Cash Equivalents, and Cash**

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

**D. Not Practicable to Estimate Fair Value**

None.

**E. NAV Practical Expedient Investments**

None

**Note 21 – Other Items**

**A. - B. Not applicable**

**C. Other Disclosures**

Assets in the amount of \$1,776,227 and \$1,778,419 at December 31, 2018 and 2017, respectively, were on deposit with government authorities or trustees as

**NOTES TO FINANCIAL STATEMENTS**

required by law.

D. - H. Not applicable

**Note 22 – Events Subsequent**

Management has evaluated the financial statements for subsequent events through February 26, 2019, the date financial statements were available to be issued.

**Note 23 – Reinsurance**

A. Ceded Reinsurance Report

**Section1 – General Interrogatories**

(1) Are any of the reinsurers listed in Schedule S as non-affiliated, owned in excess of 10% or controlled, either directly or indirectly, by the company or by any representative, officer, trustee, or director of the company? Yes [ ] No [X]  
If yes, give full details.

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

**Section 2 – Ceded Reinsurance Report – Part A**

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

(2) Does the reporting entity have any reinsurance agreements in effect such that the amount of losses paid or accrued through the statement date may result in a payment to the reinsurer of amounts that, in aggregate and allowing for offset of mutual credits from other reinsurance agreements with the same reinsurer, exceed the total direct premium collected under the reinsured policies? Yes [ ] No [X]  
If yes, give full details.

**Section 3 – Ceded Reinsurance Report – Part B**

(1) What is the estimated amount of the aggregate reduction in surplus, (for agreements other than those under which the reinsurer may unilaterally cancel for reasons other than for nonpayment of premium or other similar credits that are reflected in Section 2 above) of termination of ALL reinsurance agreements, by either party, as of the date of this statement? Where necessary, the company may consider the current or anticipated experience of the business reinsured in making this estimate. **\$NONE**

(2) Have any new agreements been executed or existing agreements amended, since January 1 of the year of this statement, to include policies or contracts that were in force or which had existing reserves established by the company as of the effective date of the agreement? Yes [ ] No [X]  
If yes, what is the amount of reinsurance credits, whether an asset or a reduction of liability, taken for such new agreements or amendments? \$

B. - G Not applicable

**Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination**

Not applicable

**Note 25 – Change in Incurred Losses and Loss Adjustment Expenses**

Not applicable

**Note 26 – Intercompany Pooling Arrangements**

Not applicable

**Note 27 – Structured Settlements**

Not applicable

**Note 28 – Health Care Receivables**

Not applicable

**Note 29 – Participating Policies**

Not applicable

**Note 30 – Premium Deficiency Reserves**

Not applicable

**Note 31 – Reserves for Life Contracts and Annuity Contracts**

Not applicable

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## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 32 – Analysis of Annuity Actuarial Reserves and Deposit Type Liabilities by Withdrawal Characteristics**

Not applicable

### **Note 33 – Premium and Annuity Considerations Deferred and Uncollected**

Not applicable

### **Note 34 – Separate Accounts**

Not applicable

### **Note 35 – Loss/Claim Adjustment Expenses**

Not applicable

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES****GENERAL**

1.1 Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer? Yes [X] No [ ]  
If yes, complete Schedule Y, Parts 1, 1A and 2.

1.2 If yes, did the reporting entity register and file with its domiciliary State Insurance Commissioner, Director or Superintendent or with such regulatory official of the state of domicile of the principal insurer in the Holding Company System, a registration statement providing disclosure substantially similar to the standards adopted by the National Association of Insurance Commissioners (NAIC) in its Model Insurance Holding Company System Regulatory Act and model regulations pertaining thereto, or is the reporting entity subject to standards and disclosure requirements substantially similar to those required by such Act and regulations? Yes [X] No [ ] N/A [ ]

1.3 State regulating? Ohio Yes [X] No [ ]

1.4 Is the reporting entity publicly traded or a member of publicly traded group? Yes [X] No [ ]  
If the response to 1.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group. 701221

2.1 Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity? Yes [ ] No [X]

2.2 If yes, date of change:  
3.1 State as of what date the latest financial examination of the reporting entity was made or is being made. 12/31/2018

3.2 State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released. 12/31/2013

3.3 State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date). 04/20/2015

3.4 By what department or departments? Ohio Department of Insurance Yes [ ] No [ ] N/A [X]

3.5 Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with departments? Yes [ ] No [ ] N/A [X]

3.6 Have all of the recommendations within the latest financial examination report been complied with? Yes [ ] No [ ] N/A [X]

4.1 During the period covered by this statement, did any agent, broker, sales representative, non-affiliated sales/service organization or any combination thereof under common control (other than salaried employees of the reporting entity) receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.11 sales of new business? Yes [ ] No [X]  
4.12 renewals? Yes [ ] No [X]

4.2 During the period covered by this statement, did any sales/service organization owned in whole or in part by the reporting entity or an affiliate, receive credit or commissions for or control a substantial part (more than 20 percent of any major line of business measured on direct premiums) of:  
4.21 sales of new business? Yes [ ] No [X]  
4.22 renewals? Yes [ ] No [X]

5.1 Has the reporting entity been a party to a merger or consolidation during the period covered by this statement? Yes [ ] No [X]  
If the answer is YES, complete and file the merger history data file with the NAIC.

5.2 If yes, provide the name of entity, NAIC company code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

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

6.1 Has the reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period? Yes [ ] No [X]

6.2 If yes, give full information:  
7.1 Does any foreign (non-United States) person or entity directly or indirectly control 10% or more of the reporting entity? Yes [ ] No [X]

7.2 If yes,  
7.21 State the percentage of foreign control \_\_\_\_\_ %  
7.22 State the nationality(s) of the foreign person(s) or entity(s); or if the entity is a mutual or reciprocal, the nationality of its manager or attorney-in-fact and identify the type of entity(s) (e.g., individual, corporation, government, manager or attorney-in-fact).

1 Nationality	2 Type of Entity

8.1 Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board? Yes [ ] No [X]

8.2 If response to 8.1 is yes, please identify the name of the bank holding company.

8.3 Is the company affiliated with one or more banks, thrifts or securities firms? Yes [ ] No [X]

8.4 If the response to 8.3 is yes, please provide below the names and locations (city and state of the main office) of any affiliates regulated by a federal financial regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

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

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

10.1 Has the insurer been granted any exemptions to the prohibited non-audit services provided by the certified independent public accountant requirements as allowed in Section 7H of the Annual Financial Reporting Model Regulation (Model Audit Rule), or substantially similar state law or regulation? Yes [ ] No [X]

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

10.3 Has the insurer been granted any exemptions related to other requirements of the Annual Financial Reporting Model Regulation as allowed for in Section 18A of the Model Regulation, or substantially similar state law or regulation? Yes [ ] No [X]

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

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

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

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

11. What is the name, address and affiliation (officer/employee of the reporting entity or actuary/consultant associated with an actuarial consulting firm) of the individual providing the statement of actuarial opinion/certification?  
Susan Eadaoine Buck, ASA, MAAA, CERA, Appointed Actuary, 11200 Lakeline Blvd, Suite 100, Austin, TX 78717

12.1 Does the reporting entity own any securities of a real estate holding company or otherwise hold real estate indirectly? Yes [ ] No [X]

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

12.2 If yes, provide explanation

13. **FOR UNITED STATES BRANCHES OF ALIEN REPORTING ENTITIES ONLY:**

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

13.2 Does this statement contain all business transacted for the reporting entity through its United States Branch on risks wherever located? Yes [ ] No [ ]

13.3 Have there been any changes made to any of the trust indentures during the year? Yes [ ] No [ ]

13.4 If answer to (13.3) is yes, has the domiciliary or entry state approved the changes? Yes [ ] No [ ] N/A [X]

14.1 Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? Yes [X] No [ ]

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

14.11 If the response to 14.1 is no, please explain:

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

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

14.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

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

15.1 Is the reporting entity the beneficiary of a Letter of Credit that is unrelated to reinsurance where the issuing or confirming bank is not on the SVO Bank List? Yes [ ] No [X]

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

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

**BOARD OF DIRECTORS**

16. Is the purchase or sale of all investments of the reporting entity passed upon either by the Board of Directors or a subordinator committee thereof? Yes [X] No [ ]

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

18. Has the reporting entity an established procedure for disclosure to its Board of Directors or trustees of any material interest or affiliation on the part of any of its officers, directors, trustees or responsible employees that is in conflict or is likely to conflict with the official duties of such person? Yes [X] No [ ]

**FINANCIAL**

19. Has this statement been prepared using a basis of accounting other than Statutory Accounting Principles (e.g., Generally Accepted Accounting Principles)? Yes [ ] No [X]

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

20.11 To directors or other officers	\$ 0
20.12 To stockholders not officers	\$ 0
20.13 Trustees, supreme or grand (Fraternal only)	\$ 0

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

20.21 To directors or other officers	\$ 0
20.22 To stockholders not officers	\$ 0
20.23 Trustees, supreme or grand (Fraternal only)	\$ 0

21.1 Were any assets reported in this statement subject to a contractual obligation to transfer to another party without the liability for such obligation being reported in the statement? Yes [ ] No [X]

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

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

22.1 Does this statement include payments for assessments as described in the *Annual Statement Instructions* other than guaranty fund or guaranty association assessments? Yes [ ] No [X]

22.2 If answer is yes:

22.21 Amount paid as losses or risk adjustment	\$ 0
22.22 Amount paid as expenses	\$ 0
22.23 Other amounts paid	\$ 0

23.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

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

\$ \_\_\_\_\_ 0

**INVESTMENT**

24.01 Were all the stocks, bonds and other securities owned December 31 of current year, over which the reporting entity has exclusive control, in the actual possession of the reporting entity on said date (other than securities lending programs addressed in 24.03)?

Yes [X] No [ ]

24.02 If no, give full and complete information, relating thereto:

24.03 For security lending programs, provide a description of the program including value for collateral and amount of loaned securities, and whether collateral is carried on or off-balance sheet (an alternative is to reference Note 17 where this information is also provided).

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

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

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

\$ \_\_\_\_\_ 0

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

\$ \_\_\_\_\_ 0

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

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

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

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

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

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

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

\$ \_\_\_\_\_ 0

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

\$ \_\_\_\_\_ 0

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

\$ \_\_\_\_\_ 0

24.103 Total payable for securities lending reported on the liability page:

\$ \_\_\_\_\_ 0

25.1 Were any of the stocks, bonds or other assets of the reporting entity owned at December 31 of the current year not exclusively under the control of the reporting entity or has the reporting entity sold or transferred any assets subject to a put option contract that is current in force? (Exclude securities subject to Interrogatory 21.1 and 24.03.)

Yes [X] No [ ]

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

\$ \_\_\_\_\_ 0

25.21 Subject to repurchase agreements

\$ \_\_\_\_\_ 0

25.22 Subject to reverse repurchase agreements

\$ \_\_\_\_\_ 0

25.23 Subject to dollar repurchase agreements

\$ \_\_\_\_\_ 0

25.24 Subject to reverse dollar repurchase agreements

\$ \_\_\_\_\_ 0

25.25 Placed under option agreements

\$ \_\_\_\_\_ 0

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

\$ \_\_\_\_\_ 0

25.27 FHLB Capital Stock

\$ \_\_\_\_\_ 0

25.28 On deposit with states

\$ 1,776,227

25.29 On deposit with other regulatory bodies

\$ \_\_\_\_\_ 0

25.30 Pledged as collateral – excluding collateral pledged to an FHLB

\$ \_\_\_\_\_ 0

25.31 Pledged as collateral to FHLB – including assets backing funding agreements

\$ \_\_\_\_\_ 0

25.32 Other

\$ \_\_\_\_\_ 0

25.3 For category (25.26) provide the following:

1 Nature of Restriction	2 Description	3 Amount
		\$ _____

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

Yes [ ] No [X]

26.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state?

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

If no, attach a description with this statement.

27.1 Were any preferred stocks or bonds owned as of December 31 of the current year mandatorily convertible into equity, or, at the option of the issuer, convertible into equity?

Yes [ ] No [X]

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

\$ \_\_\_\_\_ 0

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

Yes [X] No [ ]

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

1 Name of Custodian(s)	2 Custodian's Address
JP Morgan Chase Bank, N.A.	4 Chase Metro Tech Center, Brooklyn, New York 11245

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

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

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

Yes [ ] No [X]

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

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

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

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

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

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

Yes [ ] No [ ]

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

Yes [ ] No [X]

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

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

29.1 Does the reporting entity have any diversified mutual funds reported in Schedule D-Part 2 (diversified according to the Securities and Exchange Commission (SEC) in the Investment Company Act of 1940 [Section 5 (b) (1)])?

Yes [ ] No [X]

29.2 If yes, complete the following schedule:

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

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

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

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

		1 Statement (Admitted) Value	2 Fair Value	3 Excess of Statement over Fair Value (-), or Fair Value over Statement (+)
30.1	Bonds	\$ 2,639,089	\$ 2,598,895	\$ (40,194)
30.2	Preferred Stocks	\$ 0	\$ 0	\$ 0
30.3	Totals	\$ 2,639,089	\$ 2,598,895	\$ (40,194)

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

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

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

Yes [ ] No [X]

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

Yes [ ] No [ ]

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

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

Yes [X] No [ ]

32.2 If no, list exceptions:

33. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designation 5GI security:

- Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.
- Issuer or obligor is current on all contracted interest and principal payments.
- The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities?

Yes [ ] No [X]

34. By self-designating PLGI securities, the reporting entity is certifying the following elements of each self-designated PLGI security:

- The security was purchased prior to January 1, 2018.
- The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.
- The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as an NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.
- The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities?

Yes [ ] No [X]

**OTHER**

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

\$ 0

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

1 Name	2 Amount Paid
	\$

36.1 Amount of payments for legal expenses, if any?

\$ 0

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

**GENERAL INTERROGATORIES****PART 1 - COMMON INTERROGATORIES**

	1 Name	2 Amount Paid
		\$

37.1 Amount of payments for expenditures in connection with matters before legislative bodies, officers or departments of government, if any? \$ 0

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

	1 Name	2 Amount Paid
		\$

**GENERAL INTERROGATORIES****PART 2 – LIFE INTERROGATORIES**

1.1	Does the reporting entity have any direct Medicare Supplement Insurance in force?	Yes [ ]	No [X]
1.2	If yes, indicate premium earned on U.S. business only.	\$	0
1.3	What portion of Item (1.2) is not reported on the Medicare Supplement Insurance Experience Exhibit?	\$	0
1.3	Reason for excluding:		
1.4	Indicate amount of earned premium attributable to Canadian and/or Other Alien not included in Item (1.2) above.	\$	0
1.5	Indicate total incurred claims on all Medicare Supplement insurance.	\$	0
1.6	Individual policies:		
	Most current three years:		
1.61	Total premium earned	\$	0
1.62	Total incurred claims	\$	0
1.63	Number of covered lives	\$	0
	All years prior to most current three years:		
1.64	Total premium earned	\$	0
1.65	Total incurred claims	\$	0
1.66	Number of covered lives	\$	0
1.7	Group policies:		
	Most current three years:		
1.71	Total premium earned	\$	0
1.72	Total incurred claims	\$	0
1.73	Number of covered lives	\$	0
	All years prior to most current three years:		
1.74	Total premium earned	\$	0
1.75	Total incurred claims	\$	0
1.76	Number of covered lives	\$	0
2.	Health Test:		
		1 Current Year	2 Prior Year
2.1	Premium Numerator	\$ 0	\$ 0
2.2	Premium Denominator	\$ 0	\$ 0
2.3	Premium Ratio (2.1/2.2)	0.0%	0.0%
2.4	Reserve Numerator	\$ 0	\$ 0
2.5	Reserve Denominator	\$ 0	\$ 0
2.6	Reserve Ratio (2.4/2.5)	0.0%	0.0%
3.1	Does the reporting entity have Separate Accounts?	Yes [ ]	No [X]
3.2	If yes, has a Separate Accounts statement been filed with this Department	Yes [ ]	No [ ]
3.3	What portion of capital and surplus funds of the reporting entity covered by assets in the Separate Accounts statement, is not currently distributable from the Separate Accounts to the general account for use by the general account?	Yes [ ]	No [ ]
3.4	State the authority under which Separate Accounts are maintained:		
3.5	Was any of the reporting entity's Separate Accounts business reinsured as of December 31?	Yes [ ]	No [ ]
3.6	Has the reporting entity assumed by reinsurance any Separate Accounts business as of December 31?	Yes [ ]	No [ ]
3.7	If the reporting entity has assumed Separate Accounts business, how much, if any, reinsurance assumed receivable for reinsurance of Separate Accounts reserve expense allowances is included as a negative amount in the liability for "Transfers to Separate Accounts due or accrued (net)"?	\$ 0	
4.1	Are personnel or facilities of this reporting entity used by another entity or entities or are personnel or facilities of another entity or entities used by this reporting entity (except for activities such as administration of jointly underwritten group contracts and joint mortality or morbidity studies)"?	Yes [X]	No [ ]
4.2	Net reimbursement of such expenses between reporting entities:		
4.21	Paid	\$ 21,966	
4.22	Received	\$ 0	
5.1	Does the reporting entity write any guaranteed interest contracts?	Yes [ ]	No [X]
5.2	If yes, what amount pertaining to these items is included in:		
5.21	Page 3, Line 1	\$ 0	
5.22	Page 4, Line 1	\$ 0	
6.	For stock reporting entities only:		
6.1	Total amount paid in by stockholders as surplus funds since organization of the reporting entity:	\$ 18,820,665	
7.	Total dividends paid stockholders since organization of the reporting entity:		
7.11	Cash	\$ 1,505,235	

**GENERAL INTERROGATORIES****PART 2 – LIFE INTERROGATORIES**

7.12 Stock	\$	284,132					
8.1 Does the reporting entity reinsure any Workers' Compensation Carve-Out business defined as:  Reinsurance (including retrocessional reinsurance) assumed by life and health insurers of medical, wage loss and death benefits of the occupational illness and accident exposures, but not the employers liability exposures, of business originally written as workers' compensation insurance.	Yes [ ]	No [X]					
8.2 If yes, has the reporting entity completed the <i>Workers' Compensation Carve-Out Supplement</i> to the Annual Statement?	Yes [ ]	No [ ]					
8.3 If 8.1 is yes, the amounts of earned premiums and claims incurred in this statement are:							
	1 Reinsurance Assumed	2 Reinsurance Ceded	3 Net Retained				
8.31 Earned premium	\$ 0	\$ 0	\$ 0				
8.32 Paid claims	\$ 0	\$ 0	\$ 0				
8.33 Claim liability and reserve (beginning of year)	\$ 0	\$ 0	\$ 0				
8.34 Claim liability and reserve (end of year)	\$ 0	\$ 0	\$ 0				
8.35 Incurred claims	\$ 0	\$ 0	\$ 0				
8.4 If reinsurance assumed included amounts with attachment points below \$1,000,000, the distribution of the amounts reported in Lines 8.31 and 8.34 for Column (1) are:							
	1 Attachment Point	2 Earned Premium	2 Claim Liability and Reserve				
8.41 <\$25,000	\$ 0	\$ 0	\$ 0				
8.42 \$25,000 — 99,999	\$ 0	\$ 0	\$ 0				
8.43 \$100,000 — 249,999	\$ 0	\$ 0	\$ 0				
8.44 \$250,000 — 999,999	\$ 0	\$ 0	\$ 0				
8.45 \$1,000,000 or more	\$ 0	\$ 0	\$ 0				
8.5 What portion of earned premium reported in 8.31, Column 1 was assumed from pools?	\$	0					
9. For reporting entities having sold annuities to another insurer where the insurer purchasing the annuities has obtained a release of liability from the claimant (payee) as the result of the purchase of an annuity from the reporting entity only:							
9.1 Amount of loss reserves established by these annuities during the current year:	\$	0					
9.2 List the name and location of the insurance company purchasing the annuities and the statement value on the purchase date of the annuities.							
	1 P&C Insurance Company and Location	2 Statement Value on Purchase Date of Annuities (i.e., Present Value)					
10.1 Do you act as a custodian for health savings accounts?	Yes [ ]	No [X]					
10.2 If yes, please provide the amount of custodial funds held as of the reporting date.	\$	0					
10.3 Do you act as an administrator for health savings accounts?	Yes [ ]	No [X]					
10.4 If yes, please provide the balance of the funds administered as of the reporting date.	\$	0					
11.1 Are any of the captive affiliates reported on Schedule S, Part 3, authorized reinsurers?	Yes [ ]	No [ ]	N/A [X]				
11.2 If the answer to 11.1 is yes, please provide the following:							
	1 Company Name	2 NAIC Company Code	3 Domiciliary Jurisdiction	4 Reserve Credit	Assets Supporting Reserve Credit		
				5 Letters of Credit	6 Trust Agreements	7 Other	
12. Provide the following for individual ordinary life insurance* policies (U.S. business only) for the current year (prior to reinsurance assumed or ceded).							
12.1 Direct premiums written	\$	0					
12.2 Total incurred claims	\$	0					
12.3 Number of covered lives	\$	0					
	<b>*Ordinary Life Insurance Includes</b>						
	Term (whether full underwriting, limited underwriting, jet issue, "short form app")						
	Whole Life (whether full underwriting, limited underwriting, jet issue, "short form app")						
	Variable Life (with or without secondary guarantee)						
	Universal Life (with or without secondary guarantee)						
	Variable Universal Life (with or without secondary guarantee)						
13. Is the reporting entity licensed or charted, registered, qualified, eligible or writing business in at least two states?	Yes [X]	No [ ]					
13.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity?	Yes [ ]	No [ ]					

# United Benefit Life Insurance Company

## FIVE-YEAR HISTORICAL DATA

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

\$000 omitted for amounts of life insurance

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Life Insurance in Force (Exhibit of Life Insurance)</b>					
1. Ordinary - whole life and endowment (Line 34, Col. 4).....					
2. Ordinary - term (Line 21, Col. 4, less Line 34, Col. 4).....					
3. Credit life (Line 21, Col. 6).....					
4. Group, excluding FEGLI/SGLI (Line 21, Col. 9 less Lines 43 & 44, Col. 4).....					
5. Industrial (Line 21, Col. 2).....					
6. FEGLI/SGLI (Lines 43 & 44, Col. 4).....					
7. Total (Line 21, Col. 10).....	0	0	0	0	0
7.1 Total in force for which VM-20 deterministic/stochastic reserves are calculated.....			XXX	XXX	XXX
<b>New Business Issued (Exhibit of Life Insurance)</b>					
8. Ordinary - whole life and endowment (Line 34, Col. 2).....					
9. Ordinary - term (Line 2, Col. 4, less Line 34, Col. 2).....					
10. Credit life (Line 2, Col. 6).....					
11. Group (Line 2, Col. 9).....					
12. Industrial (Line 2, Col. 2).....					
13. Total (Line 2, Col. 10).....	0	0	0	0	0
<b>Premium Income - Lines of Business (Exhibit 1-Part 1)</b>					
14. Industrial life (Line 20.4, Col. 2).....					
15.1 Ordinary life insurance (Line 20.4, Col. 3).....					
15.2 Ordinary individual annuities (Line 20.4, Col. 4).....					
16. Credit life (group and individual) (Line 20.4, Col. 5).....					
17.1 Group life insurance (Line 20.4, Col. 6).....					
17.2 Group annuities (Line 20.4, Col. 7).....					
18.1 A&H - group (Line 20.4, Col. 8).....					
18.2 A&H - credit (group and individual) (Line 20.4, Col. 9).....					
18.3 A&H - other (Line 20.4, Col. 10).....					
19. Aggregate of all other lines of business (Line 20.4, Col. 11).....					
20. Total.....	0	0	0	0	0
<b>Balance Sheet (Pages 2 and 3)</b>					
21. Total admitted assets excluding Separate Accounts business (Page 2, Line 26, Col. 3).....	3,116,228	3,204,406	2,992,909	3,021,552	3,050,412
22. Total liabilities excluding Separate Accounts business (Page 3, Line 26).....	45,396	282,176	46,962	50,438	54,113
23. Aggregate life reserves (Page 3, Line 1).....					
23.1 Excess VM-20 deterministic/stochastic reserve over NPR related to Line 7.1.....			XXX	XXX	XXX
24. Aggregate A&H reserves (Page 3, Line 2).....					
25. Deposit-type contract funds (Page 3, Line 3).....					
26. Asset valuation reserve (Page 3, Line 24.01).....			351	195	3
27. Capital (Page 3, Lines 29 & 30).....	1,500,000	1,500,000	1,500,000	1,500,000	1,500,000
28. Surplus (Page 3, Line 37).....	1,570,832	1,422,230	1,445,947	1,471,114	1,496,299
<b>Cash Flow (Page 5)</b>					
29. Net cash from operations (Line 11).....	(15,154)	(23,829)	(25,916)	(24,466)	(65,202)
<b>Risk-Based Capital Analysis</b>					
30. Total adjusted capital.....	3,070,832	2,922,230	2,946,298	2,971,309	2,996,302
31. Authorized control level risk-based capital.....	10,204	9,037	9,468	9,512	8,404
<b>Percentage Distribution of Cash, Cash Equivalents and Invested Assets (Page 2, Col. 3) (Line No. /Page 2, Line 12, Col. 3) x 100.0</b>					
32. Bonds (Line 1).....	88.2	81.2	85.2	84.5	97.4
33. Stocks (Lines 2.1 and 2.2).....					
34. Mortgage loans on real estate (Lines 3.1 and 3.2).....					
35. Real estate (Line 4.1, 4.2 and 4.3).....					
36. Cash, cash equivalents and short-term investments (Line 5).....	11.8	18.8	14.8	15.5	2.6
37. Contract loans (Line 6).....					
38. Derivatives (Line 7).....					
39. Other invested assets (Line 8).....					
40. Receivables for securities (Line 9).....					
41. Securities lending reinvested collateral assets (Line 10).....					
42. Aggregate write-ins for invested assets (Line 11).....					
43. Cash, cash equivalents and invested assets (Line 12).....	100.0	100.0	100.0	100.0	100.0

**United Benefit Life Insurance Company**  
**FIVE-YEAR HISTORICAL DATA**

(continued)

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>Investments in Parent, Subsidiaries and Affiliates</b>					
44. Affiliated bonds (Sch. D Summary, Line 12, Col. 1).....					
45. Affiliated preferred stocks (Sch. D Summary, Line 18, Col. 1).....					
46. Affiliated common stocks (Sch. D Summary, Line 24, Col. 1).....					
47. Affiliated short-term investments (subtotal included in Sch. DA, Verif., Col. 5, Line 10).....					
48. Affiliated mortgage loans on real estate .....					
49. All other affiliated.....					
50. Total of above Lines 44 to 49.....	0	0	0	0	0
51. Total investment in parent included in Lines 44 to 49 above.....					
<b>Total Nonadmitted and Admitted Assets</b>					
52. Total nonadmitted assets (Page 2, Line 28, Col. 2).....		2			
53. Total admitted assets (Page 2, Line 28, Col. 3).....	3,116,228	3,204,406	2,992,909	3,021,552	3,050,412
<b>Investment Data</b>					
54. Net investment income (Exhibit of Net Investment Income).....	49,155	50,011	48,211	36,852	11,158
55. Realized capital gains (losses) (Page 4, Line 34, Column 1).....					
56. Unrealized capital gains (losses) (Page 4, Line 38, Column 1).....					
57. Total of above Lines 54, 55 and 56.....	49,155	50,011	48,211	36,852	11,158
<b>Benefits and Reserve Increase (Page 6)</b>					
58. Total contract benefits - life (Lines 10, 11, 12, 13, 14 and 15, Col. 1 minus Lines 10, 11, 12, 13, 14 and 15, Cols. 9, 10 & 11).....					
59. Total contract benefits - A&H (Lines 13 & 14, Cols. 9, 10 & 11).....					
60. Increase in life reserves - other than group and annuities (Line 19, Cols. 2 & 3).....					
61. Increase in A&H reserves (Line 19, Cols. 9, 10 & 11).....					
62. Dividends to policyholders (Line 30, Col 1).....					
<b>Operating Percentages</b>					
63. Insurance expense percent (Page 6, Col. 1, Lines 21, 22, & 23 less Line (6) / (Page 6, Col. 1, Line 1 plus Exhibit 7, Col. 2, Line 2) x 100.00.....					
64. Lapse percent (ordinary only) [(Exhibit of Life Insurance, Col. 4, Lines 14 & 15) / 1/2 (Exhibit of Life Insurance, Col. 4, Lines 1 & 21)] x 100.00.....					
65. A&H loss percent (Schedule H, Part 1, Lines 5 & 6, Col. 2).....					
66. A&H cost containment percent (Schedule H, Part 1, Line 4, Col. 2).....					
67. A&H expense percent excluding cost containment expenses (Schedule H, Part 1, Line 10, Col. 2).....					
<b>A&amp;H Claim Reserve Adequacy</b>					
68. Incurred losses on prior years' claims - group health (Sch. H, Part 3, Line 3.1, Col. 2).....					
69. Prior years' claim liability and reserve - group health (Sch. H, Part 3, Line 3.2, Col. 2).....					
70. Incurred losses on prior years' claims - health other than group (Sch. H, Part 3, Line 3.1, Col. 1 less Col. 2).....					
71. Prior years' claim liability and reserve - health other than group (Sch. H, Part 3, Line 3.2, Col. 1 less Col. 2).....					
<b>Net Gains From Operations After Federal Income Taxes by Lines of Business (Page 6, Line 33)</b>					
72. Industrial life (Col. 2).....					
73. Ordinary - life (Col. 3).....					
74. Ordinary - individual annuities (Col. 4).....					
75. Ordinary - supplementary contracts (Col. 5).....					
76. Credit life (Col. 6).....					
77. Group life (Col. 7).....					
78. Group annuities (Col. 8).....					
79. A&H - group (Col. 9).....					
80. A&H - credit (Col. 10).....					
81. A&H - other (Col. 11).....					
82. Aggregate of all other lines of business (Col. 12).....	148,600	(24,066)	(25,011)	(24,993)	(65,300)
83. Total (Col. 1).....	148,600	(24,066)	(25,011)	(24,993)	(65,300)

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

Yes  No 

If no, please explain:

---

**Ex. of Life Ins.  
NONE**

**Ex. of Life Ins.  
NONE**

**Ex. of Number of Policies, Contracts, Certificates  
NONE**

# United Benefit Life Insurance Company

## SCHEDULE T - PREMIUMS AND ANNUITY CONSIDERATIONS (b)

Allocated by States and Territories

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

## DETAILS OF WRITE-INS

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

(a) Active Status Counts:

L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG..... 27  
 E - Eligible - Reporting entities eligible or approved to write surplus lines in the state..... 0

R - Registered - Non-domiciled RRGs..... 0  
 Q - Qualified - Qualified or accredited reinsurer..... 0  
 N - None of the above - Not allowed to write business in the state..... 30

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

(c) Column 4 should balance with Exhibit 1, Lines 6.4, 10.4 and 16.4, Cols. 8, 9, and 10, or with Schedule H, Part 1, Column 1, Line 1. Indicate which:

**PART 1 -- ORGANIZATION CHART**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, as of December 31, 2018:

<b>Entity Name</b>
Cigna Corporation (A Delaware corporation and ultimate parent company)
Cigna Holding Company
Cigna Holdings, Inc.
Cigna Intellectual Property, Inc.
Cigna Investment Group, Inc.
Cigna International Finance Inc.
Former Cigna Investments, Inc.
Cigna Investments, Inc.
Cigna Benefits Financing, Inc.
CareAllies, Inc.
Connecticut General Corporation
Benefit Management Corp.
*Allegiance Life & Health Insurance Company
*Allegiance Re, Inc.
Allegiance Benefit Plan Management, Inc.
Allegiance COBRA Services, Inc.
Allegiance Provider Direct, LLC
Community Health Network, LLC
Intermountain Underwriters, Inc.
Allegiance Care Management, LLC
HealthSpring, Inc.
NewQuest, LLC
NewQuest Management Northeast, LLC
*Bravo Health Mid-Atlantic, Inc.
*Bravo Health Pennsylvania, Inc.
*HealthSpring Life & Health Insurance Company
*HealthSpring of Florida, Inc.
NewQuest Management of Illinois, LLC
NewQuest Management of Florida, LLC
HealthSpring Management of America, LLC
NewQuest Management of West Virginia, LLC
TexQuest, LLC
HouQuest, LLC
GulfQuest, LP

**PART 1 -- ORGANIZATION CHART**

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<b>Entity Name</b>
NewQuest Management of Alabama, LLC
HealthSpring USA, LLC
Tennessee Quest, LLC
HealthSpring Pharmacy Services, LLC
HealthSpring Pharmacy of Tennessee, LLC
Home Physicians Management, LLC
Alegis Care Services, LLC
*Cigna Arbor Life Insurance Company
Cigna Behavioral Health, Inc.
Cigna Behavioral Health of California, Inc.
Cigna Behavioral Health of Texas, Inc.
MCC Independent Practice Association of New York, Inc.
Cigna Dental Health, Inc.
Cigna Dental Health of California, Inc.
Cigna Dental Health of Colorado, Inc.
Cigna Dental Health of Delaware, Inc.
Cigna Dental Health of Florida, Inc.
Cigna Dental Health of Illinois, Inc.
Cigna Dental Health of Kansas, Inc.
Cigna Dental Health of Kentucky, Inc.
Cigna Dental Health of Missouri, Inc.
Cigna Dental Health of New Jersey, Inc.
Cigna Dental Health of North Carolina, Inc.
Cigna Dental Health of Ohio, Inc.
Cigna Dental Health of Pennsylvania, Inc.
Cigna Dental Health of Texas, Inc.
Cigna Dental Health of Virginia, Inc.
Cigna Dental Health Plan of Arizona, Inc.
Cigna Dental Health of Maryland, Inc.
Cigna Health Corporation
Healthsource, Inc.
Cigna HealthCare of Arizona, Inc.
Cigna HealthCare of California, Inc.
Cigna HealthCare of Colorado, Inc.

**PART 1 -- ORGANIZATION CHART**

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**Entity Name**

Cigna HealthCare of Connecticut, Inc.  
Cigna HealthCare of Florida, Inc.  
Cigna HealthCare of Illinois, Inc.  
Cigna HealthCare of Maine, Inc.  
Cigna HealthCare of Massachusetts, Inc.  
Cigna HealthCare Mid-Atlantic, Inc.  
Cigna HealthCare of New Hampshire, Inc.  
Cigna HealthCare of New Jersey, Inc.  
Cigna HealthCare of Pennsylvania, Inc.  
Cigna HealthCare of St. Louis, Inc.  
Cigna HealthCare of Utah, Inc.  
Cigna HealthCare of Georgia, Inc.  
Cigna HealthCare of Texas, Inc.  
Cigna HealthCare of Indiana, Inc.  
Cigna HealthCare of Tennessee, Inc.  
Cigna HealthCare of North Carolina, Inc.  
Cigna HealthCare of South Carolina, Inc.  
\*Temple Insurance Company Limited  
Arizona Health Plan, Inc.  
Healthsource Properties, Inc.  
Managed Care Consultants, Inc.  
Cigna Benefit Technology Solutions, Inc.  
Sagamore Health Network, Inc.  
Cigna Healthcare Holdings, Inc.  
Great-West Healthcare of Illinois, Inc.  
Cigna Healthcare, Inc.  
\*Cigna Life Insurance Company of New York  
\*Connecticut General Life Insurance Company  
CG Mystic Center LLC  
CG Mystic Land LLC  
CG Skyline, LLC  
Careallies, LLC  
Cigna Onsite Health, LLC  
Gillette Ridge Community Council, Inc.

**PART 1 -- ORGANIZATION CHART**

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<b>Entity Name</b>
Gillette Ridge Golf LLC
Hazard Center Investment Company LLC
Tel-Drug of Pennsylvania, LLC
GRG Acquisitions LLC
Cigna Affiliates Realty Investment Group, LLC
CR Longwood Investors, LP
ND/CR Longwood LLC
ARE/ND/CR Longwood LLC
Secon Properties, LP
Transwestern Federal Holdings, L.L.C.
Transwestern Federal, L.L.C.
Diamondview Tower CM-CG LLC
CR Washington Street Investors LP
Dulles Town Center Mall, LLC
PUR Arbors Apartments Venture LLC
CG Seventh Street, LLC
Ideal Properties II LLC
Mallory Square Partners I, LLC
Houston Briar Forest Apartments Limited Partnership
SB-SNH LLC
680 Investors LLC
685 New Hampshire LLC
222 Main Street Caring GP LLC
222 Main Street Investors LP
Notch 8 Residential, L.L.C.
UVL, LLC
3601 North Fairfax Drive Associates, LLC
CI Perris 151, LLC
Lakehills CM – CG LLC
Affiliated Hotel Subsidiary LLC
Berewick Apartments LLC
CIG-LEI Ygnacio Associates LLC
CGGL Orange Collection LLC
CGGL Chapman LLC

**PART 1 -- ORGANIZATION CHART**

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<b>Entity Name</b>
CGGL City Parkway LLC
Heights at Bear Creek Venture LLC
SOMA Apartments Venture LLC
Arbor Heights Venture LLC
CG/Wood ALTA 601, LLC
CPI-CII 9171 Wilshire JV LLC
9171 Wilshire CPI-CII LLC
CARING Capitol Hill GP LLC
CARING Capitol Hill LP LLC
Rise-CG Capitol Hill, LP
CARING 9171 Wilshire Investor LLC
CARING Heights at Bear Creek Investor LLC
CARING Dulles Town Center Investor LLC
CARING 500 Ygnacio Investor LLC
CARING Alta Woodson Investor LLC
CARING Mallory Square Investor LLC
CARING Soma Investor LLC
CORAC LLC
Henry on the Park Associates, LLC
*Cigna Health and Life Insurance Company
CarePlexus, LLC
Cigna Corporate Services, LLC
Cigna Insurance Agency, LLC
Ceres Sales of Ohio, LLC
Cigna National Health Insurance Company
Provident American Life & Health Insurance Company
United Benefit Life Insurance Company
Loyal American Life Insurance Company
American Retirement Life Insurance Company
QualCare Alliance Networks, Inc.
QualCare, Inc.
Scibal Associates, Inc.
QualCare Captive Insurance Company Inc., PCC
QualCare Management Resources Limited Liability Company

**PART 1 -- ORGANIZATION CHART**

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<b>Entity Name</b>
Health-Lynx, LLC
Sterling Life Insurance Company
Olympic Health Management Systems, Inc.
Olympic Health Management Services, Inc.
WorldDoc, Inc.
Omada Health, Inc.
Cigna Ventures, LLC
Cricket Health, Inc.
Cigna Health Management, Inc.
Kronos Optimal Health Company
*Life Insurance Company of North America
*Cigna & CMB Life Insurance Company Limited
Cigna & CMB Health Services Company, Ltd.
Cigna Direct Marketing Company, Inc.
Tel-Drug, Inc.
Cigna Global Wellbeing Holdings Limited
Cigna Global Wellbeing Solutions Limited
Vielife Services, Inc.
CG Individual Tax Benefit Payments, Inc.
CG Life Pension Benefits Payments, Inc.
CG LINA Pension Benefits Payments, Inc.
Cigna Federal Benefits, Inc.
Cigna Healthcare Benefits, Inc.
Cigna Integratedcare, Inc.
Cigna Managed Care Benefits Company
Cigna Re Corporation
Blodget & Hazard Limited
Cigna Resource Manager, Inc.
Connecticut General Benefit Payments, Inc.
Healthsource Benefits, Inc.
IHN, Inc.
LINA Benefit Payments, Inc.
Mediversal, Inc.
Universal Claims Administration

**PART 1 -- ORGANIZATION CHART**

The following is a listing identifying and indicating the interrelationships among all affiliated insurers (identified by an asterisk, and if such insurer is incorporated in the United States of America, by a Federal Employer Identification Number, NAIC Company Code and Jurisdiction of Incorporation) and all other affiliates, as of December 31, 2018:

<b>Entity Name</b>
Brighter, Inc
Patient Provider Alliance, Inc
Cigna Global Holdings, Inc.
Cigna International Corporation, Inc.
Cigna International Services, Inc.
Cigna International Marketing (Thailand) Limited
CGO Participatos LTDA
YCFM Servicos LTDA
*Cigna Global Reinsurance Company, Ltd.
Cigna Holdings Overseas, Inc.
Cigna Bellevue Alpha LLC
Cigna Linden Holdings, Inc.
Cigna Palmetto Holdings, Ltd.
Cigna Apac Holdings, Ltd.
Cigna Alder Holdings, LLC
Cigna Walnut Holdings, Ltd.
Cigna Chestnut Holdings, Ltd.
*LINA Life Insurance Company of Korea
Cigna International Services Australia Pty Ltd.
Cigna Hong Kong Holdings Company Limited
Cigna Data Services (Shanghai) Company Limited
Cigna HLA Technology Services Limited
*Cigna Worldwide General Insurance Company Limited
*Cigna Worldwide Life Insurance Company Limited
Cigna International Health Services Sdn Bhd.
*Cigna Life Insurance New Zealand Limited
Grown Ups New Zealand Limited
Cigna New Zealand Holdings Limited
Cigna New Zealand Finance Limited
OnePath Life (NC) Limited
*Cigna Life Insurance Company of Canada (AA-1560515)
Cigna Korea Chusik Heosa (A/K/A Cigna Korea Company Limited)
LINA Financial Service

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<b>Entity Name</b>
Cigna Nederland Gamma B.V.
Cigna Finans Emeklilik Ve Hayat A.S.
RHP (Thailand) Limited
*Cigna Brokerage & Marketing (Thailand) Limited
KDM (Thailand) Limited
*Cigna Insurance Public Company Limited
Cigna Taiwan Life Assurance Company Limited
Cigna Myrtle Holdings, Ltd.
Cigna Elmwood Holdings, SPRL
Cigna Beechwood Holdings
Cigna Life Insurance Company of Europe S.A.-N.V.
Cigna Europe Insurance Company S.A.-N.V.
Cigna European Services (UNITED KINGDOM) Limited
Cigna 2000 UNITED KINGDOM Pension LTD
Cigna Oak Holdings, LTD.
Cigna Willow Holdings, LTD.
FirstAssist Administration Limited
Cigna Legal Protection U.K. Ltd.
Cigna Insurance Services (Europe) Ltd.
Cigna International Health Services, BVBA
Cigna International Health Services, LLC
Cigna International Health Services Kenya Limited
Cigna Sequoia Holdings, SPRL
Cigna Cedar Holdings, Ltd.
Cigna Insurance Middle East S.A.L.
Cigna Insurance Management Services (DIFC), Ltd.
Cigna Magnolia Holdings, Ltd.
Cigna Turkey Danismanlik Hizmetleri, A.S (A/K/A Cigna Turkey Consultancy Services, A.S.)
Cigna Nederland Alpha Cooperatief U.A.
Cigna Nederland Beta B.V.
Cigna Health Solution India Pvt. Ltd.
Cigna Poplar Holdings, Inc.
PT GAR Indonesia
PT PGU Indonesia

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**Entity Name**

\*Cigna Global Insurance Company Limited

\*Cigna TTK Health Insurance Company Limited

\*Cigna Worldwide Insurance Company

\*PT. Asuransi Cigna

Cigna Teak Holdings, LLC

Express Scripts Holding Company, Inc.

Express Scripts, Inc.

Express Scripts Services Co.

Diversified Pharmaceutical Services, Inc.

Diversified NY IPA, Inc.

ESI Mail Pharmacy Service, Inc.

Express Scripts Pharmaceutical Procurement, LLC

Econdisc Contracting Solutions, LLC

Express Scripts Sales Operations, Inc.

Express Scripts Specialty Distribution Services, Inc.

ESI Partnership (82% Direct ownership, 18% Indirect ownership)

ESI Resources, Inc.

ESI GP Holdings, Inc.

Express Scripts Utilization Management Company

Express Scripts Strategic Development, Inc.

Airport Holdings, LLC

CuraScript, Inc.

Priority Healthcare Corporation

Lynnfield Drug, Inc.

Freedom Service Company, LLC

Priority Healthcare Distribution, Inc.

Freco, Inc.

Lynnfield Compounding Center, Inc.

SpectraCare, Inc.

SpectraCare Health Care Ventures, Inc.

Care Continuum, Inc.

Matrix GPO, LLC

Healthbridge Reimbursement & Product Support, Inc.

Strategic Pharmaceutical Investments, LLC

**PART 1 -- ORGANIZATION CHART**

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<b>Entity Name</b>
Naryx Pharma, Inc.
L&C Investments, LLC
Express Scripts Senior Care Holdings, Inc.
Express Scripts Senior Care, Inc.
ESI Mail Order Processing, Inc. (f/k/a NXI)
*Express Reinsurance Company
Express Scripts Canada Holding Co.
Express Scripts Canada Co.
ESI Canada
ESI GP Canada ULC
ESI GP2 Canada ULC
Express Scripts Canada Wholesale
Express Scripts Canada Services (Ontario Partnership) (99.9% Direct ownership, 0.1% Indirect ownership)
Express Scripts Pharmacy Ontario, Ltd.
Express Scripts Pharmacy West, Ltd.
Express Scripts Pharmacy Central, Ltd.
Express Scripts Pharmacy Atlantic, Ltd.
Express Scripts Canada Holding, LLC
Healthbridge, Inc.
Inside RX, LLC
myMatrixx Holdings, LLC
Matrix Healthcare Services, Inc.
myMatrixx-B, LLC
MyM Technology Services, LLC
Innovative Product Alignment, LLC
Piso Delmatico, LLC (55%)
Medco Health Solutions, Inc.
MAH Pharmacy, LLC
*Medco Containment Life Insurance Company
*Medco Containment Insurance Company of NY
Accredo Health, Incorporated
AHG of New York, Inc.
Biopartners in Care, Inc.
Accredo Health Group, Inc.

**PART 1 -- ORGANIZATION CHART**

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<b>Entity Name</b>
Medco Europe, LLC
Medco Europe II, LLC
MHS Holdings, CV
Medco International Holdings, BV
Express Scripts Administrators LLC
Medco Health Puerto Rico, LLC
Systemed, LLC
Medco Health Services, Inc.
Express Scripts Pharmacy, Inc.
Specialty Products Acquisitions, LLC
ValoremRx Sourcing Solutions, LLC (50%)
SureScripts, LLC (16.67%)
Oz Parent, Inc.
eviCore 1, LLC
eviCore 2, Inc.
eviCore 3, LLC
eviCore 4, Inc.
eviCore 5, LLC
eviCore 6, LLC
eviCore 8, LLC
eviCore 9, LP
CareCore National Group, LLC
CareCore National Intermediate Holdings, LLC
CareCore National, LLC
CareNext Post-Acute, LLC
CareNext Managed Care, LLC
MedSolutions Holdings, Inc.
eviCore healthcare MSI, LLC
*CareCore NJ, LLC
CCN-WNY IPA, LLC
CCN NMO, LLC
MedSolutions of Texas, Inc.
MSI Health Organization of Texas, Inc.
Premerus, Inc.

**PART 1 -- ORGANIZATION CHART**

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**Entity Name**

Triad Healthcare, Inc.  
MSIAZ I, LLC  
MSICA I, LLC  
MSICO I, LLC  
MSIFL, LLC  
MSIMD I, LLC  
MSINC I, LLC  
MSINH, LLC  
MSINH II, LLC  
MSINJ I, LLC  
MSINV I, LLC  
MSI HT, LLC  
MSI LT, LLC  
MSI SAR-GW, LLC  
MSISC II, LLC  
MSIVT I, LLC  
MSIWA, LLC  
Palladian Independent Practice Association, LLC  
Palladian Health of Florida, LLC  
Chiro Alliance Corporation  
AS Acquisition Corp.  
HealthFortis, Inc.  
DNA Direct, Inc.  
Landmark Healthcare, Inc.  
Landmark Healthcare Services, Inc.  
Landmark Healthcare Colorado, Inc.  
QPID Health, LLC

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